Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Par	t I Annual Report	Identification Information					
For ca	alendar plan year 2013 or fi	scal plan year beginning 12/01/	/2013	and ending	11/30/2	2014	
A Th	nis return/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
B Th	nis return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Ch	neck box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descri	ription)			_	
Part	II Basic Plan Info	ormation—enter all requested inf	formation				
1a N	lame of plan				1b	Three-digit	
COMMI	ERCIAL PRESS PROFIT S	HARING PLAN				plan number	004
					10	(PN)	001
					10	Effective date of 12/01	
		ddress; include room or suite numbe S/ COMMERCIAL PRESS, INC.	er (employer, if for a single-	employer plan)	2b	Employer Identii (EIN) 13-19	fication Number 52883
121 VA	RICK STREET				2c	Sponsor's telep	
	ORK, NY 10013				2d	Business code ((see instructions)
3a P	lan administrator's name a	nd address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
							·
A 10	5.4h		the color of the c		41		
4 If	f the name and/or EIN of the	e nian sponsor has chanded since:					
r			the last return/report filed to	or triis plan, enter trie	4b	EIIN	
		mber from the last return/report.	the last return/report filed to	or this plant, enter the		PN	
a s	name, EIN, and the plan nu sponsor's name		·				3
a S	name, EIN, and the plan nu ponsor's name Fotal number of participants	mber from the last return/report.			4c		3
a S 5a T b T c N	name, EIN, and the plan nu sponsor's name Fotal number of participants Fotal number of participants Number of participants with	mber from the last return/report.	the plan year (defined bene	fit plans do not	4c 5a		
a S 5a T b T c N	name, EIN, and the plan nu sponsor's name Fotal number of participants Fotal number of participants Number of participants with complete this item)	mber from the last return/report. at the beginning of the plan year at the end of the plan year	the plan year (defined bene	fit plans do not	4c 5a 5b 5c	PN	3
a S 5a T b T c N 6a N	name, EIN, and the plan number of participants Total number of participants Total number of participants with the plan of participants with the plan of the plan asset of the plan asset of the you claiming a waiver of the plan asset of the plan asset of the plan asset of the plan asset of the you claiming a waiver of the plan asset of the plan asset of the you claiming a waiver of the plan asset of the plan asset of the plan asset of the plan asset of the plan as the plan asset of the plan as	s at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year invested in eff the annual examination and report	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie	efit plans do not tions.)d public accountant (IC	4c 5a 5b 5c	PN	3 X Yes No
a S 5a T b T c N 6a N	name, EIN, and the plan number of participants Total number of participants Total number of participants with complete this item)	s at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year invested in eff the annual examination and report (See instructions on waiver eligib	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie	rfit plans do not tions.)d public accountant (IC	4c 5a 5b 5c	PN	3
a S 5a T b T c N 6a N	name, EIN, and the plan number of participants with complete this item)	account balances as of the end of the annual examination and repor? (See instructions on waiver eligib either line 6a or line 6b, the plan care.)	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie elity and conditions.)	efit plans do not tions.)d public accountant (IC	4c 5a 5b 5c PPA)	PN	3 X Yes No Yes No
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a S 5a T c N c 6a N c t I c Iff	name, EIN, and the plan number of participants with complete this item)	account balances as of the end of set unique the annual examination and report? (See instructions on waiver eligible wither line 6a or line 6b, the plan of incomplete filing of this return the penalties set forth in the instructions on the end of the plan of the plan of the plan incomplete filing of this return the penalties set forth in the instructions.	the plan year (defined bene eligible assets? (See instruct of an independent qualified ility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable cale	4c 5a 5b 5c PA) Form	PN 1 5500. Yes No established. Including, if applic	3 X Yes No X Yes No Not determined able, a Schedule
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	·			(b) End o	f Voor			
	Total plan assets	7a	97170				(b) End 0	9973	94		
	Total plan liabilities	7b		0				0010	0		
	Net plan assets (subtract line 7b from line 7a)	76 7c	97170					9973	94		_
	Income, Expenses, and Transfers for this Plan Year	70					(b) To		•		_
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2569	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						256	94		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
ī	Net income (loss) (subtract line 8h from line 8c)	8i						256	94		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u>, oj</u>								_	
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:			
Dor	V Compliance Ougations										_
Par				1	Vac	No	Ι .			—	
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tiono withi	n the time period described in		Yes	No	F	moun		—	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С				10-		Χ					
				10c							
d	or dishonesty?	······································		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)	10g	X				2	3238	80
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			X				200	,,,
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h							
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	<u> </u>										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es 🔀	(N	No
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?	Ye	es 🔀	(N	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter ⁄ear	rulin	g 	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol 		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code)

