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).

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance with	n the instructions to the Form 5500	O-SF.			
		entification Information						
For	calendar plan year 2010 or fisca	I plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010		
A	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-particip	ant plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progr	am	
		special extension (enter description						
Do	rt II Pacia Blan Inform	nation—enter all requested information	,					
	Irt II Basic Plan Inform Name of plan	iation—enter all requested informa	ation		1h	Three-digit		
	Name of plan HIN PAPER & PACKAGING, IN	IC., 401K PLAN			10	plan number	004	
		, , , , , , , , , , , , , , , , , , , ,				(PN) ▶	001	
					1c	Effective date		
						01/01/	1996	
		ess (employer, if for single-employer	plan)		2b	Employer Ident		mber
ALLC	CHIN PAPER & PACKAGING, IN	ic.			20	(EIN) 16-136 Plan sponsor's		numbor
	CHOOL STREET				20	585-92	24-7144	lullibei
VICT	OR, NY 14564				2d	Business code		ctions)
						56121		
	Plan administrator's name and a CHIN PAPER & PACKAGING, IN	address (if same as Plan sponsor, ei		e")	36	Administrator's		
	,	VICTOR, NY	14564		3c	Administrator's	telephone	number
							24-7144	i a i i i i i i i i i i i i i i i i i i
	•	, ,			4b EIN			
I	name, EIN, and the plan number	from the last return/report. Sponso	r's name		4 c	PN		
5a	Total number of participants at	the beginning of the plan year			-тс			5
_	• •	the end of the plan year		ł				5
				ł	5b			
С	·	th account balances as of the end of		` .	5с			5
6a	•			(See instructions.)			X Yes	No
	•	0 , ,		ndent qualified public accountant (IQI			□ []	
	,			ons.)			^ Yes	i ∐ No
-			orm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Informa	ition			1			
7	Plan Assets and Liabilities			(a) Beginning of Year 188559		(b) End	d of Year	224432
	Total plan assets		. 7a	100339				224432
b			. 7b	188559				224432
<u>C</u>		b from line 7a)	7c		'			224432
8	Income, Expenses, and Transfe			(a) Amount		(b)	Total	
а	Contributions received or received. (1) Employers	/able from:	8a(1)	2529				
	, , , ,		8a(2)	9529	-			
	` '				_			
b	,		8b	23818				
C	,	3a(2), 8a(3), and 8b)	8c					35876
d		ollovers and insurance premiums	. 00					
-	to provide benefits)		. 8d					
е	Certain deemed and/or correction	ve distributions (see instructions)	. 8e					
f	Administrative service providers	s (salaries, fees, commissions)	8f					
g	Other expenses		. 8g	3	3			
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	8h					3
i	Net income (loss) (subtract line	8h from line 8c)	. 8i					35873
j		e instructions)						

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		•	
Part IV	l Plan	Charac	tarietice
I all IV	ı ıaıı	Ollarac	ici ialici

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 2K 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

D	if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acterisi	iic Cod	ies in t	ne instruc	ctions:			
art	V Compliance Questions								
0	During the plan year:		Yes	No		Amount			
а	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)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?	10d		X					
е	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.)	10e		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				9800		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
i	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	10i							
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					Ye	s X No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	02 of E	ERISA?	Ye	s ^X No		
	(If "Yes," complete 12a or 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 instrugranting the waiver.								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		_	1					
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 lef negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
art	VII Plan Terminations and Transfers of Assets								
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Ye	s X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a		L I	<u> </u>		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol 		☐ Ye	s X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plai	n(s) to			_	_		
1	3c(1) Name of plan(s):		13c(2) EIN(s) 13c(3)			3) PN(s)			
					``		, ,,		
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ise is	establi	shed.				
Jnde SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return it is true, correct, and complete.	turn/rep	ort, in	cluding	, if applic				

