Form 5500-SF		Short Form Annual	yee	(	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				2	2012			
Employee	Department of Labor Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form is	s Open to Public pection			
Complete all entries in accordance with the instructions to the Form 5500-SF.										
For caler	dar plan year 2012 or fisca	lentification Information al plan year beginning 01/01/20	12	and ending 1	2/31/2	2012				
-	L.	a single-employer plan			2/31/		and also			
	eturn/report is for:		a multiple-employer pla	an (not multiemployer)		a one-particip	bant plan			
B This return/report is: the first return/report an amended return/report a short plan year return/report (less than 12 months)										
C Chool	DFVC progra	m								
	k box if filing under:	Form 5558 special extension (enter descript	automatic extension							
Part II	Basic Plan Inform	<b>nation</b> —enter all requested inform	,							
1a Nam		nation—enter all requested infor	nation		1b	Three-digit				
		GROUP, INC. 401(K) PROFIT SHA	ARING PLAN			plan number				
						(PN) 🕨	002			
					1c	Effective date of 01/01/	•			
	sponsor's name and addr KAGING CONSULTANTS	ess; include room or suite number ( GROUP, INC.	(employer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 13-360				
	CE PARK 1				2c	Sponsor's telepl 845-278				
	BURY ROAD - SUITE A ER, NY 10509				2d	Business code (see instructions) 311710				
<b>3a</b> Plan	administrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	b Administrator's EIN				
					30	Administrator's t	elephone number			
4 If the	e name and/or EIN of the p	lan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN				
	ie, EIN, and the plan numb nsor's name	per from the last return/report.			<b>4c</b> PN					
		the beginning of the plan year			5a					
_		the end of the plan year			5a 5b					
		count balances as of the end of the			50		0			
com	plete this item)		· · · · · · · · · · · · · · · · · · ·		5c		0			
<b>b</b> Are unde	you claiming a waiver of ther 29 CFR 2520.104-46? (	luring the plan year invested in elig ne annual examination and report o See instructions on waiver eligibility	f an independent qualified y and conditions.)	d public accountant (IQI	PA)		X Yes No			
		er line 6a or line 6b, the plan can								
Under pe SB or Sc	nalties of perjury and othe	incomplete filing of this return/re r penalties set forth in the instruction signed by an enrolled actuary, as we te.	ons, I declare that I have e	examined this return/rep	oort, ir	ncluding, if applica				
SIGN	Filed with authorized/va	lid electronic signature.								
HERE	Signature of plan adr	ninistrator	Date Enter name of individu			gning as plan adm	ninistrator			
SIGN										
HERE	Signature of employe		Date	Enter name of individu						
Preparer	s name (including firm nar	ne, if applicable) and address; inclu	uae room or suite number	r (optional)	Prep	parer's telephone	number (optional)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part III	Financial Information						
7 Plan	Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
<b>a</b> Total	I plan assets	7a	99815	6			0
<b>b</b> Total	l plan liabilities	7b		0			0
C Net p	plan assets (subtract line 7b from line 7a)	7c	99815	6			0
8 Incor	me, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	tributions received or receivable from:	0-(4)		0			
	Employers	8a(1)		0 0			
	Participants	8a(2)		-	_		
	Others (including rollovers)	8a(3)		0	_		
	er income (loss)	8b	3503	0			05005
	l income (add lines 8a(1), 8a(2), 8a(3), and 8b) efits paid (including direct rollovers and insurance premiums	8c			-		35035
	ovide benefits)	8d	102543	9			
e Certa	ain deemed and/or corrective distributions (see instructions)	8e		0			
<b>f</b> Adm	inistrative service providers (salaries, fees, commissions)	8f	775	2			
<b>g</b> Othe	er expenses	8g		0			
<b>h</b> Tota	l expenses (add lines 8d, 8e, 8f, and 8g)	8h					1033191
i Neti	ncome (loss) (subtract line 8h from line 8c)	8i					-998156
<b>j</b> Tran	sfers to (from) the plan (see instructions)	8j		0			
Part IV	Plan Characteristics						
Part V	Compliance Questions						
	ring the plan year:				Yes	No	Amount
29	as there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion Program)	10a		Х	
