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).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550)-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	st return/report final return/report						
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
_		special extension (enter descripti	on)						
Do	ert II Pacia Plan Infor	_ ` ` `							
		mation—enter all requested inform	nation		1h	Throo digit			
	Name of plan	GROUP, INC. 401(K) PROFIT SHA	DING DI AI	N	ID	Three-digit plan number			
IIIL	TACKACING CONSOLIANTS	1 3 1 3 1 A	ININO I LA			(PN) • 002			
					1c	Effective date of plan			
						01/01/2004			
		ress (employer, if for single-employer	r plan)		2b	Employer Identification Number			
THE	PACKAGING CONSULTANTS	GROUP, INC.				(EIN) 13-3601697			
COM	MERCE PARK 1				2c	Plan sponsor's telephone number 845-278-7247			
3881	DANBURY ROAD - SUITE A				24				
BRE	WSTER, NY 10509				Zu	Business code (see instructions) 311710			
3a	Plan administrator's name and	l address (if same as Plan sponsor, e GROUP, INC. COMMERCI	enter "Same	e")	3b	Administrator's EIN			
THE	PACKAGING CONSULTANTS	GROUP, INC. COMMERCI 3881 DANB	E PARK 1	D-SHITE Δ		13-3601697			
		BREWSTER			3с	Administrator's telephone number 845-278-7247			
<u> </u>	f the name and/or FIN of the ni	an sponsor has changed since the la	ot roturn/ro	nort filed for this plan optor the	4				
	•	er from the last return/report. Spons		port filed for this plan, enter the	4D	EIN			
	, ,				4c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a	8			
b	Total number of participants a	t the end of the plan year			5b	7			
С		ith account balances as of the end c							
				•	5c	7			
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No			
b				ndent qualified public accountant (IQI		M v D v			
				ions.)		Yes No			
Da	rt III Financial Inform		orm 5500-	SF and must instead use Form 55	JU.				
		ation			1	45-144			
7	Plan Assets and Liabilities			(a) Beginning of Year 800368		(b) End of Year 948626			
	Total plan assets		7a	000000	_	0			
b				800368		948626			
<u>C</u>		7b from line 7a)	. 7с	000300		940020			
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or received (1) Employers	eivable from:	8a(1)	31000					
	• • • •			47250	_				
	` '								
h	• • • • • • • • • • • • • • • • • • • •	8)	od(3)						
b	, ,			70411		148661			
C		8a(2), 8a(3), and 8b)	8c			140001			
d		rollovers and insurance premiums	8d	403	3				
е		tive distributions (see instructions)		C					
f		ers (salaries, fees, commissions)		C					
g				C					
h	·	8e, 8f, and 8g)				403			
i		e 8h from line 8c)				148258			
j		ee instructions)		(
		,	ı öl						

Form 5500-SF 2010	Page 2-

		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onara	JIGI IƏLIGƏ

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2J 2K 2R 3D

b	If th	he plan provides welfare benefits, enter the applicable welfare feature codes from the List of	of Plan Charac	terist	ic Co	des in t	the instru	ctions	:	
art	: V	Compliance Questions								
0	Du	uring the plan year:			Yes	No		Ame	ount	
а	Wa	as there a failure to transmit to the plan any participant contributions within the time period (9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).		10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transaction line 10a.)		10b		X				
С	W	/as the plan covered by a fidelity bond?		10c	X					50000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cause dishonesty?		10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance surance service or other organization that provides some or all of the benefits under the planstructions.)	an? (See	10e		X				
f	На	as the plan failed to provide any benefit when due under the plan?		10f		X				
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CF 520.101-3.)		10h		X				
i		10h was answered "Yes," check the box if you either provided the required notice or one of aceptions to providing the notice applied under 29 CFR 2520.101-3		10i						
art			<u> </u>							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructi						. [Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412							Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 granting the waiver									
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski	ip to line 13.		_					
b	En	nter the minimum required contribution for this plan year				12b				
		nter the amount contributed by the employer to the plan for this plan year				12c				
	ne	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus signative amount)			<u> </u>	12d				1
е	Wi	ill the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets							1	
3а	Ha	as a resolution to terminate the plan been adopted during the plan year or any prior year? \dots							Yes	X No
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year				13a				
	of :	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan the PBGC?							Yes	X No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan nich assets or liabilities were transferred. (See instructions.)	n(s), identify the	plar	n(s) to					
1	3c((1) Name of plan(s):			13	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be assessed unles	ess reasonable	cau	se is	establ	ished.			
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have example the discontinuous and signed by an enrolled actuary, as well as the electronic version of its true, correct, and complete.	mined this retur	n/rep	ort, in	cludin	g, if appli			
CI C		Filed with authorized/valid electronic signature. 09/22/2011 STE	EVEN PENN							
SIG	IN .									

