Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

F	ension B	enefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Inspection		
Pa	art I	Annual Report Id	entification Information						
For	calend	lar plan year 2011 or fisca	al plan year beginning 01/01/201	1	and ending 1	2/31/2	011		
Α	This re	turn/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan		
В	This re	turn/report is:	the first return/report	the final re	eturn/report		_		
			an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Chock	box if filing under:	Form 5558		extension	[X DFVC program		
C	CHECK		special extension (enter descriptio		Octoriolori	L	Di Vo program		
D	- u4 II	Decis Dien Inform		,					
	art II		nation—enter all requested information	ation		1h	Three-digit		
		of plan APER & PACKAGING, IN	IC. 401K PLAN				plan number		
, ,,,,,,	21 111 4 1 7	ru Erra i mora tonvo, n					(PN) • 001		
						1c	Effective date of plan		
							01/01/1996		
		ponsor's name and addre	ess; include room or suite number (e	mployer, if	for a single-employer plan)		Employer Identification Number		
ALL	JI IIIN F	AFER & FACRAGING, II	vo.				(EIN) 16-1363502		
						2c	Sponsor's telephone number 585-924-7144		
		L STREET Y 14564				24	Business code (see instructions)		
VICT	OIX, IX	1 14004				Zu	561210		
3a	Plan a	administrator's name and	address (if same as plan sponsor, er	nter "Same	2")	3b	Administrator's EIN		
		APER & PACKAGING, IN	IC. 61 SCHOOL	STREET	,		16-1363502		
			VICTOR, NY	14564		3c Administrator's telephone number			
4	If the	name and/or EIN of the n	lon anangar has shangad since the l	oot roturn/	report filed for this plan, enter the	4b	585-924-7144		
7			lan sponsor has changed since the large from the last return/report.	asi returri	report filed for this plan, enter the	40	EIN		
а	Spons	sor's name	·			4c	PN		
5a	Total	number of participants at	the beginning of the plan year			5a	Į.		
b	Total	number of participants at	the end of the plan year			5b			
С	Numb	per of participants with ac	count balances as of the end of the p	olan year (d	defined benefit plans do not	_	,		
	comp	lete this item)				5c	<u> </u>		
		·	uring the plan year invested in eligible		,		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	224432		162162		
b	Total	plan liabilities		. 7b					
С	Net p	lan assets (subtract line 7	b from line 7a)	7c	224432		162162		
8	Incom	ne, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total		
а		ibutions received or recei			0				
				8a(1)	0				
	` '	·		8a(2)	0				
	` ,	` ,	······	8a(3)	0070				
b				8b	-6078		0070		
C		, , , ,	8a(2), 8a(3), and 8b)	8c			-6078		
d			ollovers and insurance premiums	. 8d	46392				
е	Certa	in deemed and/or correct	ive distributions (see instructions)	8e	9800				
f	Admir	nistrative service provider	s (salaries, fees, commissions)	8f					
g	Other	expenses		8g					
h	Total	expenses (add lines 8d,	Be, 8f, and 8g)				56192		
i	Net in	ncome (loss) (subtract line	8h from line 8c)	. 8i			-62270		
j	Trans	fers to (from) the plan (se	ee instructions)	8j					

Form	5500-	SF	201

Page 2 -	1
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		••	
Part IV	Plan	Characte	ristics

- 9a 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
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	v	Compliance Questions							
0		ng the plan year:		Yes	No			mount	
	Was	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?		X					
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Χ				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance				•			
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Ye	s X N
lf y	If a v gran	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. r the minimum required contribution for this plan year.	th	——					
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)		[12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Υe	es	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			,	Yes	X No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			Ye	s X N
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)				_
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3) PN(s)
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.						e, a Sc	hed

