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).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Repor	<u>t Identification Information</u>	<u>l</u>				
For calend	dar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017		
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	-		
		a one-participant plan	a foreign plan				
B This ref	turn/report is	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	m	
		special extension (enter desc	ription)		_		
Part II	Basic Plan Inf	ormation—enter all requested in	formation				
1a Name GOTHAM C	•	FAINER CO., INC. PROFIT SHARIN	IG PLAN		1b Three-digingler plan number (PN) ▶		
					1c Effective of	date of plan 01/01/1994	
		loyer, if for a single-employer plan)			2b Employer	Identification Number	
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				(EIN)	13-1886384		
	ORRUGATED CONT		, J	,		telephone number 01-305-8044	
	IEN PLOTKIN				2d Business	code (see instructions)	
64 SUTTON MANHASSE	I PLACE ET, NY 11030					339900	
					_		
3a Plan a	administrator's name	and address X Same as Plan Spo	nsor.		3b Administra	ator's EIN	
					3c Administra	ator's telephone number	
		he plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN		
	sor's name	onsor's name, Em, the plan hame a	and the plan humber from	i the last return/report.	4d PN		
C Plan i	Name						
5a Total	number of participant	ts at the beginning of the plan year.			5a	8	
		ts at the end of the plan year			5b	7	
C Numb	per of participants with	n account balances as of the end of	the plan year (only define	ed contribution plans	5c	5	
	,	articipants at the beginning of the p			5d(1)	8	
` '		participants at the end of the plan ye	-		5d(2) 7		
		o terminated employment during the			5e	0	
Caution:	A penalty for the late	e or incomplete filing of this retur	n/report will be assesse	ed unless reasonable car			
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.					
SIGN	Filed with authorize	d/valid electronic signature.	05/22/2018	STEPHEN PLATKIN			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator	
SIGN							
HERE	Signature of emp	lover/plan sponsor	Date	Enter name of individ	ual signing as en	nplover or plan sponsor	

Form 5500-SF 2017 Page **2**

b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?						X Yes ☐ No X Yes ☐ No	
C	If the plan is a defined benefit plan, is it covered under the PBGC if if "Yes" is checked, enter the My PAA confirmation number from the							Not determined . (See instructions.)
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
а	Total plan assets	7a	17	16650			· ·	1807301
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	17	16650				1807301
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) ⁻	Γotal
а	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)	8b	(90651				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						90651
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0	_			
f	Administrative service providers (salaries, fees, commissions)	8f		0				
	Other expenses	. 8g		0	_			_
<u>h</u>		penses (add lines 8d, 8e, 8f, and 8g)					0	
-	Net income (loss) (subtract line 8h from line 8c)	. 8i						90651
	Transfers to (from) the plan (see instructions)	8j		0				
	t IV Plan Characteristics	ft	alan from the Lint of DI	Oh-		-4:- 0-		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	reature co	ides from the List of Pi	an Cha	racteri	Suc Co	ides in the ins	tructions.
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	les in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
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)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X		
С				10c	X			150000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	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.)			10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Χ		
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				

Form 5500-SF 2017	Page 3- 1		
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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions 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 ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	you 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	12b			
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)	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?		Ye	s X N	0
	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 another plan, or brought under the control of the PBGC?				Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

