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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Revenue Code (the Code). Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information

		iscal plan year beginning 01/01/2		and ending 12	/31/2014				
10100101.	ar piari you. 2011 c	a single-employer plan		a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list					
A This ret	urn/report is for:	a single employer plan		yer information in accor					
·		a one-participant plan	a foreign plan	,					
B This retu	ırn/report is	the first return/report	the final return/report						
	•	an amended return/report	=	n/report (less than 12 m	ionths)				
C Check I	oox if filing under:	Form 5558	automatic extension		DFVC pro	gram			
	3	special extension (enter desc	ription)						
D - mt 11	Deete Dien Infe								
Part II		ormation—enter all requested in	Iformation		1b Three-digit				
1a Name FLORENCE		TION PROFIT SHARING PLAN			plan number	003			
					1c Effective dat	e of plan /01/1992			
	oonsor's name and ac	ddress; include room or suite numb	per (employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 11-2244518				
75 BROAD S	TREET SUITE 1903				2c Sponsor's telephone number 732-969-0005				
NEW YORK,	NY 10004				2d Business code (see instructions)				
3a Plan a	dministrator's name a	nd address XSame as Plan Spor	sor.		3b Administrator's EIN				
		ь .							
					3c Administrator's telephone number				
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN				
a Spons	•	mber from the last return/report.			4c PN				
5a Total r	number of participants	s at the beginning of the plan year			5a	18			
b Total r	number of participants	s at the end of the plan year			5b	18			
		account balances as of the end of		•	5c	15			
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	11			
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ear		5d(2)	10			
		erminated employment during the	. ,	efits that were	5e				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	use is established.				
SB or Sche	edule MB completed a	ther penalties set forth in the instruind signed by an enrolled actuary,							
	rue, correct, and com	/valid electronic signature.							
SIGN HERE									
	Signature of plan administrator Date Enter name of indivi					administrator			
SIGN									
HERE						oyer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numbe	er) (optional)	Preparer's telepho	ne number (optional)			
ı									

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b	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an independent qualified public accountant (IQPA) and conditions.)							ш П	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40)21)?		Yes	No		lot de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of	Year		
a	Total plan assets	. 7a	3560							2319	
b	Total plan liabilities	7b		0						6063	
C	Net plan assets (subtract line 7b from line 7a)	7c	3560)28					34	6256	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)	17	742							
	(3) Others (including rollovers)										
b	Other income (loss)	8b	70)74							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								8816	i
	Benefits paid (including direct rollovers and insurance premiums	04	73	339							
	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e									
	Administrative service providers (salaries, fees, commissions)	8f	112	249							
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	8588	
	Net income (loss) (subtract line 8h from line 8c)	8i								9772	
j	Transfers to (from) the plan (see instructions)	8j									
9a b	2E 2H 2J 3D										
Part					I	T	Ī				
10	During the plan year:	tiono within	a the time period described in	l	Yes	No		Α	mour	t	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					15	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the ben	s by an insurance carrier, efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10q	X						0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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							
Part	VI Pension Funding Compliance										
11											
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter tl Day			letter ear _	rulin	g

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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 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