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.	03/19/2013	JEFFRY ALLCHIN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/19/2013	JEFFRY 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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	art I Annual Repo	rt Identification Information	· · · · · · · · · · · · · · · · · · ·		•		I		
For		or fiscal plan year beginning		1/2011	and ending	12	/31/2011		
A	This return/report is for:	χ a single-employer plan	a multiple	-employer plan	(not multiemployer)	Γ	a one-participant plan		
₿	This return/report is:	the first return/report	Ξ.	eturn/report					
		an amended return/report	=	•	report (less than 12 mor	nths)			
Ċ	Check box if filing under:	Form 5558		extension	opon (loss than 12 mg)		DFVC program		
_	THE DOX II IIIII G GIGGE.	special extension (enter descrip		- evicioioii		12	g DrvC program		
-	ant III Desis Disu III								
	art II Basic Plan In Name of plan	formation enter all requested i	information.			et la .			
							Three-digit plan number		
	ALLCHIN PAPER & PA	CKAGING, INC., 401k PLAN					PN) ▶ 001		
							Effective date of plan		
2a		address; include room or sulte number	employer, if fo	r single-emplo	ver plan)		D1/01/1996 Employer Identification Number		
	ALLCHIN PAPER & PA	CKAGING, INC.	, , ,,	······································	yor plany		EIN) 16-1363502		
							Plan sponsor's telephone number		
	61 SCHOOL STREET						(585) 924-7144		
							Business code (see instructions)		
ԾԶ 3a	VICTOR	NY 14564					561210		
Ja	Same	and address (if same as plan sponsor,	enter "Same")			3b /	Administrator's EIN		
							11.54		
						3c /	Administrator's telephone number		
4	If the name and/or EIN of the	ne plan sponsor has changed since the imber from the last return/report.	last return/rep	ort filed for this	plan, enter the	4b EIN			
а		imber from the last returningport.				4c F	PN		
5a	Total number of participant	s at the beginning of the plan year				5a 5			
b	Total number of participants	s at the end of the plan year				5b	3		
¢	Number of participants with	account balances as of the end of the	plan year (def	ined benefit pla	ins do not	. .	_		
<u>-</u> -		s during the plan year invested in eligib				5c	3		
b		of the annual examination and report of					, , , . XYes □No		
	under 29 CFR 2520.104-46	? (See instructions on walver eligibility	and conditions	5.)			XYes No		
_		ither 6a or 6b, the plan cannot use F	orm 5500-SF	and must inste	ad use Form 5500.				
<u> </u>	rt III Financial Info	ormation		·					
<i>'</i>	Plan Assets and Liabilities		20 at 26 30 / 100	(a) B	eginning of Year	ļ.,	(b) End of Year		
a	Total plan assets	• • • • • • • • • • • •	7a		224,432		162,162		
b	Total plan liabilities		· · 7b	ļ		1			
<u>c</u>	Net plan assets (subtract lin Income, Expenses, and Tra		7c		224,432		162,162		
a	Contributions received or re		27.79.00.70.00.00	ļ (a) Amount	2777 (770)	(b) Total		
	(1) Employers		8a(1)			apy his			
	(2) Participants		8a(2)		0				
_	(3) Others (including rollove	ers) , ,	<u>82(3)</u>						
þ	Other income (loss)	• • • • • • • • • • •	8b		(6,078)	1167 TO 4400			
ч С	Total income (add lines 8a)		8c				(6,078)		
d	to provide benefits)	ct rollovers and insurance premiums	8d		46,392	2: (2:00099) (0:000099)			
e	•	ective distributions (see instructions)			9,800				
f		ders (salaries, fees, commissions) .	8f						
g	Other expenses		8g		•	- Maria Maria Maria			
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)	8h	7 1.7 17 17 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.			56,192		
í	Net income (loss) (subtract l	ine 8h from line 8c).	81	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4		3	(62,270)		
<u>i_</u>	Transfers to (from) the plan	(see instructions)	. 8j			eller beggen Mallie New			
E 4.4						_			

_	Form 5500-SF 2011 Page 2-				
Par	t IV Plan Characteristics		-		
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characterist 2E 2G 2J 2K 3D. If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.				
Par	t V Compliance Questions				
10	During the plan year:		Yes No		Amount
a b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	х		
	on line 10a.)	106	×		
Ç	Was the plan covered by a fidelity bond?	10c	x		
ď	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		
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	×		
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 of year end.)		×		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x		
	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	101			
Pari	VI Pension Funding Compliance			1	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))	Schee	dute S8 (i	orm	Yes X No
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	.h	D	ay	atter ruting Year
e	Will 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 a resolution to terminate the plan been adopted in any plan year?		٠		. Yes 🗶 No
b c	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 bonoticiaries, transferred to another plan, or brought under of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)		- 13a		. Yes X No
	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)
Jnder	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repo	rt, inch	udina. if a	policable, a	Schedulc
SB or S	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, at is true, correct, and complete.	and to 1	he best o	f my knowle	dge and
SIGN			ignIng as	plan admin	strator
SIGN HERI			ionino as	employer o	r olan soonsor
	The state of the s		.த.வழ் ம	STOP OF C	pieri sportou