Complete all entries in accordance with the instructions to the Form 5500-SE

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information	ance with the mst	actions to the Point 550	0-31 .	
For calend	dar plan year 2013 or fiscal plan year beginning 12	2/01/2013	and ending	11/30/2	2014
A This re	eturn/report is for:	a multiple-employer	plan (not multiemployer)	a one-pa	rticipant plan
B This re	eturn/report is: the first return/report	the final return/repo	t		
	an amended return/report	short plan year reti	ım/report (less than 12 m	onths)	
C Check	box if filing under: Form 5558	automatic extension		DFVC pro	ogram
	special extension (enter description	1)			
Part II	Basic Plan Information—enter all requested information	tion			
1a Name	e of plan			1b Three-digit	
COMM	MERCIAL PRESS PROFIT SHARING PLAN			plan numbe (PN) ▶	001
				1c Effective da	
1				12/01/1	
ADVE	sponsor's name and address; include room or suite number (en ERTISING/LITHOGRAPHERS/	nployer, if for a sing	e employer plan)	2b Employer Id (EIN) 13-1	entification Number .952883
COMIN	MERCIAL PRESS, INC.			2c Sponsor's to (212) 96	
121	VARICK STREET				de (see instructions)
	YORK		7 10013	323100	
3a Plan a	administrator's name and address XSame as Plan Sponsor Na	ame Same as Pl	an Sponsor Address	3b Administrato	r's EIN
				3c Administrato	or's telephone number
	The second of th	i i i i i i i i i i i i i i i i i i i			Out the
	name and/or EIN of the plan sponsor has changed since the la	st return/report filed	for this plan, enter the	4b EIN	
	e, EIN, and the plan number from the last return/report sor's name			4c PN	
5a Total	number of participants at the beginning of the plan year	• • • • • • • • • • • • • • • • • • • •		5a	3
	number of participants at the end of the plan year			5b	3
	ber of participants with account balances as of the end of the plate this item)			5c	3
	e all of the plan's assets during the plan year invested in eligible				. X Yes No
	ou claiming a waiver of the annual examination and report of a 29 CFR 2520-104-46? (See instructions on waiver eligibility a				X Yes No
	u answered "No" to either line 6a or line 6b, the plan canno				24 163 110
	plan is a defined benefit plan, is it covered under the PBGC ins				Not determined
Caution:	A penalty for the late or incomplete filing of this return/repo	ort will be assesse	d unless reasonable cau	use is established.	
Under per SB or Sch	nalties of perjury and other penalties set forth in the instructions nedule MB completed and signed by an enrolled actuary, as wells true, correct, and complete.	declare that I hav	e examined this return/rep	port, including, if ap	plicable, a Schedule
	1000041	2/3/1	S. RANDOLPH HA	AFTER	
SIGN	A. Kankolps Tast	10010110			
SIGN HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan	administrator
	The state of the s	17/2/1-	Enter name of individ	ual signing as plan	administrator
HERE	Signature of plan administrator	Date	e de citatume, o	(8 E)	
SIGN HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as emp	
SIGN HERE	Signature of plan administrator Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as emp	oyer or plan sponsor
SIGN HERE	Signature of plan administrator Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as emp	oyer or plan sponsor
SIGN HERE	Signature of plan administrator Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as emp	oyer or plan sponsor

Pa	rt III Financial Information					, ,		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
а	Total plan assets	7a		1,70	00		997,3	94
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	97:	1,70	0		997,3	94
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	_
а	Contributions received or receivable from:	D-/4\			0			
	(1) Employers	8a(1)			<u> </u>		<u>99. 19. – 1. s. s. s. s. s. s. s. s. s.</u> Balgode - Johan I. s. s. s. s. s. s. s.	
	(2) Participants	8a(2)						
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	2	5,69	14			—
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	National States of States of States	9 826		- 21/08 s.	25,6	9.4
		00		A1 14 24.				
	to provide benefits)	8d						<u> </u>
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f) (100 (100 (100 (100 (100 (100 (100 (10			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			98. 38.			0
i	Net income (loss) (subtract line 8h from line 8c)	. 8 <u>i</u>					25,69	94
j	Transfers to (from) the plan (see instructions)	8j	-		100			
Pai	t IV Plan Characteristics						· · · · · · · · · · · · · · · · · · ·	
b	If the plan provides pension benefits, enter the applicable pension 2E 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E.							
Par	· · · · · · · · · · · · · · · · · · ·							—
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
C	Was the plan covered by a fidelity bond?			10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		х		-
f				10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g	Х		32,3	89
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10g		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i				
Part	Printers					l		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					dule SE		No
11a	Enter the unpaid minimum required contribution for current year f					11a	,	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						:-: :- :- [, ,	
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru		, and (enter th	ne date of the letter ruling Year	
if	you completed line 12a, complete lines 3, 9, and 10 of Schedul							_
b	Enter the minimum required contribution for this plan year					12b		

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С	Enter the amount contributed by the employer to the plan for this plan year	12c	:	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	🔲 ነ	res X N)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to		
1	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(s)
Dort	VIII Trust Information (optional)			
	Name of trust	14b Trust's EIN		
1441	vame of trust	140 11	USIS EIN	