Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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	t identification information				
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017	
	turn/report is for:	X a single-employer plan		olan (not multiemployer) (mployer information in ac	_	
		a one-participant plan	a foreign plan	1 1/1		,
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	am
D 1 II	Desir Blooder	special extension (enter descr	· ,			
Part II		ormation—enter all requested in	formation			
1a Name SCHULER F	•	GN, INC. 401(K) PROFIT SHARING	S PLAN		1b Three-dig plan num (PN) ▶	
					1c Effective	date of plan 10/01/2000
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		2b Employer (EIN)	Identification Number 59-2568079
City or		ce, country, and ZIP or foreign post		structions)	` '	s telephone number
					2d Business	code (see instructions)
401 E OAK F ORLANDO,	RIDGE ROAD FL 32809					339900
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	
•	or's name				4d PN	
C Plan N	varne					
5a Total	number of participant	s at the beginning of the plan year			5a	5
		s at the end of the plan year			5b	6
		account balances as of the end of			5c	3
d(1) Tot	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	4
		articipants at the end of the plan year			5d(2)	5
than	100% vested	o terminated employment during the	•••••		5e	
		or incomplete filing of this return				
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a collete				
SIGN		d/valid electronic signature.	09/20/2018	JOAN LEBLANC		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator
SIGN	Filed with authorize	d/valid electronic signature.	09/20/2018	JOAN LEBLANC		
HERE	Signature of empl	over/nlan snonsor	Date	Enter name of individ	ual signing as e	mplover or plan sponsor

Form 5500-SF 2017 Page **2**

6a 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							X Y	es No
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility							🛚 🗶 Y	es No
	If you answered "No" to either line 6a or line 6b, the plan cann							_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in		-						etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			(See ins	structions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	nd of Year	
a	Total plan assets	. 7a	103	38515				73466	0
b	Total plan liabilities	. 7b		3				4	6
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	103	38512				73461	4
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
<u>а</u>	Contributions received or receivable from: (1) Employers	. 8a(1)		7982					
	(2) Participants	. 8a(2)		27806					
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	. 8b	1:	34412					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						17020	00
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	4	74058					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	. 8g		40					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						47409	8
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						-30389	18
<u>j</u>	Transfers to (from) the plan (see instructions)	· 8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ir	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the ins	structions:	
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)	•	,	10a		X			
b	· · ·	t? (Do not	include transactions	10b		Х			
				10c	Х			26	50000
d	, , ,	fidelity bo	nd, that was caused	10d		X			0000
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.)	ner person ne or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
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	he require	d notice or one of the	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			
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?		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.

1210-0089

2017

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

Part I Annual Repor	t Identification Information				
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/2	
A This return/report is for:	a single-employer plan	the state of the s	pian (not multiemployer) employer information in a		
5 *	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12	months)	
C Check box if filing under:	Form 5558	automatic extension		DFVC program	
	special extension (enter desc				
	formation—enter all requested in	nformation			
1a Name of plan SCHULER PACKAGING	& DESIGN, INC. 401(K)	PROFIT		1b Three-digit plan numbe	The second secon
SHARING PLAN				(PN) 1C Effective da	001 te of plan
				10/01/2	•
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Id (EIN)59-2	entification Number
	nce, country, and ZIP or foreign pos		structions)		elephone number
				2d Business co	de (see instructions)
401 E OAK RIDGE RO	AD				
ORLANDO		F	L 32809	339900	
3a Plan administrator's name	and address 🛛 Same as Plan Spo	onsor.		3b Administrato	r's EIN
4 If the name and/or EIN of t	he plan sponsor or the plan name h	nas changed since the last	return/report filed for	4b EIN	
this plan, enter the plan sp a Sponsor's name	onsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN	
C Plan Name				114	
5a Total number of participant	is at the beginning of the plan year.			5a	5
	s at the end of the plan year				6
C Number of participants with complete this item)	account balances as of the end of	the plan year (only define	d contribution plans	5c	3
	articipants at the beginning of the p			5d(1)	4
	articipants at the end of the plan ye			5d(2)	.5
than 100% vested	o terminated employment during th			5e	
Under penalties of perjury and	or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	rn/report will be assessed actions. I declare that I have	d unless reasonable con e examined this return/r	eport including if a	nolicable a Schedule
SIGN CONCLIS	lu li Bon	9.20.18	JOAN LEBLANC		
HERE Signature of plan		Date	Enter name of indivi	dual signing as plan	administrator
SIGN HERE	uelaba	9.20.18	JOAN LEBLANC		
Signature of emp	oyer/plan sponsor ice, see the instructions for Form 550	Date	Enter name of indivi	dual signing as emp	oyer or plan sponsor Form 5600-SF (2017)