SIGN	Filed with authorized/valid electronic signature.	06/20/2011	JEFFREY ALLCHIN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	06/20/2011	JEFFREY ALLCHIN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	P Complete all endies in accord	alice Milli	DIE HISUUCUC	his to the rollings	V-31 .			
	art I Annual Report Identification Information							
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	/2010	and ending	12,	/31/2010		
A	This return/report is for: x single-employer plan	multiple-en	nployer plan (ne	one-participant plan				
В	This return/report is for: first return/report	final return.	report					
	an amended return/report	short plan	ear return/repo	ort (less than 12 mont	hs)			
С	Check box if filing under: Form 5558	automatic (extension		Г	DFVC program		
•	special extension (enter description)				_	,		
-	art II Basic Plan Information enter all requested inform	nation.			1 46 -			
1a	Name of plan					'hree-digit Ian number		
	ALLCHIN PAPER & PACKAGING, INC., 401k PLAN					PN) ► 001		
					1	ffective date of plan		
_						1/01/1996		
2a	Plan sponsor's name and address (employer, if for single-employer plants of the control of the c	in)				Employer Identification Number EIN) 16-1363502		
	ALLCHIN PAPER & PACKAGING, INC.					Plan sponsor's telephone number		
	61 SCHOOL STREET					(585) 924-7144		
110	VICTOR NY 14564					Business code (see instructions)		
<u>За</u>	Plan administrator's name and address (If same as plan employer, ent	or "Camo"				661210 dministrator's EIN		
va	Same	er same,			35 /	CITM ISTIATOR'S CITY		
					2			
					JC A	dministrator's telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the last		ort filed for this	plan, enter the	4b EIN			
	name, EIN and the plan number from the last return/report. Sponsor's	Name			4c #	PN		
5a	Total number of participants at the beginning of the plan year				5a	5		
þ	Total number of participants at the end of the plan year				5b	5		
C	Total number of participants with account balances as of the end of the					_		
<u>-</u>	complete this item)				_5c	5 		
b	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an i					<u>V</u> 162 140		
•	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			ic accountant (ICFA)		X Yes □No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form		-	ad use Form 5500.		_		
P	rt III Financial Information							
7	Plan Assets and Liabilities	3 co Conleyo (o co co ocore)	(a) Be	ginning of Year		(b) End of Year		
a	Total plan assets	7a		188,559		224,432		
b	Total plan liabilities	7b						
¢	Net plan assets (subtract line 7b from line 7a)	7c		188,559		224,432		
 8	Income, Expenses, and Transfers for this Plan Year	**************************************	· ·	a) Amount		(b) Total		
а	Contributions received or receivable from:		,		Characteria gr Characteria Characteria	one de la companya d Na companya de la comp		
	(1) Employers	8a(1)		2,529		Manufacture of the control of the co		
	(2) Participants	8a(2)		9,529	3,0040,000,000 2,004,000,000 2,004,000,000 2,004,000,000			
	(3) Others (including rollovers)	_8a(3)			Selection Attention	A Commence of the Commence of		
þ	Other income (loss)	8b		23,818	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	A STATE OF THE STA	1 (100,000,000,000,000,000,000,000,000,000	W1010	35,876		
d	Benefits paid (including direct rollovers and insurance premiums				Ar-restronger	Control of the Contro		
_	to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e			37360000 373600000 3736000000			
ĭ	Administrative service providers (salaries, fees, commissions) Other expanses	8f			1247741111 12477411111			
9	Other expenses	8g		3	chitery.	учер посущения положения п		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				35,873		
i	Net Income (loss) (subject line 8h from line 8c)	8i		Commission of the commission o				
i	Transfers to (from) the plan (see instructions)	8j			0.0010/01013/			

Par	IV Plan Characteristics						
	f the plan provides pension benefits, enter the applicable pension feature 2E 2G 2J 2K 3D						
b	f the plan provides welfare benefits, enter the applicable welfare feature	codes from the List	or Plan Characteristic Co	oues II	n the it	isu uciions.	
Par	Compliance Questions	******					
10	During the plan year:			Yes	No	Ап	nount
a	Was there a failure to transmit to the plan any participant contribution v	within the time period	d described in		x		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary 6	Correction Program)	10a	<u> </u>	<u> </u>		
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)		-		x		
			40-	_	 		·
C	Was the plan covered by a fidelity bond?				×		
d	Old the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?	r	-		х		
e	Were any fees or commissions paid to any brokers, agents, or other per	rsons by an insuranc	ce carrier,				
	insurance services or other organization that provides some or all of the instructions.)		140-		x		
f	Has the plan failed to provide any benefit when due under the plan? .		i		х	"	
				х			9,800
g	Did the plan have any participant loans? (If "Yes," enter amount as of y If this is an individual account plan, was there a blackout period? (See			^	 	erie-ariolandologiczycycyc	
h	2520.101-3.)		1		x		
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3.					A The Live Control of the Control of	Add the factor of the second o
Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500))						Yes X No
12	Is this a defined contribution plan subject to the minimum funding requi (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	irements of section 4					Yes X No
a	If a waiver of the minimum funding standard for a prior year is being an	mortized in this plan	year, see instructions, a	nd ent	er the o	date of the let	ter ruling
	granting the waiver	<i></i> .	Month				
lf :	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and s	kip to line 13.	Г			
þ	Enter the minimum required contribution for this plan year	· · · · · · ·	<i></i>	· -	12b		
C	Enter the amount contributed by the employer to the plan for this plan y			·	12c		
þ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	•	_	. [12d		
e	Will the minimum funding amount reported on line 12d be met by the fo	unding deadline? .			<u> </u>	Yes	□N₀ □N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan ye	ar or any prior year?	·		<u> </u>	<i>.</i>	Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year			13a		
b	Were all the plan assets distributed to participants or beneficiaries, trans	nsferred to another p	olan, or brought under th	e cont	roi		
c	of the PBGC? If during this plan year, any assets or liabilities were transferred from the	nis plan to another pl	an(s), identify the plan(s) to			Yes X No
	which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):			13	3c(2) E	IN(s)	13c(3) PN(s)
		1.1.1111					
		144 4				_	
	on: A penalty for the late or incomplete filing of this return/report wi						
SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t it is true, correct, and complete.						
.0.1800			JEFFREY ALLCHIN				
SIG		Date 6 /17/11	Enter name of individua		ing és	olan administ	rator
		water - 1 17 11		ar aigi i		pian aanmiot	- ser \$ terr
SIG			JEFFREY ALLCHIN				
HE	HERE Signature of employer/plan sponsor Date 6 /1 7/11 Enter name of individual signing as employer or plan sponsor						

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