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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В.	Γhis return/report is for:	first return/report	n/report		_				
	· · · · · · · · · · · · · · · · · · ·	an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	1	extension	,	DFVC program			
	Sheck box it filling under.		_ Di vo piogiaiii						
D.	wt II Deele Dien Inform	special extension (enter description							
		mation—enter all requested inform	nation		1h	Thurs dist			
	Name of plan PAK OF NASSAU COUNTY 40	O1(K) PLAN			טו	Three-digit plan number			
V/ (L	7111 01 11/100/10 0001111 40					(PN) • 001			
					1c	Effective date of plan			
						02/01/2005			
	•	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number			
	MARKETING, INC. PAK OF NASSAU COUNTY				20	(EIN) 11-3051238 Plan sponsor's telephone number			
	DUPONT STREET - SUITE 21	0			20	516-983-4880			
	NVIEW, NY 11803				2d	Business code (see instructions)			
						561900			
	Plan administrator's name and MARKETING, INC.	address (if same as Plan sponsor, e		e") T - SUITE 210	3b	Administrator's EIN 11-3051238			
JIKE	WARRETHIO, INC.	PLAINVIEW			3c	administrator's telephone number			
						516-983-4880			
	the name and/or EIN of the pl	4b EIN							
-	name, EIN, and the plan number	4c PN							
5a	Total number of participants a	5a							
5a Total number of participants at the beginning of the plan year						12			
b Total number of participants at the end of the plan yearc Total number of participants with account balances as of the end of the plan year (defined benefit plans do not						13			
С					5с	6			
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No			
	Are you claiming a waiver of t	he annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Da			orm 5500-	SF and must instead use Form 55	00.				
	rt III Financial Inform	ation		T					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
	Total plan assets		7a	110152	+	128528			
b	•			(0			
<u>_</u>		7b from line 7a)	. 7с	110152					
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or received (1) Employers	elvable from:	8a(1)						
	• • •			9936	936				
		3)		(
b	• • • • • • • • • • • • • • • • • • • •	,	- ` '	8440	440				
С	` ,	8a(2), 8a(3), and 8b)				18376			
d	, , , ,	rollovers and insurance premiums							
	. `		8d	()				
е	Certain deemed and/or correct	tive distributions (see instructions)	8e	()				
f	Administrative service provide	rs (salaries, fees, commissions)	8f	()				
g	Other expenses		8g	C)				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			0			
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i			18376			
j	Transfers to (from) the plan (s	ee instructions)	. 8i						

D 4 11 /	Plan Characteristics	

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D

Dort '	.,	Compliance Questions											
Part	t V Compliance Questions During the plan year:							1	A				
		ng tne pian year: there a failure to transmit to the plan any participant contributions	s within the time ne	rind described in		Yes	No		Amount				
а		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar					Χ						
		e there any nonexempt transactions with any party-in-interest? (D			401		Х						
		ne 10a.)			10b 10c								
С							Χ						
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X						
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						X						
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X						
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X						
h	If th	s is an individual account plan, was there a blackout period? (See	e instructions and 29	9 CFR	10h		Х						
i	If 10	h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i								
Part \	/I	Pension Funding Compliance											
		s a defined benefit plan subject to minimum funding requirements							Yes	s X No			
12	Is th	is a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	No X			
	(If "\	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)										
		vaiver of the minimum funding standard for a prior year is being ar											
		ting the waiveromplete lines 3, 9, and 10 of Schedule ME			ın		Day		rear				
		r the minimum required contribution for this plan year					12b						
		r the amount contributed by the employer to the plan for this plan					12c						
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the titive amount)	result (enter a minu	us sign to the left	of a		12d						
	_	he minimum funding amount reported on line 12d be met by the f				-		Yes	No	N/A			
Part \		Plan Terminations and Transfers of Assets	J										
		a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					☐ Yes	X No			
		, , , , , , , , , , , , , , , , , , , ,					13a						
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?								☐ Yes	s X No			
С	If du	ring this plan year, any assets or liabilities were transferred from t h assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to			Ш				
	13c(1) Name of plan(s):						(2) EI	N(s)	13c(3	3) PN(s)			
	_ , ,						,	(-/		(-)			
Cautio	on: /	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	se is	estab	lished.					
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I on the completed and signed by an enrolled actuary, as well as true, correct, and complete.											
SIGN	Fi	Filed with authorized/valid electronic signature. 10/07/2010 VINCENT VIGORITO				O							
HERE		Signature of plan administrator Date Enter name of indivi-					ividual signing as plan administrator						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