2014

This Form is Open to Public Inspection

200000	Part I Annual Repo	rt Identification Informatio	n	5500-SF.				
Fo	or calendar plan year 2014 or	fiscal plan year beginning	01/01/2014 and ending	12/31/2	014			
Α	This return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer of participating employer information in acc	er) (Filers checking	this box must attach a list			
В	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report		,			
		x an amended return/report	a short plan year return/report (less than 12	2 months)				
С	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	DFVC	program			
D	art II Basic Plan Inf							
	Name of plan	ormation enter all requested	information					
		RPORATION PROFIT SHARING	G PLAN	1b Three-dig plan num (PN) ▶	ber 003			
_				1c Effective 01/01/				
2a	Plan sponsor's name and a FLORENCE PAPER COR	ddress; include room or suite numb	per (employer, if for a single-employer plan)					
	PHONENCE PAPER COR	PORATION		2b Employer Identification Number (EIN) 11-2244518				
	75 BROAD STREET SUITE 1	903		2c Sponsor's	s telephone number 969-0005			
30	US NEW YORK NY 10004			2d Business 424100	code (see instructions)			
Ja	rian administrator's name a	and address X Same as Plan Sp	onsor Name	3b Administra	ator's EIN			
				3c Administra	ator's telephone number			
4	If the name and/or EIN of the	e plan sponsor has changed since	the last return/report filed for this plan, enter the					
	name, EIN, and the plan nur	mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN				
	Sponsor's name			4c PN				
5a	Total number of participants	at the beginning of the plan year		52	18			
U	rotal number of participants	at the end of the plan year	*****	. 5b	18			
С	number of participants with	account balances as of the end of t	he plan year (defined benefit plans de met					
d(Total number of active par	ticipants at the beginning of the pla	pian year (defined benefit plans do not		15			
				. 5d(1)	11			
u	Number of active par	ticipants at the end of the plan year	olan year with accrued benefits that were	5d(2)	10			
е	less than 100% vested		olan year with accrued benefits that were	5e	0			
Cau	ution: A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable ca					
OH	ier penalties of berlury anthot	her penalties set forth in the inctrus	tions I declare that the same					
SB	or Schedule MB completed a ef, it is true, correct and com	d signed by an enrolled actuary, a	swell as the electronic version of this return/reports well as the electronic version well as the electro	eport, including, if a rt. and to the best o	pplicable, a Schedule of my knowledge and			
Dell	er, it is true, correct/and com			,	yomougo unu			
SIC			1/2/13 STEVEN S	SHAMAIT				
HE	RE Signature of plan adm	inistrator /	Date Enter name of individu					
SIC	3N	the later of the l	11/2/13 STEVEN S	SHAMAL	L-			
	RE Signature of employer	/plan sponsor	Date Enter name of individu		wor or plan ananan			
Prep	parer's name (including firm n	ame, if applicable) and address; inc	clude room or suite number (optional)		ione number (optional)			
			()	reparer stelepin	one number (optional)			

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				XYes No		
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accounta	ant (IC	DPA)	******	XYes No		
С	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500 SF and must instead at a second s								
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4	021)?	• •••••	<u>. []</u>	Yes No Not determined		
<u> </u>									
a	Plan Assets and Liabilities		(a) Beginning of Ye	ar	(b) End of Year				
b	Total plan liabilities		356,	028			442,319		
c	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	. 7b		0			96,063		
8	Income, Expenses, and Transfers for this Plan Year	. 7с	356,	028	346,2				
а	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	. 8a(1)							
	(2) Participants	. 8a(2)	1,	742					
	(3) Others (including rollovers)	8a(3)							
c	Other income (loss)		7,0	74					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c					8,816		
	to provide benefits)	8d	7,3	339					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>+</u>	Administrative service providers (salaries, fees, commissions)	8f	11,2	249					
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					18,588		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					(9,772)		
Ba	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics								
Ja	If the plan provides pension benefits, enter the applicable pension fe $2E\ 2H\ 2J\ 3D$	eature code	es from the List of Plan Charac	cterist	ic Coc	les in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fea	turo codos	from the Little CDL on						
	4B	nuie codes	o from the List of Plan Charact	eristic	Code	s in t	he instructions:		
Pa	rt V Compliance Questions								
10	During the plan year:	· .			Yes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	iary Correc	ction Program)	10a	res	No X	Amount		
b	on line 10a.)	(Do not in	clude transactions reported	10b		x			
<u>c</u>	vas the plan covered by a fidelity bond?	***********		10c	х		150,000		
d	Did the plan have a loss, whether or not reimbursed by the plants for	مسمط بياناها	1 41- 1				130,000		
е	o. diononcoty:			10d		х			
	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)	t the honoi	fito undor the minute of co						
		***************************************	***************************************	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?					x			
<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? (S 2520.101-3.)	`aa i==4	100.0		- 1				
i	If 10h was answered "Yes," check the box if you either provided the	required r	ortino en en e ef th	10h	-	<u>x</u>			
exceptions to providing the notice applied under 29 CFR 2520.101-3									
11	11 Is this a defined benefit plan subject to minimum funding requirements? //f "Yea " in the significant of the significant								
	5500) and line 11a below)								
12	Is this a defined contribution plan subject to the minimum funding requirement.								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below as applicable.)								
а	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								
-			Mont	<u>n —</u>		Day	/ Year		