## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

SIGN HERE

## 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).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

	art i A	nnuai Kepon	i identification infor	nation								
For	calendar pla	an year 2015 or f	iscal plan year beginning	01/01/2015		and ending	12/31/2	015				
A	This return/i	return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a one-participant plan  a foreign plan										
В.	This return/re	eport is	the first return/report an amended return/re	□ □tr	ne final return/report	n/report (less than 12 r	months	)				
С	Check box i	f filing under:	X Form 5558  special extension (en		automatic extension			DFVC prog	ram			
P	art II B	asic Plan Info	ormation—enter all requ	ested informat	tion							
1a	Name of pl	an	TION PROFIT SHARING F				1b	Three-digit plan number (PN)	003			
							1c	Effective date of 01/0	f plan 1/1992			
2a	Mailing add	lress (include roc	oyer, if for a single-employer, apt., suite no. and stree	et, or P.O. Box		ructions)	<b>2b</b> Employer Identification Number (EIN) 11-2244518					
FLOF		ER CORPORAT	ce, country, and ZIP or fore	agri postai cod	ie (ii foreign, see inst	uctions)	2c	<b>2c</b> Sponsor's telephone number 732-969-0005				
		ET SUITE 1903					2d	2d Business code (see instructions)				
NEW	YORK, NY	10004						4241	100			
3a	Plan admin	istrator's name a	nd address XSame as Pl	an Sponsor.			3b	Administrator's	EIN			
							3с	Administrator's	elephone number			
4			e plan sponsor has chang mber from the last return/r		st return/report filed f	or this plan, enter the		EIN				
а	Sponsor's	name					4c	PN				
5a	Total numb	per of participants	s at the beginning of the pla	an year			·	а	18			
b	Total numb	per of participants	s at the end of the plan year	ır			<b>5b</b> 1					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						. 5c						
d(1) Total number of active participants at the beginning of the plan year						. 5d(1)						
d	d(2) Total number of active participants at the end of the plan year							5d(2)				
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested								0			
	ution: A per	alty for the late	or incomplete filing of the	is return/repo	ort will be assessed	unless reasonable ca						
SB	or Schedule		ther penalties set forth in thand signed by an enrolled and the signed by an enrolled and the signer.									
SIG	SN File	d with authorized	/valid electronic signature.		10/13/2016	STEVEN SHAMAH						

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>					
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t</li></ul>	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)		
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information	, ,						
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	7a			319			333218
<b>b</b> Total plan liabilities	7b			063			0
Net plan assets (subtract line 7b from line 7a)  Income. Expenses, and Transfers for this Plan Year	7c	(a) A		256			333218
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	8a(1)						
(2) Participants	8a(2)		1	080			
(3) Others (including rollovers)	8a(3)						
<b>b</b> Other income (loss)	8b		12	245			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						13325
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19	875			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f		6	3488			
<b>g</b> Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						26363
i Net income (loss) (subtract line 8h from line 8c)	8i						-13038
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:
4B							
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?							
			10c	X			1500
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the pla					Х		
			10f		-		
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount a</li><li>h If this is an individual account plan, was there a blackout period?</li></ul>		,	10g		X		
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				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance					-		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (	302 of El	RISA? Yes X

	F	orm 5500-SF 2015 Page <b>3</b> - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A		

## 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).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: a list of participating employer information in accordance with the form instructions) a one-participant plan **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information --- enter all requested information 1b Three-digit 1a Name of plan plan number FLORENCE PAPER CORPORATION PROFIT SHARING PLAN 003 (PN) ► 1c Effective date of plan 01/01/1992 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street or P.O. Box) (EIN) 11-2244518 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number FLORENCE PAPER CORPORATION (732) 969-0005 2d Business code (see instructions) 75 BROAD STREET SUITE 1903 424100 US NEW YORK NY 10004 Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 18 5a Total number of participants at the beginning of the plan year ..... 5a b Total number of participants at the end of the plan year ..... 5b 16 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 14 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year 5d(1) 10 **d(2)** Total number of active participants at the end of the plan year 5d(2) 8 Number of participants that terminated employment during the plan year with accrued benefits that were 5e 0 less than 100% vested Caution: A penalty for the late or Incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 HERE Enter name of individual signing as plan administrator Signature of plan administrator SHAMAH SIGN HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date //. Preparer's name (including firm name, if applicable) and address; include room or suite number Preparer's telephone number