	ere there any nonexempt transactions with any party-in-interest line 10a.)	•	•	10b		Х	
C Wa	as the plan covered by a fidelity bond?			10c	X		50000
	I the plan have a loss, whether or not reimbursed by the plan's dishonesty?			10d		х	
ins	ere any fees or commissions paid to any brokers, agents, or oth urance service or other organization that provides some or all c tructions.)	of the benefit	s under the plan? (See	10e		x	
f Has	s the plan failed to provide any benefit when due under the plan	n?		10f		Х	
<b>g</b> Did	I the plan have any participant loans? (If "Yes," enter amount as	s of year end	l.)	10q		Х	
h If th	nis is an individual account plan, was there a blackout period? (						
	20.101-3.)			10h		х	
252 i lf 1		ne required n	otice or one of the			X	
252 i If 1 exc	20.101-3.) Oh was answered "Yes," check the box if you either provided th ceptions to providing the notice applied under 29 CFR 2520.101	ne required n	otice or one of the	10h		X	
252 i If 1 exc Part VI 11 Is th	20.101-3.) Oh was answered "Yes," check the box if you either provided th	ne required n I-3	otice or one of the s," see instructions and com	<b>10h</b> <b>10i</b>		lule SB	
252 i If 1 exc Part VI 11 Is th 550	20.101-3.) Oh was answered "Yes," check the box if you either provided th ceptions to providing the notice applied under 29 CFR 2520.107 Pension Funding Compliance his a defined benefit plan subject to minimum funding requirem	ne required n I-3 ents? (If "Ye	otice or one of the s," see instructions and com	10h 10i		lule SB	
252 i If 1 exc Part VI 11 Is th 550 11a Ent	20.101-3.) Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.107 Pension Funding Compliance his a defined benefit plan subject to minimum funding requirem 00) and line 11a below)	ne required n I-3 ents? (If "Ye	otice or one of the s," see instructions and com	<b>10h</b> <b>10i</b>		lule SB	
252 i If 1 exc Part VI 11 Is th 550 11a Ent 12 Is t	20.101-3.) Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.107 Pension Funding Compliance his a defined benefit plan subject to minimum funding requirem 00) and line 11a below)	e required n I-3 ents? (If "Ye requirement	otice or one of the s," see instructions and com s of section 412 of the Code	<b>10h</b> <b>10i</b>		lule SB	
252 i If 1 exc Part VI 11 Is th 550 11a Ent 12 Is th (If " a If a	20.101-3.) Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.107 Pension Funding Compliance his a defined benefit plan subject to minimum funding requirem 00) and line 11a below) ter the amount from Schedule SB line 39 this a defined contribution plan subject to the minimum funding	e required n I-3 ents? (If "Ye requirement as applicabl g amortized	otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruct	10h 10i plete	ection (	lule SB 11a 302 of E	RISA?
252 i If 1 exc Part VI 11 Is th 550 11a Ent 12 Is t (If " a If a grav	20.101-3.) Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.107 Pension Funding Compliance his a defined benefit plan subject to minimum funding requirem 20) and line 11a below) ter the amount from Schedule SB line 39 this a defined contribution plan subject to the minimum funding Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, waiver of the minimum funding standard for a prior year is being	e required n I-3 ents? (If "Ye requirement as applicabl ng amortized	otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruction	10h 10i plete	ection (	dule SB 11a 302 of E	RISA?     Yes     No       a date of the letter ruling

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 left of a negative amount)	12d		
е	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?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	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.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Ponofit Plan									
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the					2012					
Department of Labor Employee Benefits Security Administration	Department of Labor e Benefits Security Administration Retirement Income Security Adt of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).									
	Complete all entries in accordance with the instructions to the Form 5500-SF.									
