## **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-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Repor	<u>t Identification Information</u>				
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017	
A This ref	turn/report is for:	X a single-employer plan	<u></u>	plan (not multiemployer) ( employer information in ac		
_		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	ionths)	
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC progra	m
		special extension (enter description	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name QUANTUM	of plan COLOR CORPORAT	TION 401(K) PLAN			<b>1b</b> Three-dig plan numb (PN) ▶	
					1c Effective of	date of plan 08/01/1996
		oyer, if for a single-employer plan)	) Dev)			Identification Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	16-1417435
QUANTUM	COLOR CORPORAT	ION				telephone number 16-283-8700
0740 DUEEA	U.O. AVENUE				2d Business	code (see instructions)
	ALO AVENUE ALLS, NY 14304					323100
<b>30</b> Disc. o	destatatant alla con esca				2h A daniminint	stania FINI
<b>Ja</b> Plan a	idministrator's name a	and address X Same as Plan Spor	nsor.		<b>3b</b> Administra	ator's EIN
					<b>3c</b> Administra	ator's telephone number
		ne plan sponsor or the plan name ha			<b>4b</b> EIN	
	sor's name	ondor o marrio, Enti, trio pian marrio c	and the plan namber nen	The last return report.	4d PN	
C Plan N	lame					
<b>5a</b> Total	number of participant	s at the beginning of the plan year			5a	19
<b>b</b> Total	number of participant	s at the end of the plan year			5b	6
		account balances as of the end of			5c	6
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the pl	an year		5d(1)	18
		articipants at the end of the plan ye			5d(2)	0
than	100% vested	o terminated employment during the			5e	0
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca		
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, and the control of the control				
SIGN		d/valid electronic signature.	07/12/2018	BARRY FINN		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN						
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	lual signing as en	nplover or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a s	an indeper and condit	ndent qualified public a	account	ant (IC	QPA)		_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							☐ Not det	ermined
	If "Yes" is checked, enter the My PAA confirmation number from th		• ,		,	L		(See instr	uctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Vear			(b) En	d of Year	
<u>'</u> а	Total plan assets	7a		92942			(D) LIN	327496	
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	2	92942				327496	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total	
а	Contributions received or receivable from:		, ,						
	(1) Employers	8a(1)							
	(2) Participants	8a(2)		4017	_				
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b		52038	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						56055	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		15100					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		6401					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21501	
i	Net income (loss) (subtract line 8h from line 8c)	8i						34554	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	4.0		V			
h	Program)			10a	1	X			
	reported on line 10a.)	·····		10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X				135
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g		-		10g	Χ				539
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X			
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			10i					

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Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	Yes X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver			of the letter ruling Year
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		
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?		X Yes	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 control 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(s) which assets or liabilities were transferred. (See instructions.)	) to		
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Departme	ent of Labor	III COMPANIE	Revenue C	ode (the oddo).		n-SF		
Employee Benefits	Security Administration	Complete all entries in a	accordance	with the instructio	ns to the Form 550	0-01 .		
Pension Benefit (	Suaranty Corporation	Light Street and Communication			1 11	1/	/31/2017	
art I A	nnual Report	Identification Information	01/01/	2017	. \/F	lere chor	king this box I	nust attach a
r calendar pla	an year 2017 or fi	scal plan year beginning	a multip	2017 de-employer plan (no participating employe	ot multiemployer) (i	ordance	with the form i	nstructions.)
		X a single-employer plan	list of	participating employe	er monnation in des			
This return/	report is for:	a one-participant plan	a foreig	gn plan				
		a one-participant plan	_					
This return/r	eport is	the first return/report	the fina	I return/report	art (loss than 12 mg	onths)		
The second secon		an amended return/report	a short	plan year return/rep	ort (less than 12 m			
			□ -utom	atic extension		DFVC	program	
Check box	if filing under:	Form 5558		alle exteriores				1015
		special extension (enter des	cription)					
	. Di Ind	formation—enter all requested i	nformation			1b Th	ree-digit	
A STATE OF THE PARTY OF THE PAR		Offilation Sites and				pla	an number	
1a Name of	plan	ODATION 401 (K) PLAN					(N') ▶	001
QUANTUM	COLOR CORP	ORATION 401(K) PLAN				1c Ef	ffective date of	plan
						0	8/01/199	6
						2b Er	mployer Identi	fication Number
_	la nomo (omi	ployer, if for a single-employer plan	1)			(E	IN)16-141	7435
2a Plan spo	nsor's name (em	ployer, it for a single-employer plan- oom, apt., suite no. and street, or F ince, country, and ZIP or foreign po	P.O. Box)	foreign, see instruc	tions)	2c S	ponsor's telep	hone number
City or to	wn state of DIOV	IIICe, coarray,	ostal code (ii	1010.9.1			(716) 283	-8700
OUANTUM	COLOR CORI	PORATION				<b>2d</b> B	susiness code	(see instructions)
						1		
						1		
8742 BU	FFALO AVEN	UE		NV	14304		323100	
NIAGARA	FALLS			INI	1100-	3b A	Administrator's	EIN
NIAGANA	ministrator's nam	e and address 🛛 Same as Plan S	Sponsor.					
3a Plan au	ministrator o me					3c /	Administrator's	telephone number
		use seems			- langet filed for	4b	FIN	
A If the n	ame and/or FIN (	of the plan sponsor or the plan nam	ne has chang	jed since the last ret	last return/report.			The state of the s
4 If the n	an, enter the plan	of the plan sponsor or the plan nam sponsor's name, EIN, the plan nar	me and the p	olan number from the	, last rotalining	4d	PN	
a Sponso	or's name							
c Plan N								
						58	a	19
Fo. Total r	number of particing	ants at the beginning of the plan y	ear					(
		- I -fthe plan voor					-	
							c	(
						E el	(1)	18
-1/4) T-4	-l - mbar of activ	e participants at the beginning of t	he plan year	·				(
a(1) 100	al number of activ	ve participanto de dio 209	n voor	2000		5d	(2)	
<b>d(2)</b> Tot	al number of activ	ve participants at the end of the pla	III year	sor with accrued he	nefits that were less	5		
e Numb	per of participants	who terminated employment during the place who terminated employment during the place which is the place which is the place of the	ig the plan y	ear with accided 20				
than	100% vested	late or incomplete filing of this	eturn/repor	t will be assessed	unless reasonable	cause is	established.	lisable a Schodule
Under per	alties of perium a	late or incomplete filing of this r	nstructions, I	declare that I have	examined this return	n/report, i	ncluding, if app	my knowledge and
SB or Sche	edule MB-comple	ted and signed by all elliblied actu	ary, as well a	as the electronic ver	sion of this return/re	роп, апо	to the pest of	my knomougo and
belief, it is	true, correct, and	complete.			BARRY FINN			
SIGN	A fin	322		2/1/10		21 472 21 72	y parasona	desiniatestas
HERE	Signature of p	nan administrator		Date	Enter name of ind	ividual si	gning as plan a	administrator
CICN	1 X	3		7/12/19				
SIGN	- Throng	1-1		1.0	CALLED TO THE PARTY OF THE PART	NAME OF THE OWNER, WHICH THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE		