SIGN	Filed with authorized/valid electronic signature.	09/22/2011	STEVEN PENN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
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

	art I Annual Report Identification Information							
Fo		01/01/2	2010 and ending		12/31/2010			
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retur	rn/report		Record			
	an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under: X Form 5558	-	extension	,	DFVC program			
	special extension (enter description		o o o o o o o o o o o o o o o o o o o		_ bi vo piogram			
-								
	art II Basic Plan Information—enter all requested inform	ation	T	4 1-				
18	Name of plan THE PACKAGING CONSULTANTS GROUP, INC.			TD	Three-digit plan number			
	401(K) PROFIT SHARING PLAN				(PN) 002			
	401(K) FROFII SHAKING FLAN			1c	Effective date of plan			
		***************************************			01/01/2004			
2 a	Plan sponsor's name and address (employer, if for single-employer THE PACKAGING CONSULTANTS GROUP,	plan)		2b	Employer Identification Number			
	INC.		ŀ	20	(EIN) 13-3601697 Plan sponsor's telephone number			
	COMMERCE PARK 1			20	(845) 278-7247			
	3881 DANBURY ROAD - SUITE A			2d	Business code (see instructions)			
	BREWSTER		NY 10509		311710			
3a	Plan administrator's name and address (if same as Plan sponsor, e ${\rm SAME}$	nter "Same	e")	3b	Administrator's EIN			
			ŀ	30	Administrator's telephone number			
					7 dammet atter o telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c PN				
52	Total number of participants at the beginning of the plan year							
_	Total number of participants at the end of the plan year		}	5a	8			
	Total number of participants with account balances as of the end of		j.	<u>5b</u>				
C	complete this item)	i the plan y	vear (defined benefit plans do not	5c	7			
6a	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	an indepe	ndent qualified public accountant (IQ	PA)	bearing proving			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No			
D,	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550)0.				
7	Plan Assets and Liabilities		(a) Parimina of Van	Т	(IN Part of Ware			
-	Total plan assets	70	(a) Beginning of Year 800, 36		(b) End of Year 948, 626			
	Total plan liabilities			n	940,020			
0			800,36	<u> </u>	049 626			
	Net plan assets (subtract line 7b from line 7a)	7c		4	948,626			
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	-	(b) Total			
u	(1) Employers	8a(1)	31,00	0				
	(2) Participants	8a(2)	47,25	0				
	(3) Others (including rollovers)			o				
b	Other income (loss)	1	70,41	1				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			148,661			
d	Benefits paid (including direct rollovers and insurance premiums	***************************************			100 G			
	to provide benefits)	8d	40	싀				
е	Certain deemed and/or corrective distributions (see instructions)	8e		9				
f	Administrative service providers (salaries, fees, commissions)	8f		의				
g	Other expenses			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			403			
i	Net income (loss) (subtract line 8h from line 8c)	8i			148,258			

	and the state of t							
444444	Form 5500-SF 2010 Page 2-	den de la constante de la cons	onasski nivote					
Pa	rt IV Plan Characteristics	***************************************	***************************************			Ricks manage	~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	acteri	stic Co	des in	the instruc	ction	s:	
b	2E 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	actorie	tic Cor	lee in l	he inetruc	tions		
D	The plan provides wehate beheats, enter the applicable wehate reactive codes from the List of Plan Char	acteris	iic Coc	165 III (ne manac	HOHS	••	
Pai	rt V Compliance Questions			***************		Messagas and		***************************************
10	During the plan year:		Yes	No		Am	ount	***************************************
	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		х				
. k	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
c	Was the plan covered by a fidelity bond?	10c	Х				5	0,000
c	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		***************************************		***************************************
e	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		х				
f		10f		Х				***************************************
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? (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						
Par	t VI Pension Funding Compliance		-					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500)).					Г	Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					•	•••	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru							
If	granting the waiver	-		Day	· · · · · · · · · · · · · · · · · · ·	16	al	
	Enter the minimum required contribution for this plan year		Г	12b		A		
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	ofa		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Π	No [N/A

Part	VIII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	b 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 which assets or liabilities were transferred. (See instructions.)	e plan(s) to					
1	3c(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.

SIGN	Ann Comment	× 9/20/11	Steven Penn
HERE -	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HEDE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor