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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information					
For calend	ar plan year 2012 or fisc	cal plan year beginning 01/01/20	012	and ending	12/31/2	2012	
A This ref	turn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-partici	oant plan
B This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
	ŭ	special extension (enter descrip	otion)			<u> </u>	
Part II	Basic Plan Infor	mation—enter all requested infor	mation				
1a Name	•	chief all requested lines	mation		1b	Three-digit	
	APER & PACKAGING, I	NC., 401K PLAN				plan number	
						(PN) ▶	001
					1c	Effective date o	•
20 Dlan a		215	01/01				
	APER & PACKAGING, I	ress; include room or suite number INC.	(employer, ii for a single-	employer plan)	20	Employer Identi (EIN) 16-13	63502
					20	Sponsor's telep	
61 SCHOOL	CTDEET				20	585-92	
VICTOR, N					2d	Business code (see instructions)
						56121	,
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	r Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
		_	<u></u>				
					3c	Administrator's	telephone number
4 If the	name and/or FIN of the	plan sponsor has changed since the	e last return/report filed fo	r this plan enter the	4b	EIN	
		ber from the last return/report.	c last return/report filed to	i tilis plati, citter tile	40	CIIN	
a Spons	or's name				4c	PN	
5a Total	number of participants a	at the beginning of the plan year			5a		3
b Total	number of participants a	at the end of the plan year			5b		3
		ccount balances as of the end of the					
comp	lete this item)			·	5c		3
6a Were	all of the plan's assets	during the plan year invested in elig	gible assets? (See instruct	tions.)			X Yes No
		the annual examination and report of					N v. D v.
		(See instructions on waiver eligibilit					X Yes No
		her line 6a or line 6b, the plan car					
		r incomplete filing of this return/r					alda a Oalaadada
		er penalties set forth in the instruction of the signed by an enrolled actuary, as					
	true, correct, and compl				.,		
	Filed with authorized/v	alid electronic signature.	04/13/2013	IEEEDEV ALL CLIIN			
SIGN HERE				JEFFREY ALLCHIN			
	Signature of plan ad		Date	Enter name of individ	lual sig	ning as plan adr	ninistrator
SIGN HERE	Filed with authorized/v	alid electronic signature.	04/13/2013	JEFFREY ALLCHIN			
	Signature of employ		Date	Enter name of individ			
Preparer's THOMAS B		ame, if applicable) and address; incl	uae room or suite number	(optional)	Prep	arer's telephone	number (optional)
	ENSION ADMINISTRA	TION LLC				315-789	9-9529
148 HAMIL	TON STREET						
GENEVA, N	11 14450						

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Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	l of V	'oar		
'	Total plan assets	7a	(a) Beginning of Tea				(b) End	1011	17056		
_ <u>a</u>	Total plan liabilities	7a 7b	10210	12					17030	00	
	Net plan assets (subtract line 7b from line 7a)	76 7c	16216	32					17056	6	
8		70		12			(h)			0	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(D)	Total			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2180)4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2180	4	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1340	0							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1340	00	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							840)4	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Cod	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Code	es in t	he instruc	tions			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
a	Was there a failure to transmit to the plan any participant contribut			4.0		X		Alli	ount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		X					
	on line 10a.)			10b		X					
	· · · · · · · · · · · · · · · · · · ·			10c		^					
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Par											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•			•		Yes	X	No
11:	Enter the amount from Schedule SB line 39					11a		<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding				•		FRISA?	ТГ	Yes	×	No
12	· · · · · ·			, or sec	JUUI 3	UZ UI	LINIOM!.		. 03	^	. 10
a	If a waiver of the minimum funding standard for a prior year is being	(If "Yes," complete line 12a or lines 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 granting the waiver									
———	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		1 6	ــــــ الد		
	Enter the minimum required contribution for this plan year	•			<u> </u>	12b					
	= sile illimitati regalica contribution for tille pian year										

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	Enter the amount contributed by the ampleyor to the plan for this plan year		12c	1		
d	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the resul negative amount)	It (enter a minus sign to the left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?		X	Yes No		
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?		the control		Yes	< No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) P	N(s)
Part	VIII Trust Information (optional)					
	Name of trust CHIN PAPER & PACKAGING INC 401K			rust's EIN 161507557		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

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 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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

P	art I Annual Report Identification Informati	on			
For	calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012	
Α	This return/report is for: x a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-par	ticipant plan
В	This return/report is:	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	
С	Check box if filing under: Form 5558	automatic extension		☐ DFVC pro	gram
	special extension (enter de			ы .	
D	art II Basic Plan Information enter all request		PROPERTY.		778844444
	Name of plan	ed information	97.93	1b Three-digit	
				plan number	
	ALLCHIN PAPER & PACKAGING, INC., 401k P	LAN		(PN) ▶	001
				1c Effective dat 01/01/19	· ·
<u>2a</u>	Plan sponsor's name and address; include room or suite nu	ımber (employer, if for a single	-employer plan)		entification Number
	ALLCHIN PAPER & PACKAGING, INC.		, , , , , , , , , , , , , , , , , , , ,	(EIN) 16-	
				2c Sponsor's te	lephone number
	61 SCHOOL STREET			(585) 924	
					de (see instructions)
	VICTOR NY 14564			561210	
За	Plan administrator's name and address X Same as Plan	Sponsor Name 🔲 Same as F	Plan Sponsor Address	3b Administrato	r's EIN
				3c Administrato	r's telephone number
4	If the name and/or EIN of the plan sponsor has changed sir	and the least vertices from and file of f		4h cu	
•	name, EIN, and the plan number from the last return/report.	ice the last return/report filed it	or this plan, enter the	4b EIN	*****
а	Sponsor's name			4c PN	
5a	Total number of participants at the beginning of the plan year	ar		5a	3
b	Total number of participants at the end of the plan year			5b	3
С	Number of participants with account balances as of the end	of the plan year (defined bene	fit plans do not	_	•
62	complete this item)			5c	3
b	Were all of the plan's assets during the plan year invested in	- '	* *************************************		X Yes No
D	Are you claiming a waiver of the annual examination and reunder 29 CFR 2520.104-46? (See instructions on waiver eli	port of an independent qualifie	g public accountant (IQF	2A)	XYes No
	If you answered "No" to either line 6a or line 6b, the pla				M res [No
Ca	nution: A penalty for the late or incomplete filing of this re				
	der penalties of perjury and other penalties set forth in the ins				
SE	B or Schedule MB completed and signed by an enrolled actua	ry, as well as the electronic ve	rsion of this return/repor	t, and to the best of	my knowledge and
be	lief, it is true, correct, and complete.				
s	IGN Lywellet.	3/74/13	JEFFRY ALLCHIN		
Н	ERE Signature of gran administrator	Date	Enter name of individua	ıl signing as plan ad	ministrator
٩	ign Sofry Walel		JEFFRY ALLCHIN	<u> </u>	
	ERE Signature temployer/plan sponsor	Date	Enter name of individua	ıl signing as employ	er or plan sponsor
Pre	eparer's name (including firm name, if applicable) and addres				ne number (optional)
	THOMAS B TIERNEY			(315) 789-	, , , ,
	TIERNEY PENSION ADMINISTRATION LLC			(525) , 65	
	148 HAMILTON STREET				
	US GENEVA NY 14456				remande manifest of property of

Pa	art III Financial Information									
7	Plan Assets and Liabilities	(a) Beginning of Yea	ginning of Year			(b) End of Year				
а	Total plan assets	7a	162,1				170,566			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	162,1	62			170,566			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from:	0 (4)								
	(1) Employers	8a(1)		0	+					
	(3) Others (including rollovers)	8a(2)								
<u>b</u>	Other income (loss)	8a(3) 8b	21,8	0.4						
- <u>-</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	21,6	U4 .			01 001			
d	Benefits paid (including direct rollovers and insurance premiums	00					21,804			
	to provide benefits)	8d	13,4	00						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				***	13,400			
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i					8,404			
<u>i</u>	Transfers to (from) the plan (see instructions)	8j	4 17 18							
2,337,23,000	irt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 2K 3D	eature code	es from the List of Plan Charac	teristi	ic Cod	es in	the instructions:			
_							7.74			
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Characte	eristic	Code	s in th	ne instructions:			
1	rt V Compliance Questions					т				
10	During the plan year:			1	Yes	No	Amount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		х				
b	on line 10a.)			10b		х				
	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's tor dishonesty?	fidelity bon	d, that was caused by fraud	10d		x				
е	Were any fees or commisions paid to any brokers, agents, or other	r persons	by an insurance carrier,							
	insurance service or other organization that provides some or all o instructions.)	f the bene	fits under the plan? (See	40-		x				
	Has the plan failed to provide any benefit when due under the plan			10e						
				10f		х				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х				
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)	See instru	ctions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						
Part VI Pension Funding Compliance										
Pai	t vi Pension Funding Compliance		11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
	Is this a defined benefit plan subject to minimum funding requirement	ents? (If "\	es," see instructions and com	plete	Sched	lule S	B (Form			
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)			•••••		lule S	B (Form Yes X No			
11	Is this a defined benefit plan subject to minimum funding requirement					11a	Yes X No			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the amount from Schedule SB line 39	requiremer	nts of section 412 of the Code			11a	Yes X No			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Benter the amount from Schedule SB line 39	requirement as application gramortized	nts of section 412 of the Code	or sec	ction 3	11a 02 of enter t	Yes X No ERISA? Yes X No			
11 11a 12 a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 3 Enter the amount from Schedule SB line 39	equiremer as applica g amortize	nts of section 412 of the Code able.) ad in this plan year, see instruc	or sec	ction 3	11a 02 of enter t	ERISA? Yes X No			
11 11a 12 a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Better the amount from Schedule SB line 39	requiremer as applica g amortize	nts of section 412 of the Code of the local state o	or sections,	etion 3	11a 02 of enter t	ERISA? Yes X No			

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<u>C</u>	Enter the amount contributed by the employer to the plan for this plan y	year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			12d		
_ е	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?	•••••	🗀	Yes [□ No □ N/A
Part	VII Plan Terminations and Transfers of Assets					
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	es 🔲 N	0
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year		13a		0
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	nsferred to another plan, or brough	t under the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from th which assets or liabilities were transferred. (See instructions.)					1.00
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	- Net	1			:
				14b Trust's EIN		
P	ALLCHIN PAPER & PACKAGING INC 401K			16-1507557		