For calendar plan year 2012 or fisc	dentification Information	01/2012	and ending		12/31/201	2				
A maretunineportionor.			an (not multiemployer)		a one-partic	pant plan				
B This return/report is:		e final return/report	lean and lines these 10 m							
0		snon plan year return utomatic extension	/report (less than 12 mo	-						
C Check box if filing under:		DFVC program								
Dentil Denis Dien Infor	special extension (enter description)			-						
Part II Basic Plan Information	mation-enter all requested information	on		46	These dista					
	tants Group, Inc. 401(k)	) Profit Shar	ing Plan		Three-digit plan number (PN)	002				
				1c	Effective date of 01/01/2004	of plan 1				
2a Plan sponsor's name and add The Packaging Consul	ress; include room or suite number (emp tants Group, Inc.	oloyer, if for a single-	employer plan)	2b	Employer Ident (EIN) 13-360	ification Number				
Commerce Park 1				2c	Sponsor's telep 845-278-7					
3881 Danbury Road - Brewster	Suite A NY 10509			2d	Business code 311710	(see instructions)				
3a Plan administrator's name and	address XSame as Plan Sponsor Nam	ne XSame as Plan	Sponsor Address	3b	Administrator's	EIN				
	plan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN					
name, EIN, and the plan num <b>a</b> Sponsor's name	ber from the last return/report.			4c	PN					
and the second s	t the beginning of the plan year					8				
b Total number of participants a	t the end of the plan year			5b		0				
	ccount balances as of the end of the pla			5c		0				
2	during the plan year invested in eligible					X Yes No				
under 29 CFR 2520.104-46?	he annual examination and report of an (See instructions on waiver eligibility and	d conditions.)				X Yes 🗌 No				
	her line 6a or line 6b, the plan cannot									
Under penalties of perjury and other	r incomplete filing of this return/report or penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.	I declare that I have	examined this return/rep	oort, in	cluding, if applie					
SIGN Alen Ca	2		Steven Penn		a av estille som en els					
HERE Signature of plan ad	ministrator	Date 4/23/13	Enter name of individ	ual sig	ning as plan ad	ministrator				
SIGN		//								
HERE Signature of employ		Date	Enter name of individ							
Preparer's name (including firm na	me, if applicable) and address; include i	room or suite numbe	r (optional)	Prep	arer's telephone	e number (optional)				
12	and OMB Control Numbers, see the instru					Form 5500-SF (2012)				

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Der										
Part					-					
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year			
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fotal plan assets	7a	998156							
	Fotal plan liabilities	7b	0							
	Net plan assets (subtract line 7b from line 7a)	7c	998156							
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from: 1) Employers	8a(1)			0			_		
(	2) Participants	8a(2)			0					
(	3) Others (including rollovers)	8a(3)			0			_		
b	Other income (loss)	<u>8b</u>		3503	5	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				3503	
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	102	2543	9					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f A	Administrative service providers (salaries, fees, commissions)	8f		775	2					
g	Other expenses	8g			0					
h T	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							103319	
i M	Net income (loss) (subtract line 8h from line 8c)	8i							-99815	
j 7	Fransfers to (from) the plan (see instructions)	8j			0				04 U	
Part	IV Plan Characteristics	·								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 2R 3D	feature coo	des from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruct	ions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amour	ıt	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within uciary Com	the time period described in ection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	X				5000	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х				
	Were any fees or commissions paid to any brokers, agents, or oth	and the second se		Iou	-				· · · · · · · · · · · · · · · · · · ·	
C	insurance service or other organization that provides some or all of instructions.)	of the bene	fits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a					X				
b	If this is an individual account plan, was there a blackout period?			10g		~				
57675	2520.101-3.)			10h		x	ļ,			
1	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i				1		
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If ")	es," see instructions and com	plete	Scheo	dule SE	3 (Form	ΠY	es 🗌 N	
	Enter the amount from Schedule SB line 39					11a				
	Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding				111111 IV.		ERISA?	Γ	es X N	
11a		ı requireme	ents of section 412 of the Code		111111 IV.		ERISA?	Υ	es X N	
11a 12	is this a defined contribution plan subject to the minimum funding	requireme , as applica ng amortize	ents of section 412 of the Code able.) ed in this plan year, see instruc	e or se	ction	302 of			-	
11a 12 a	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being	requireme , as applica ng amortize	ents of section 412 of the Code able.) ed in this plan year, see instruction	e or se ctions	ction	302 of enter th		the letter	-	

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		1.1210-0.1	
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 left of a negative amount)	12d	
е	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?	X	Yes No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		X Yes No
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	0	
1	<b>3c(1)</b> Name of plan(s): 11	ic(2) E	EIN(s) 13c(3) PN(s)