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 section 6058(a) of the

2009

OMB Nos. 1210-0110 1210-0089

Pension Renefit Guaranty Compration	ernal Revenue Cod		This Form is Open to Publi				
Complete all entries in		he instructions to the Form 550	0-SF.				
Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning	01/01/20	09 and ending		12/31/200	Q		
M starts and the							
T The later and		ployer plan (not multiemployer)		one-participar	nt plan		
B This return/report is for:	final return/i	report					
an amended return/report	short plan y	ear return/report (less than 12 mo	nths)				
C Check box if filing under:	automatic e	xtension		DFVC program	m		
special extension (enter de	scription)						
Part II Basic Plan Information—enter all requested	information						
1a Name of plan			1b	Three-digit			
Val-Pak of Nassau County 401(k) Plan				plan number			
				(PN) •	001		
			10	Effective date of			
20 Di-			-	02/01/2005			
2a Plan sponsor's name and address (employer, if for single-em JRE Marketing, Inc.	ployer plan)		26	Employer Identification (EIN) 11-3051	ication Number		
			20	Plan sponsor's te			
Val-Pak of Nassau County One Dupont Street - Suite 210				(516) 983-4	880		
one papert beleet balte 210			2d	Business code (s	see instructions)		
Plainview		NY 11803		561900			
3a Plan administrator's name and address (if same as Plan spor	isor, enter "Same")		3b	Administrator's E	IN		
			30	Administrator's te	dankana sumbas		
			36	Administrator's te	siephone number		
4 If the name and/or EIN of the plan sponsor has changed since	the last return/repo	rt filed for this plan, enter the	4b	EIN			
name, EiN, and the plan number from the last return/report. S	ponsor's name	•					
F			4c	PN	12		
5a Total number of participants at the beginning of the plan year		5a	5a				
b Total number of participants at the end of the plan year			5b		13		
C Total number of participants with account balances as of the complete this item)	end of the plan yea	r (defined benefit plans do not	5c		6		
6a Were all of the plan's assets during the plan year invested in					X Yes No		
b Are you claiming a waiver of the annual examination and rep							
under 29 CFR 2520.104-46? (See instructions on waiver elig	ibility and condition	s.)			X Yes No		
If you answered "No" to either 6a or 6b, the plan cannot	use Form 5500-SF	and must instead use Form 55	00.				
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
a Total plan assets		110,15	2		128,528		
b Total plan liabilities	7b		0		0		
C Net plan assets (subtract line 7b from line 7a)	7c	110,15	2		128,528		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	otal		
a Contributions received or receivable from:				1 4 2 2 1			
(1) Employers			0				
(2) Participants	8a(2)	9,93	6 .				
(3) Others (including rollovers)	8a(3)		0				
b Other income (loss)	8b	8,44	0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Tings to an experience			18,376		
d Benefits paid (including direct rollovers and insurance premiu to provide benefits)			0				
e Certain deemed and/or corrective distributions (see instructio							
			100	a granjarana.			
, , , , , , , , , , , , , , , , , , , ,			0		고양가 끝했다		
g Other expenses			0	12.4			
h Total expenses (add lines 8d, 8e, 8f, and 8g)					0		
Net income (loss) (subtract line 8h from line 8c)					18,376		
Transfers to (from) the plan (see instructions)	8j		0				

	Form 5500-SF 2009	P	age 2-							
Par	IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe									
			and or rian orian				uio iiioti	00110110		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)			10a		x				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					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 five or dishonesty?	delity bond, that was	caused by fraud	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, isurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)				х				
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х			in the	16.3
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		х				
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or or	ne of the	10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	nts? (If "Yes," see ins	tructions and com	plete	Sched	ule SE	(Form	Г	Yes	No.
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica If a waiver of the minimum funding standard for a prior year is being granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule	amortized in this pla	Mon	th	and e	enter th Day	ne date d	of the le	etter rui	ling
b	Enter the minimum required contribution for this plan year				[12b				
C	Enter the amount contributed by the employer to the plan for this pla	an year				12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the substitution of					12d				
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes		Vo	N/A
Part	/II Plan Terminations and Transfers of Assets							_		
13a	Has a resolution to terminate the plan been adopted during the plan								Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year				13a				
	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?					••••			Yes	No
	which assets or liabilities were transferred. (See instructions.)	ii tilio piali to allottiei	plants, identity ti	ie piai	11(5) 10					
1	Sc(1) Name of plan(s):				130	c(2) El	N(s)	-	13c(3)	PN(s)
Under SB or	on: A penalty for the late or incomplete filing of this return/repopenalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have	examined this retu	ırn/rer	ort in	cludin	o if appl	licable, ny knov	a Sche vledge	edule and
SIGN	Vant Vant			/igorito						
HERI		Date /0/7/10	Enter name of in	_		ning a	s plan ac	dministr	ator	
SIGN	Cignoture of ompleyed law s									
	Signature of employer/plan sponsor	Date	Enter name of in	dividu	ıal sigi	ning as	s employ	er or p	lan spo	nsor