Form 5500-SF		Short Form Annu	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service		This form is required to be file	Benefit Plan ed under sections 104 and 4065 of the Employee Retirement 2015			2015				
Employee B	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intern Revenue Code (the Code).							
Part I		Complete all entries in dentification Information		tructions to the Form 55	00-SF.					
	ar plan year 2015 or fise			and ending 08	/31/2016					
A This return/report is for:										
B This ret	urn/report is	rn/report (less than 12 mc	onths)							
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program					
Part II	Basic Plan Infor									
Part II Basic Plan Information—enter all requested information 1a Name of plan PRINTEX PACKAGING 401K PLAN					(PN)	nree-digit an number PN) ▶ 002 ffective date of plan				
		······································				01/01/2007				
Mailing City or	g address (include room town, state or province	er, if for a single-employer plan) a, apt., suite no. and street, or P.C a, country, and ZIP or foreign post		tructions)	(EIN)	,				
PRINTEX PA	ACKAGING CORP			-	ZC Spor	C Sponsor's telephone number 631-234-4300				
555 RAYMO					2d Business code (see instructions)					
ISLANDIA, N	IY 11749				326100					
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN 3c Administrator's telephone number					
4 If the	name and/or FIN of the	plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
name		ber from the last return/report.			4c PN					
· · ·		at the beginning of the plan year			5a	1				
		at the end of the plan year		1	5b	0				
C Numb	er of participants with a	ccount balances as of the end of	the plan year (defined ber	nefit plans do not	5c	0				
	,	icipants at the beginning of the p		ł	5d(1)	0				
d(2) Tot	al number of active part	ticipants at the end of the plan ye	ar	[5d(2)	0				
		erminated employment during the	. ,		5e	0				
Caution: A Under pen SB or Sche	A penalty for the late o alties of perjury and othe	r incomplete filing of this return er penalties set forth in the instru d signed by an enrolled actuary, a	n/report will be assessed ctions, I declare that I have	I unless reasonable cau e examined this return/rep	ort, includi	ng, if applicable, a Schedule				
SIGN		alid electronic signature.	12/30/2016	DAVID HELLER	R					
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	vidual signing as plan administrator					
SIGN	Filed with authorized/v	alid electronic signature.	12/30/2016	DAVID HELLER						
HERE	Signature of employ					dividual signing as employer or plan sponsor				
Preparer's	name (including firm na	ame, if applicable) and address (in	nclude room or suite numb	er)	Preparer's	telephone number				
For Papara	ork Poduction Act Nation	and OMB Control Numbers, see th	a instructions for Form FF0). SE		Form 5500-SF (2015)				

-	 a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 						X	Yes No			
	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 use Form 5500.						×	Yes 🗌 No			
								Not o	letermined		
	t III Financial Information	-									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar		(b) End	d of Yea	ar		
а	Total plan assets	7a			001					0	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		5	001				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ount				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		(1)							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b			276						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_				276	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5277							
е	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				_				5277	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				_				-5001	
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instru	uctions:		
B	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plar	n Chara	acterist	ic Coc	les in th	ie instruc	ctions:		
Par	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amo	unt	
а	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)			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x					
С	Was the plan covered by a fidelity bond?			10c	Х					1000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X					
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).					X					
f	f Has the plan failed to provide any benefit when due under the plan?					Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Х					
i	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										
j	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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											

11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?	Yes

X No Form 5500-SF 2015

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	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 granting the waiver								
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b Enter the minimum required contribution for this plan year									
C Enter the amount contributed by the employer to the plan for this plan year									
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)									
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				
		es," enter the amount of any plan assets that reverted to the employer this year		13a		0			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0		
D		e PBGC?			Yes No				
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I					
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Dert	1/111	Truck Information							
Part		Trust Information		116					
14a	Name	e of trust		14b Trust's EIN					
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1					
15a	Is th	e plan a 401(k) plan?		Y	es				
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					esign- ased safe ADP/ACP arbor test iethod				
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))?					es				
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					atio ercentage Averag benefit			
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				ΓY	es	No			
17a Has the plan been timely amended for all required tax law changes?				Y	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				es 🗌 No				
19 Were in-service distributions made during the plan year?					es	es No			
If "Yes," enter amount									
20	20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					No	N/A		



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December 12, 2016

IRS Department of the Treasury Internal Revenue Service Ogden, UT 84201-0018

RE: Tax ID #11-2513523 (Form 5500 Plan#215486)

Dear IRS Department of the Treasury,

Please be advised that the above ref plan had been terminated in 2012. In addition, the sole plan administrator Barbara Colangelo has left our company on disability during July 2016 and we are not sure if she will be able to return. Unfortunately, any correspondence with her concerning the plan and filings are not able to be retrieved. Therefore, we had no way of knowing that forms 5500 for 2012, 2013, 2014 and 2015 were not filed as we had figured the plan was fully terminated in 2012. Also, please note that we were unaware that Barbara had not taken her assets out of plan when it was terminated in 2012. We therefore request that you accept our late filings without penalty based upon this information and our good filing status of previous years.

Sincerely, NER DAves David Heller

Printex Packaging Corporation