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).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning	01/01/2017	and ending	12/31/2017			
A This return/report is for:	lan a multiple-employer plan (r list of participating employ	not multiemployer) (Filers rer information in accord	s checking this box must attach a ance with the form instructions.)			
B This return/report is						
the first return/report						
an amended return/r	report a short plan year return/rep	ort (less than 12 months	3)			
C Check box if filling under:	automatic extension	_ D	FVC program			
special extension (el						
Part II Basic Plan Information—enter all req	uested information					
1a Name of plan GOTHAM CORRUGATED CONTAINER CO., I	NC.	1b	Three-digit plan number			
PROFIT SHARING PLAN			(PN) ▶ 001			
	1c	Effective date of plan 01/01/1994				
2a Plan sponsor's name (employer, if for a single-employ Mailing address (include room, apt., suite no. and stre		Employer Identification Number				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			(EIN)13-1886384			
GOTHAM CORRUGATED CONTAINER, CO.			Sponsor's telephone number (201) 305-8044			
C/O STEPHEN PLOTKIN 64 SUTTON PLACE		2d	Business code (see instructions)			
MANHASSET	NY 11	030	339900			
3a Plan administrator's name and address X Same as F			Administrator's EIN			
	,		7 diffillocator 3 EN			
4 If the name and/or EIN of the plan sponsor or the plan	n name has changed since the last return/		Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.						
	a Sponsor's name					
a Sponsor's name	,	4d	PN			
			PN			
a Sponsor's name C Plan Name		4d				
a Sponsor's namec Plan Name5a Total number of participants at the beginning of the plan	an year	4d	a 8			
 a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan b Total number of participants at the end of the plan year c Number of participants with account balances as of the 	an yearare end of the plan year (only defined contr	56 51 ibution plans	8 8 7			
 a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plants b Total number of participants at the end of the plan year c Number of participants with account balances as of the complete this item) 	an yearar are end of the plan year (only defined contr	56 51 ibution plans 56	8 9 7 5 5			
 a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plants b Total number of participants at the end of the planty c Number of participants with account balances as of the complete this item) d(1) Total number of active participants at the beginning d(2) Total number of active participants at the end of the 	an yeare end of the plan year (only defined contr of the plan yeare	56 5d(8 5 7 5 5 1) 8			
a Sponsor's name c Plan Name Total number of participants at the beginning of the plance b Total number of participants at the end of the plance of Number of participants with account balances as of the complete this item)	an yeare end of the plan year (only defined contr of the plan yeare plan yeare plan yeareduring the plan year with accrued benefits	56	8 8 7 7 5 5 1) 8 8 2) 7			
a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plance b Total number of participants at the end of the plance of Number of participants with account balances as of the complete this item)	an year e end of the plan year (only defined contr of the plan year e plan year during the plan year with accrued benefits	56 51 50 50 50 50 50 50 50 50 50 50 50 50 50	8 8 7 7 5 5 1) 8 2) 7 9 0 established			
a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plant b Total number of participants at the end of the plant peace. C Number of participants with account balances as of the complete this item)	an year	56 5bution plans 5d(5d(that were less 5s reasonable cause is	8			
a Sponsor's name c Plan Name Total number of participants at the beginning of the plan bear of participants at the end of the plan year of Number of participants with account balances as of the complete this item) d(1) Total number of active participants at the beginning d(2) Total number of active participants at the end of the Number of participants who terminated employment of than 100% vested Caution: A penalty for the late or incomplete filing of the Under penalties of perjury and other penalties set forth in the SB or Schedule MB completed and signed by an enrolled a belief, it is true, correct, and complete.	an year e end of the plan year (only defined control of the plan year e plan year during the plan year with accrued benefits nis return/report will be assessed unless ne instructions, I declare that I have examactuary, as well as the electronic version of	56 5bution plans 5d(5d(that were less 5s reasonable cause is	8			
a Sponsor's name c Plan Name Total number of participants at the beginning of the plance b Total number of participants at the end of the plance of Number of participants with account balances as of the complete this item) d(1) Total number of active participants at the beginning d(2) Total number of active participants at the end of the Number of participants who terminated employment of than 100% vested	an year e end of the plan year (only defined control of the plan year e plan year during the plan year with accrued benefits he instructions, I declare that I have examactuary, as well as the electronic version of	56 51 ibution plans 56 56(56(that were less 56 reasonable cause is ined this return/report, and phen plotkin	8			
a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan bear of participants at the end of the plan year Number of participants with account balances as of the complete this item) d(1) Total number of active participants at the beginning d(2) Total number of active participants at the end of the Number of participants who terminated employment of than 100% vested Caution: A penalty for the late or incomplete filing of the Under penalties of perjury and other penalties set forth in the SB or Schedule MB completed and signed by an enrolled a belief, it is true, correct, and complete. SIGN HERE	an year e end of the plan year (only defined control of the plan year e plan year during the plan year with accrued benefits he instructions, I declare that I have examactuary, as well as the electronic version of	56 51 ibution plans 56 56(56(that were less 56 reasonable cause is ined this return/report, and phen plotkin	a 8 5 7 6 5 1) 8 2) 7 established. cluding, if applicable, a Schedule to the best of my knowledge and			

Form	5500-SF	2017
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ı	Pa	n	۵	2

6a Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)				X Yes	No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indeper	ndent qualified public	accour	itant (I	QPA)	X Yes	No
If you answered "No" to either line 6a or line 6b, the plan can	not use Fo	rm 5500-SF and mus	st inste	ad us	e Form 5	X Yes] 140
c If the plan is a defined benefit plan, is it covered under the PBGC i							ined
If "Yes" is checked, enter the My PAA confirmation number from the	he PBGC p	remium filing for this	plan ye:	ar ′		(See instructio	
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Year	
a Total plan assets	. 7a		716,			1,807,	301
b Total plan liabilities	. 7b			0		1,00.,	0
C Net plan assets (subtract line 7b from line 7a)		1,	716,	650		1,807,	301
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour				(b) Total	
a Contributions received or receivable from:						(2) 10001	
(1) Employers	 			0			
(2) Participants	· · · · · · · · · · · · · · · · · · ·			0			
(3) Others (including rollovers)				0			
b Other income (loss)			90,	651			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					90,	651
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f	· · · · · · · · · · · · · · · · · · ·					
g Other expenses			······································				
h Total expenses (add lines 8d, 8e, 8f, and 8g)			 -		·		
i Net income (loss) (subtract line 8h from line 8c)						00	CE 1
j Transfers to (from) the plan (see instructions)						90,	651
Part IV Plan Characteristics	8j			0			
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of PI	an Cha	racteri	istic Code	es in the instructions:	
2A 2E 3D		add from the List of f	an Ona	acteri	istic Code	ss in the instructions.	
b If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Char	acteris	tic Codes	s in the instructions:	
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	itions within	the time period					
Program)	oluntary Fi	ductary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	nclude transactions	10b		Х		
C Was the plan covered by a fidelity bond?				,,	- ·		
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10c	Х		150,	000
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.)	ner persons	by an insurance	10d		X		
f Has the plan failed to provide any benefit when due under the plan			10f				
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		X		
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	ctions and 29 CFR			Х	· · · · · · · · · · · · · · · · · · ·	
i If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	10h		X		
exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				

Form	5500	LSE	2017

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Page	3-	

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	edule S	В		Yes X	No
<u>11a</u>	Enter the unpaid minimum required contributions 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 ERISA?	302 of			Yes 🛚	No
a	(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 granting the waiver	enter ti Dav		of the lett Year		
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		***************************************			
	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 (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 \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X 1	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 another plan, or brought under the control of the PBGC?			Yes [X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	-			
1	3c(1) Name of plan(s): 13c(2) i	EIN(s)		13c(3) PN(s)	···
					·	