Date

-			-
Ja	a	A	1

NAME OF STREET	t t all a gradie	a acceta? (	See instructions )				X Yes ☐ No
b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an independ and condition	ons.)	ai			∑ Yes ☐ No
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use For	m 5500-5F and must i	nstead	i use i	OIIII 330	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA sec	tion 40	21)?	📙 те	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this pla	n year_	I Special Assessment		(See Instructions.)
Par	t III Financial Information						
	Plan Assets and Liabilities		(a) Beginning of	Year			(b) End of Year
-	Total plan assets	7a		92,9	42		327,496
_	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	2	92,9	42	and the state of	327,496
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
8 a	Contributions received or receivable from:						
а	(1) Employers	8a(1)		W &			
	(2) Participants	8a(2)		4,0	17		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		52,0	38		56.055
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					56,055
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		15,1	.00		
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		6,4	01		
q	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					21,501
<del></del>	Net income (loss) (subtract line 8h from line 8c)	. 8i					34,554
÷	Transfers to (from) the plan (see instructions)	- 8j					
5	rt IV Plan Characteristics						
	T	feature co	des from the List of Pla	n Char	acteris	stic Code	s in the instructions:
9a	2E 2F 2G 2J 2K 3D						
b	If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Plar	n Chara	cterist	ic Codes	in the instructions:
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х	
-	<ul> <li>Were there any nonexempt transactions with any party-in-interes reported on line 10a.)</li> </ul>	st? (Do not	include transactions	10b		Х	
	roported on line 1(la )			0.000		18011	
-				10c		X	
	Was the plan covered by a fidelity bond?	s fidelity bo	ond, that was caused	Processes.			
	Was the plan covered by a fidelity bond?      Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	s fidelity bo	nd, that was caused	10c		X	
	Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	s fidelity bo ther persor me or all of	nd, that was caused  ns by an insurance f the benefits under	Processes.	X		135
	Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or o carrier insurance service, or other organization that provides so	s fidelity bo ther persor me or all of	nd, that was caused  ns by an insurance f the benefits under	10d	X		135
	Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.).  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount	s fidelity bo ther person me or all of lan?	nd, that was caused as by an insurance f the benefits under	10d 10e	X	Х	135 539
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	s fidelity bo ther persor me or all of lan? as of year- ? (See instr	ns by an insurance f the benefits under end.)	10d 10e 10f		Х	

Form	5500	CE	201	7

control of the PBGC?..

13c(1) Name of plan(s):

which assets or liabilities were transferred. (See instructions.)

			Control of the second of the s
Part	VI Pension Funding Compliance		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	edule S	SB Yes X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	1 302 o	of ☐ Yes ☒ No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.  Month	l enter t	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
	Enter the minimum required contribution for this plan year	12b	
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?		X Yes No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

Page 3-

Yes X No

**13c(3)** PN(s)

13c(2) EIN(s)