Page	2
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Form	5500-SF	2017

	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be under the plan cannot be under the plan to the plan cannot be under the plan to the plan cannot be under the plan to the plan t	an independ and condition	dent qualified public a	account	ant (IC	QPA)		Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the					_		ot determined instructions.)
Pai	rt III Financial Information							7.
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Ye	ar
а	Total plan assets	7a	1,	038,	515			734,66
b	Total plan liabilities	7b			3			4
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	038,	512			734,61
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) Total	
	Contributions received or receivable from:							
	(1) Employers	8a(1)			982			
	(2) Participants	8a(2)		27,	806			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		134,	412			100
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Charle Line State					170,20
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		474,	058			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f				1		
g	Other expenses	8g			40			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		10				474,09
-	Net income (loss) (subtract line 8h from line 8c)	8i		1	ong s			-303,89
7.0	Transfers to (from) the plan (see instructions).	8j	***************************************			L. 135		513,4113,51
Par	t IV Plan Characteristics	1 9 1						
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature cod	es from the List of PI	an Cha	racteri	stic Code:	s in the instruction	ns:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	s from the List of Pla	n Chara	acteris	tic Codes	in the instruction	s:
Parl	t V Compliance Questions							
10	During the plan year:				Yes	No	Amou	nt
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 \ Program)	/oluntary Fid	duciary Correction	10a		x		
b		l? (Do not in	clude transactions	10b		Х		
C	Was the plan covered by a fidelity bond?		***************************************	10c	Х			250,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		200100
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.).	her persons ne or all of th	by an insurance ne benefits under	10e		Х	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Has the plan failed to provide any benefit when due under the pla			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X		
h		(See instruc	tions and 29 CFR	10g		X		
	If 10h was answered "Yes," check the box if you either provided the					7.04		

,	24 M M M	A 200	A 4 4 W
⊢∩rm	5500	. 44	7/11/17

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Page	3-	

(Form 5500) 11a Enter the ung 12 Is this a define ERISA?	ed benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sand line 11a below) raid minimum required contributions for all years from Schedule SB (Form 5500) line 40 red contribution plan subject to the minimum funding requirements of section 412 of the Code or second lines 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Ithe minimum funding standard for a prior year is being amortized in this plan year, see instructions, waiver. Month Id line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inum required contribution for this plan year Int contributed by the employer to the plan for this plan year mount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a unit)	in 11a tion 302 d	of the date	Yes X 1 Yes X 1 Of the letter ruling Year
11a Enter the ung 12 Is this a defir ERISA? (If "Yes," cor a If a waiver of granting the v If you complete b Enter the minim c Enter the amo d Subtract the a negative amo e Will the minim Part VII Plan T	raid minimum required contributions for all years from Schedule SB (Form 5500) line 40	ind enter Da	of the date	of the letter ruling
12 Is this a define ERISA? (If "Yes," core at If a waiver of granting the volume of the waiver of granting the volume of the waiver of granting the volume of the waiver of the w	ned contribution plan subject to the minimum funding requirements of section 412 of the Code or section plan subject to the minimum funding requirements of section 412 of the Code or section plan subject to the minimum funding standard for a prior year is being amortized in this plan year, see instructions, aiver. Month d line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Mum required contribution for this plan year ant contributed by the employer to the plan for this plan year mount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	and enter Da	the date	of the letter ruling
a If a waiver of granting the value of the second of the s	the minimum funding standard for a prior year is being amortized in this plan year, see instructions, valver. Month d line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. mum required contribution for this plan year unt contributed by the employer to the plan for this plan year mount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	Da		
b Enter the mining C Enter the amount of Subtract the analyse amount of Will the mining Part VII Plan T	In the state of the state of the plan for this plan year amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12b		- I Cal
b Enter the mining C Enter the amo d Subtract the anegative amo e Will the minim Part VII Plan T	num required contribution for this plan year			
c Enter the amo d Subtract the a negative amo e Will the minim Part VII Plan T	ant contributed by the employer to the plan for this plan year			
d Subtract the a negative amo e Will the minim Part VII Plan T	mount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a			
e Will the minim	unt)	12d	<u> </u>	
Part VII Plan T	um funding amount reported on line 12d be met by the funding deadline?		Yes	∏ No ∏ N/A
	erminations and Transfers of Assets			
13a Has a resolution	n to terminate the plan been adopted in any plan year?		Yes	No No
	the amount of any plan assets that reverted to the employer this year		T	
b Were all the p	lan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t PBGC?			Yes 🛭 No
C If, during this	olan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan or liabilities were transferred. (See instructions.)	(s) to		
13c(1) Name of		2) EIN(s)		13c(3) PN(s)