Form 5500-SF Short Form Annual Retur				• • • •	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emp				_	2011					
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						This Form is Open to Public					
P	ension Benefit Guaranty Corporation	)-SF.	Inspection								
	Part I         Annual Report Identification Information           For calendar plan year 2011 or fiscal plan year beginning         01/01/2011         and ending         12/31/2011										
					2/31/2						
	This return/report is for:	-employer plan (not multiemployer) eturn/report		a one-participant plan							
B	This return/report is:										
			•	in year return/report (less than 12 mo	onths)	—					
C	C Check box if filing under:										
	special extension (enter description)										
	ITT II Basic Plan Inform	nation—enter all requested information	ation		1h	Three-digit					
	•	GROUP, INC. 401(K) PROFIT SHAR		4	10	plan number					
						(PN) ▶ 002					
_					1c	Effective date of plan 01/01/2004					
	Plan sponsor's name and addre PACKAGING CONSULTANTS	ess; include room or suite number (er GROUP, INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 13-3601697					
COM	MERCE PARK 1				2c	Sponsor's telephone number 845-278-7247					
3881	DANBURY ROAD - SUITE A VSTER, NY 10509				2d	Business code (see instructions) 311710					
	Plan administrator's name and PACKAGING CONSULTANTS (		PARK 1		3b Administrator's EIN 13-3601697						
		3881 DANBU BREWSTER,			3c	Administrator's telephone number 845-278-7247					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan name, EIN, and the plan number from the last return/report.					4b	EIN					
а	Sponsor's name				4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a	8					
b	Total number of participants at	the end of the plan year			5b	8					
С	· ·	count balances as of the end of the p			5c	8					
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	le assets?	(See instructions.)		X Yes No					
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No					
		er 6a or 6b, the plan cannot use Fo									
Pa	rt III Financial Informa	ation									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	948626		998156					
b	•			0	_	0 998156					
<u> </u>	• •	b from line 7a)	7c	948626							
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total					
u			8a(1)	17039							
	(2) Participants		8a(2)	47210							
	(3) Others (including rollovers)		8a(3)	0							
b	· · · ·		8b	-14719							
C		8a(2), 8a(3), and 8b)	8c			49530					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				0							
<ul> <li>Certain deemed and/or corrective distributions (see instructions)</li> </ul>			8e	0							
f		s (salaries, fees, commissions)	8f	0							
g	· ·			0							
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)				0					
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			49530					
j	( ) I (	e instructions)	8j	0							

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## Part IV Plan Characteristics

**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 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	Du	ring the plan year:	_	Yes	No	А	mount		
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)				х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		10b		x				
С	W	as the plan covered by a fidelity bond?	10c	Х				500	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
e	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.)				x				
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		х				
i		0h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					Ye	6	No
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ye	s X	No
	(lf "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct nting the waiver							_
lf y	/ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Wil	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	s a resolution to terminate the plan been adopted in any plan year?			۱ 🗌	′es X No			
	lf "`	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							No		
C	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):					c(2) El	N(s)	13c(	3) PN(	s)
Cont	0.00	A penalty for the late or incomplete filing of this return/report will be accessed will be			ootak	ichad			
Caut	on:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	ie cal	ISE IS	estab	isnea.			

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	Filed with authorized/valid electronic signature.	06/15/2012	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 spons					