	Form 5500-SF 2015		Page <b>2</b>			-					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	*********		,,,,,,		*******	X Yes \_N	No	
b	Are you claiming a waiver of the annual examination and report of a	ın indeper	ndent qualified public acco	untan	t (IQF	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condit	ions.)		*******			••••	X Yes N	10	
^	If you answered "No" to either line 6a or line 6b, the plan cannot if the plan is a defined benefit plan, is it covered under the PBGC in							. □ No	Not determ	امممنم	
10.0	1980		Jiogram (see ERISA secu	On 40.	21)?	*******		INO	Not determ		
Pa	rt III Financial Information	1	1 /2\ B - st - str - str - str			Т.		/b) ====	. Vanari		
<u>'</u>	Plan Assets and Liabilities		(a) Beginning o			+		(b) End o	· · · · · · · · · · · · · · · · · · ·		
<u>a</u> b	Total plan liabilities	7a 7b		<u>42,3</u> 96,0					333,218		
C	Net plan assets (subtract line 7b from line 7a)	7c	<u> </u>	46,2		+	333,218				
8	Income, Expenses, and Transfers for this Plan Year	1 (191.14)	(a) Amount			$\top$	(b) Total				
а	Contributions received or receivable from:		` ` ` ` `								
	(1) Employers	8a(1)		1,0	۰						
	(2) Participants	8a(2)		1,0	<b>0</b> U						
<u>b</u>	Others (including rollovers)	8a(3) 8b		12,2	4 F	0.1					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		12,2			<del></del>	<u> </u>	13,325	Destant.	
d	Benefits paid (including direct rollovers and insurance premiums	"	- 「大学」(1995年) - 1995年	<u> 33. 26.</u>	1,381, 3	1	•	:	13,323	. 72	
	to provide benefits)	8d	:	19,8	75		<u> </u>	<u> </u>	Tanana <u>Tananan menanggan</u>		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		6,4	88	4	<u> </u>			All Training	
<u>g</u>	Other expenses	8g	To the saladay and had been been a	2	14. 1	Lisa		60. 36. 85. 6. 46 <u>.</u>			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	「大学の表現を開発を表現します。    「大学の表現を表現している。」	<u>Stair</u> Skrij	- 전환생 - 기계 : 3	(1) (1)			26,363		
÷	Net income (loss) (subtract line 8h from line 8c)	8i		41 .Ju	- 11 P. 11	S. Bartin	(13,038)				
	Transfers to (from) the plan (see instructions)	8j				1.13	900 - 114 13		e inge adja	<u> </u>	
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2H 2J 3D	eature co	des from the List of Plan C	harac	teristi	ic Cod	des in th	ne instructio	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fee	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	instruction	is:		
Pa	rt V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Δ	mount		
a	Was there a failure to transmit to the plan any participant contribu	tions with	in the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	_	•								
b	Program)			10a		X					
	reported on line 10a.)	************	***************************************	10b	-	х			150 /		
d				10c	X				150,0	300	
•	by fraud or dishonesty?	-		10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the plan			10f		х	St. Physics				
				10g		x	13 July 1				
<u>g</u>			·	109		A .		1 42 h 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Hartana ara atta 1	1440	
	2520.101-3.)	************		10h		х					
	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			10i							
j Sin	Did the plan trust incur unrelated business taxable income?	********		10j							
-	rt VI Pension Funding Compliance		<del></del>					1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				•			· 1	Yes X	No	
11	a Enter the unpaid minimum required contribution for current year fr	om Sche	dule SB (Form 5500) line 4	40	*******	*****	11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the	Code	or sec	ction (	302 of E	RISA?	Yes 🗓	No	

	Form 5500-SF 2015	Page <b>3-</b>				_		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
8	If a waiver of the minimum funding standard for a prior year is being amortized in the practice of the waiver.	nis plan year, see ir Mo		d enter to	he date of Ye		r ruling	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)			-ay			<del>_</del>	
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			12¢				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)			12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadli	ne?	12011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		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?	*************************		Yes X 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, transferred to an of the PBGC?					Yes	X No	
	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), identi	fy the plan(s) to	)				
1	3c(1) Name of plan(s):		130	(2) EIN	(s)	13c(3	) PN(s)	
Part	VIII Trust Information	·						
14a ı	Name of trust			14b ⊤	rust's EIN			
14c	Name of trustee or custodian			1	rustee or phone nur		n's	
Par	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan:		•••••	☐ Ye	s	☐ No	•	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			□ ba ha	esign- sed safe rbor ethod	ADF test	P/ACP	
	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	-2(a)(2)(ii) and 1.40	` '	☐ Ye	es	☐ No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requir	ements under secti	on 410(b):		ntio ercentage est		rage efit Test	
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) an this plan with any other plans under the permissive aggregation rules?	d 401(a)(4) by com		☐ Ye	s	□ No		
17a	Has the Plan been timely amended for all required law changes?	***************************************	****************	Ye	s	☐ No	□ N/A	
	Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).				able code		ee	
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volui advisory letter, enter the date of that favorable letter / / and the	me submitter plan t <u>e letter</u> 's seri <i>al</i> nun	hat is subject t nber.	o a favo	rable IRS	opinion (	or	
	If the plan is an individually-designed plan and recieved a favorable determination let determination letter / /	ter from IRS, pleas	e enter the dat	e of pla	n's last fav	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands	section 1022(i)(2) or the U.S. Virgin	has been Islands)?	☐ Ye	s	☐ No	. "	
19	Were in-service distributions made during the plan year?	***********************		☐ Ye	s	□ No		
	If Yes, enter amount	******************		19				
	Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?			☐ Ye	s	□ No	□ N/A	