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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₿	This return/report is:	the first return/report	Ξ.	eturn/report					
		an amended return/report	=	•	report (less than 12 mor	nths)			
Ċ	Check box if filing under:	Form 5558		extension	opon (loss than 12 mg)		DFVC program		
_	THE DOX II IIIII G GIGGE.	special extension (enter descrip		- evicioioii		12	g DrvC program		
-	ant III Desis Disu III								
	art II Basic Plan In Name of plan	formation enter all requested i	information.			et la .			
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2a		address; include room or sulte number	employer, if fo	r single-emplo	ver plan)		D1/01/1996 Employer Identification Number		
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							Plan sponsor's telephone number		
	61 SCHOOL STREET						(585) 924-7144		
							Business code (see instructions)		
ԾԶ 3a	VICTOR	NY 14564					561210		
Ja	Same	and address (if same as plan sponsor,	enter "Same")			3b /	Administrator's EIN		
							11.54		
						3c /	Administrator's telephone number		
4	If the name and/or EIN of the	ne plan sponsor has changed since the imber from the last return/report.	last return/rep	ort filed for this	plan, enter the	4b EIN			
а		imber from the last returningport.				4c F	PN		
5a	Total number of participant	s at the beginning of the plan year				5a 5			
b	Total number of participants	s at the end of the plan year				5b	3		
¢	Number of participants with	account balances as of the end of the	plan year (def	ined benefit pla	ins do not	. .	_		
<u>-</u> -		s during the plan year invested in eligib				5c	3		
b		of the annual examination and report of					, , , . XYes □No		
	under 29 CFR 2520.104-46	? (See instructions on walver eligibility	and conditions	5.)			XYes No		
_		ither 6a or 6b, the plan cannot use F	orm 5500-SF	and must inste	ad use Form 5500.				
<u> </u>	rt III Financial Info	ormation		·					
<i>'</i>	Plan Assets and Liabilities		20 at 26 30 / 100	(a) B	eginning of Year	ļ.,	(b) End of Year		
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	(1) Employers		8a(1)			apy his			
	(2) Participants		8a(2)		0				
_	(3) Others (including rollove	ers) , ,	<u>82(3)</u>						
þ	Other income (loss)	• • • • • • • • • • •	8b		(6,078)	1967 1 Capital 1969 1 1025 140 2569 1560			
ч С	Total income (add lines 8a)		8c				(6,078)		
d	to provide benefits)	ct rollovers and insurance premiums	8d		46,392	2: (2:00099) (0:000099)			
e	•	ective distributions (see instructions)			9,800				
f		ders (salaries, fees, commissions) .	8f						
g	Other expenses		8g		•	- Maria Maria Maria			
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)	8h	7 1.7 17 17 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.			56,192		
í	Net income (loss) (subtract l	ine 8h from line 8c).	81	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4		3	(62,270)		
<u>i_</u>	Transfers to (from) the plan	(see instructions)	. 8j			ellandinggap Makkabah			
E 4.4						_			

_	Form 5500-SF 2011 Page 2-				
Par	t IV Plan Characteristics		-		
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characterist 2E 2G 2J 2K 3D. If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.				
Par	t V Compliance Questions				
10	During the plan year:		Yes No		Amount
a b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	х		
	on line 10a.)	106	×		
Ç	Was the plan covered by a fidelity bond?	10c	x		
ď	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		
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	×		
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 of year end.)		×		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	x		
	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	101			
Pari	VI Pension Funding Compliance			1	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))	Schee	dute S8 (i	orm	Yes X No
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	.h	D	ay	atter ruting Year
e	Will 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 a resolution to terminate the plan been adopted in any plan year?		٠		. Yes 🗶 No
b c	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 bonoticiaries, transferred to another plan, or brought under of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)		- 13a		. Yes X No
	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)
Jnder	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repo	rt, inch	udina. if a	policable, a	Schedulc
SB or S	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, at is true, correct, and complete.	and to 1	he best o	f my knowle	dge and
SIGN			ignIng as	plan admin	strator
SIGN HERI			ionino as	employer o	r olan soonsor
	The state of the s		.த.வழ் ம	STOP OF C	pieri sportou