					(m)					
. **.	Form 5500-SF	Short Form Annual	Return/ Benefi	Report of t	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	This form is required to be fi	led under sections 104 and 4065 of the Employee				2011			
	Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration The Internal Revenue Code (				SA), and sections 6057(b) and 6058(a) of			of This Form is Open to Public		
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500							spection		
	art I Annual Report I	dentification Information				-01.				
Fo	r calendar plan year 2011 or fiso	cal plan year beginning	01/01/2	2011	and ending		12/31/201	1		
Α	This return/report is for:	X a single-employer plan	a multipl	e-employer pl	an (not multiemployer)		a one-partici	oant plan		
В	This return/report is:	the first return/report	the final	return/report						
		an amended return/report	a short pl	an year returr	n/report (less than 12 mc	nths)	)			
С	Check box if filing under:	🛛 Form 5558	automati	c extension			DFVC progra	Im		
	-	special extension (enter descript								
P	art II Basic Plan Infor	mation—enter all requested inform	,							
L	Name of plan					1h	Three-digit			
	THE PACKAGING CONS	ULTANTS GROUP, INC.					plan number			
	401(K) PROFIT SHAR						(PN) 🕨	002		
	( ,					1c	Effective date of 01/01/2004			
2a	Plan sponsor's name and add	ress; include room or suite number (	emplover i	f for a single	amployor plan)	26				
	THE PACKAGING CONS	ULTANTS GROUP,	(employer, i	i loi a single-i	employer plany	20	Employer Identit (EIN) 13-360			
						2c	Sponsor's telep			
	COMMERCE PARK 1					0.1	(845) 278-			
	3881 DANBURY ROAD BREWSTER	- SUITE A		NIV	10500	20	Business code ( 311710	see instructions)		
3a		address (if same as plan sponsor, e	enter "Same	e")	10509	3h	Administrator's I	=1N		
	SAME			- /		•				
						3c	Administrator's t	elephone number		
4	If the name and/or FIN of the	plan sponsor has changed since the	last roturn	report filed fo	r this plan, optor the	41.				
-	name, EIN, and the plan num	ber from the last return/report.	ast return/	report med to		40	EIN			
a	Sponsor's name					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		8		
С	Number of participants with ac complete this item)	ccount balances as of the end of the	plan year (	defined benel	ĩt plans do not	5c		8		
6a		during the plan year invested in eligil						X Yes No		
b	Are you claiming a waiver of the	he annual examination and report of	an indeper	ndent qualified	public accountant (IQP	A)				
	under 29 CFR 2520.104-46? (	See instructions on waiver eligibility	and condit	ions.)	· · · · · · · · · · · · · · · · · · ·	•		X Yes No		
Pa	If you answered "No" to eith	<u>er 6a or 6b, the plan cannot use F</u>	orm 5500-	SF and must	instead use Form 550	0.				
7	Plan Assets and Liabilities	auon	1			1	<del></del>			
'a				(a) E	eginning of Year	_	(b) End			
b					948,626	2		998,156		
		7b from line 7a)				-		0		
8	Income, Expenses, and Transf				948,626	<u> </u>		998,156		
a	Contributions received or recei	ivable from:			(a) Amount		(b) T	otal		
		,			17,039					
					47,210	)				
		)			C	)				
b					(14,719)					
С		8a(2), 8a(3), and 8b)	. 8c					49,530		
d	Benefits paid (including direct r to provide benefits)	rollovers and insurance premiums	. 8d		C	)				
е		ive distributions (see instructions)			C					
		s (salaries, fees, commissions)				1				
g					C					
h		3e, 8f, and 8g)	×		Y	1				
i		8h from line 8c)				†		49,530		
j		e instructions)			C					
For P		B Control Numbers, see the instructions for		•.	· · · · · · · · · · · · · · · · · · ·	1		Form 5500-SF (2011)		
								· orm oouo-or (2011)		

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## Part IV Plan Characteristics

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 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:				Yes	No	1	Amount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in									
Ь	9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported					X				
D.	on line 10a.)	Do not include trans	actions reported	10ь		X				
с	Was the plan covered by a fidelity bond?				X				50,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	caused by fraud	10c 10d		x			50,000		
е										
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g		Х				
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 2	9 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i			-			
Part										
11	Is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see ins	tructions and compl	ete S	Sched	ule SE	B (Form			
	5500))							Yes		
	Is this a defined contribution plan subject to the minimum funding rec		n 412 of the Code o	r sec	tion 3	02 of	ERISA?	Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl If a waiver of the minimum funding standard for a prior year is being a		n vear, see instructi	one	and o	ntor ti	no data of th	o lottor r	dina	
	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									
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M		•				1		Mediator	
	Enter the minimum required contribution for this plan year				-	12b				
C	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 le negative amount)					12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes	No	N/A	
Part \	/II Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?			• • • • • • • • •		۱ []	res 🛛 No	)		
	If "Yes," enter the amount of any plan assets that reverted to the emp									
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?					ntrol		Yes	X No	
С	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	plan	(s) to					
13	13c(1) Name of plan(s):				130	: <b>(2)</b> El	N(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 SB or S	penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete	declare that I have	examined this return	/rep	ort ind	cludin	n if applica	ole, a Sch nowledge	edule and	
SIGN	Sten Com	612.7 Steven Penn				n				
HERE					ndividual signing as plan administrator					