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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	art I	Annual Report I	Identification Inform	ation							
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009										
Α	This ret	turn/report is for:	X single-employer plan		multiple-e	employer plan (not multiemployer)	not multiemployer) one-participant plan				
В	This ret	turn/report is for:	first return/report	Ī	final retur	n/report		_			
			an amended return/rep	oort	short plar	year return/report (less than 12 m	onths)				
C	Chack	box if filing under:	Form 5558		automatic extension			DFVC program			
	special extension (enter description										
D	art II	Racic Plan Info	rmation—enter all reque	•	,						
		of plan	illiation—enter an reque	steu IIIIOIII	iation		1b	Three-digit			
		PACKAGING, INC. 40	1K SAVINGS PLAN					plan number			
								(PN) • 002			
								Effective date of plan			
20	Diana		duana (aurulauru if fau aireal		\		2h	05/01/1989			
		PACKAGING , INC.	dress (employer, if for single	e-employei	r pian)		20	Employer Identification Number (EIN) 11-1619694			
		, , , , , , , , , , , , , , , , , , , ,					2c	Plan sponsor's telephone number			
		RAL AVE						631-249-5500			
FAK	MINGD	OALE, NY 11735						Business code (see instructions) 423990			
3a	Plan a	idministrator's name an	d address (if same as Plan	sponsor. e	enter "Same	r "Same")		Administrator's EIN			
		PACKAGING , INC.	92	2-1 CENTR	RAL AVE			11-1619694			
			Γ/	ARIVIINGD	ALE, NY 1 ²	1733	3с	Administrator's telephone number 631-249-5500			
4	f the na	ame and/or FIN of the n	olan sponsor has changed s	since the la	st return/re	port filed for this plan, enter the	4h	EIN			
			per from the last return/repo			port mod for time plant, order time					
							_	PN			
5a											
b		·					5b	5			
С		· · · · · ·				rear (defined benefit plans do not	5c	5			
62	•	•						<u> </u>			
b	Total all of the plant about assing the plant year invested in engine about. (ess metablionely										
	under	29 CFR 2520.104-46?	(See instructions on waive	er eligibility	and condit	ions.)		X Yes 📙 No			
-				nnot use F	orm 5500-	SF and must instead use Form 5	500.				
	rt III	Financial Inform	nation			T					
7		Assets and Liabilities				(a) Beginning of Year	0.4	(b) End of Year			
		•				4692	81	528132			
-		plan liabilities	7h from line 7a)		7b	4692	0.1	528132			
<u> </u>	-	,	e 7b from line 7a)		. 7с		01				
a		ne, Expenses, and Tran ibutions received or rec				(a) Amount		(b) Total			
_					8a(1)						
	(2) P	articipants			8a(2)						
	(3) 0	thers (including rollover	rs)		8a(3)						
b	Other	income (loss)			. 8b	588	51				
С	Total i	income (add lines 8a(1)), 8a(2), 8a(3), and 8b)		. 8c			58851			
d			t rollovers and insurance p		0.4						
Δ			ective distributions (see inst				\dashv				
e f			`	,			\dashv				
t		·	ers (salaries, fees, commis	,			-				
g h		•	 l, 8e, 8f, and 8g)								
- '' - i			ne 8h from line 8c)					58851			
i		` , `	see instructions)					30001			
,		(o) and plant (ı XI	Ì					

Part IV	Dlan	Charac	torictice
Partiv	Pian	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

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

IJ.	ı uı	e plan provides welfare benefits, enter the applicable welfare featur	e codes nom me i	List of Flatt Charac	iciis	iic Coc	2C3 III	ine mstruct	10113.	
Part	٧	Compliance Questions								
10	Dur	uring the plan year:				Yes	s No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X			
С	Wa	as the plan covered by a fidelity bond?			10c	Χ			100000	
									1706	
f	Has	s 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 y	vear end.)		10q		Χ			
_		is is an individual account plan, was there a blackout period? (See i			iug		>			
		0.101-3.)			10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \		Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?	•	·				•	Yes X No	
12	ls t	his a defined contribution plan subject to the minimum funding requi	irements of section	1 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X No	
	(If "`	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)							
		waiver of the minimum funding standard for a prior year is being am								
	-	nting the waiver.			ı		Day		Year	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Description of the minimum required contribution for this plan year.									
		er the minimum required contribution for this plan year				t	12c		0	
		er the amount contributed by the employer to the plan for this plan y tract the amount in line 12c from the amount in line 12b. Enter the r								
		ative amount)					12d		0	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No N/A	
Part \	۷II	Plan Terminations and Transfers of Assets								
I3a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Yes X No	
		es," enter the amount of any plan assets that reverted to the employers					13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
	C 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.)									
13c(1) Name of plan(s):						13c(2) EIN(s) 1			13c(3) PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	vill be assessed ι	ınless reasonable	cau	se is	estab	lished.		
Under SB or	per Sch	nalties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have e	examined this retur	n/rep	ort, in	cludin	g, if applica		
SIGN	F	iled with authorized/valid electronic signature.	0/14/2010	HARRY ROSENBI	ERG					
HERE	- T	Signature of plan administrator Date Enter name of in				ndividual signing as plan administrator				

Date

Enter name of individual signing as employer or plan sponsor

Transfers to (from) the plan (see instructions)......

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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OMB Nos. 1210-0110

P.03/04

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Form 5500-SF		Short Form Annual	- ye	е	OMB Nos. 1210-01 1210-00			
_	Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employ					2009	
_	Department of Labor Employee Benefits Security Administration	Retirement income Securi	ity Act of 1	974 (ERISA), and section 6058(a) of the Code (the Code).	7 0	This Form	is Open to Public	
	Penaion Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 66				**************************************		
	Part I Annual Report Ide	entification information			<u> </u>	-	·	
	or calendar plan year 2009 or fisca			and ending				
F	This return/report is for:	singie-employer plan	multip	le-employer plan (not multiemployer)		one-participa	int clan	
E	This return/report is for:	first return/report	_	turn/report	,			
		an amended return/report	ahort p	olan year return/report (less than 12 m	onths))		
¢	Check box if filing under:	Form 5558		LTTL				
	<u> </u>	special extension (enter descrip		atic extension		DFVC progra		
F	Part II Basic Plan Inform	ation—enter all requested info	rmation			·		
	a Name of plan				16	Three-digit		
SU	PERIOR PACKAGING, INC. 401K	SAVINGS PLAN			""	plan number		
						(PN) •	002	
					1c	Effective date of	plan	
2:	Plan sponsor's name and addres	t (omplever if for single and a	<u>.</u>		1	05/01/1		
šL)	PERIOR PACKAGING , INC.	s (employer, ir for single-employ	er plan)		2Ь			
2-	1 CENTRAL AVE				2c	(EIN) 11-161; Plan sponsor's t	siephone number	
	RMINGDALE NY 11735				2d	631-249 Business code (9 423990		
<u>3</u> ق 1۵:	L Plan administrator's name and ad ME	idress (if same as Plan sponsor,	enter "Sar	ne")	3b	Administrator's E	IN	
,,,,,,	vic.					11-1619		
_					3¢	Administrator's te	lephone number	
4	if the name and/or EiN of the plan :	sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	631-249 EIN	<u>-550</u> 0	
	name, EIN, and the plan number fr	om the last return/report. Spons	or's name			EIIV		
5a	Total number of participants at the	e beginning of the plan year			4c	PN		
b	Total number of participants at the	a bagaraning of the plan year			5a		5	
c	b Total number of participants at the end of the plan year C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).				5b		5	
_	complete this item)	account palances as of the end (of the plan	year (defined benefit plans do not	6c			
ia	Were all of the plan's assets during	ng the plan year invested in elloif	ple assets? (See instructions.)			<u> </u>	5	
b	under 29 CFR 2520.104-46? (See	annual examination and report of Binstructions on waiver eligibility	indent qualified public accountant (IQF	A)		Yes No		
-	TO CO STITLE OF THE CO. CO. ST. LIBIT.	<u>ya yi yo, tila pian Cannot USA F</u>	orm 5500	-SF and must instead use Form 550	O.		⊠ tee □ Mo	
<u>-a</u>	rem rmanetar mitormatic	on						
_	Plan Assets and Liabilities			(a) Beginning of Year	o	(b) End o	l Year	
a	Total plan assets		. 7a	469281	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	528132	
_	Total plan liabilities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7b					
_	Net plan assets (subtract line 7b fr	om line 7a)	. 7c	469281			528132	
9	Income, Expenses, and Transfers	for this Plan Year		(a) Amount	_	(b) To		
	Contributions received or receiveb (1) Employers	le from:	0-44		ļ			
	(2) Participants	***************************************						
	(3) Others (including rollovers)				-			
5	Other income (loss)		8a(3)		ļ			
2	Total income (add fines 8a(1), 8a(2	2). 8a/3), and 9h)		58851				
3	Benefits paid (including direct rollor	vers and insurance promiume	8c				58851	
	to provide benefits)		8d					
>	Certain deemed and/or corrective of	distributions (see instructions)	Be					
	Administrative service providera (sa	alaries, fees, commissions)	8f					
ı	Other expenses	***************************************	8g					
)	Total expenses (add lines 8d, 6e, 8	f, and 8g)	8h			<u> </u>		
	Net income (loss) (subtract line 8h t	from line 8c)	81				68054	

58851

Signature of employer/plan sponsor

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Form 5500-SF 2009 Page 2-1 Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions: 2G 2J 2F 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yas No Amount a. Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) X, 102 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)..... х 10b Was the plan covered by a fidelity bond?..... 10¢ х 100000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 104 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 χ instructions.) 1706 10e Has the plan failed to provide any benefit when due under the plan? х 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... х 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) x 10h if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No 12 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Day . If 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 0 C Enter the amount contributed by the employer to the plan for this plan year..... 12c 0 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) **12**d o e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... No N/A Plan Terminations and Transfers of Assets Part VII 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?..... X Yes Nο 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 brought under the control Yes X No 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 tiabilities were transferred. (See instructions.) 13¢(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. ROBERT LOVETT SIGN 100 HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE

Dete

Enter name of individual signing as employer or plan sponsor