	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
Inte	Department of Labor Benefits Security Administration	This form is required to be file Income Security Act of 1974		057(b) and 6058(a) of the		2017 This Form is Open to
	Benefit Guaranty Corporation	 Complete all entries in a 	,	,	500-SF.	Public Inspection
Part I		dentification Information				
For calence	dar plan year 2017 or fis	cal plan year beginning 01/01/2			2/31/2017	
A This re	eturn/report is for:	X a single-employer plan				king this box must attach a ith the form instructions.)
B This ret	turn/report is	the first return/report	the final return/report			
		an amended return/report	· · ·	urn/report (less than 12 m	ionths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descr				0
Part II	Basic Plan Infor	mation—enter all requested inf	ormation			
1a Name	e of plan				1b Three	
FLORENCE	E PAPER CORPORATIO	ON PROFIT SHARING PLAN			plan (PN)	number 003
					, ,	tive date of plan 01/01/1992
Mailin	ig address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O		4	2b Empl (EIN)	oyer Identification Number 11-2244518
-	E PAPER CORPORATIO	e, country, and ZIP or foreign posta DN	al code (il loreign, see ins	structions)	2c Spor	nsor's telephone number 732-969-0005
75 BROAD S	STREET SUITE 1903 (. NY 10004				2d Busir	ness code (see instructions) 424100
		d address 🔀 Same as Plan Spor			3h Admi	nistrator's EIN
			1501.		JD Admi	
					3c Admi	nistrator's telephone number
		plan sponsor or the plan name ha			4b EIN	
•	sor's name	sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN	
		at the beginning of the plan year			5a	19
		at the end of the plan year			5b	18
		account balances as of the end of		•	5c	14
d(1) Tot	tal number of active part	ticipants at the beginning of the pla	an year		5d(1)	10
• •		ticipants at the end of the plan yea			5d(2)	9
than	100% vested	terminated employment during the			5e	0
Under pen SB or Sch	nalties of perjury and oth redule MB completed an	or incomplete filing of this return ther penalties set forth in the instruct d signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule
SIGN	Filed with authorized/	valid electronic signature.	10/11/2018	STEVEN SHAMAH		
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	lual signing	as plan administrator
SIGN		valid electronic signature.	10/11/2018	STEVEN SHAMAH		·
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	lual signing	as employer or plan sponsor
For Paperw	vork Reduction Act Notice	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2017) v.170203

	Were all of the plan's assets during the plan year invested in eligib		· · · · · · · · · · · · · · · · · · ·	
b	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			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	program (see ERISA section 4021)?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Paginning of Yaar	(b) End of Yoor
<u>′</u>	Total plan assets	7a	(a) Beginning of Year 362262	(b) End of Year 369172
	Total plan liabilities	7a 7b	0	0
	Net plan assets (subtract line 7b from line 7a)	70 70	362262	369172
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	(b) Total
	Contributions received or receivable from:			
	(1) Employers	8a(1)	0	
	(2) Participants	8a(2)	1040	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	7407	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		8447
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	1537	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1537
i	Net income (loss) (subtract line 8h from line 8c)	8i		6910
j	Transfers to (from) the plan (see instructions)	8j		
Pa	t IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2E $2H$ $2J$ $3D$	feature co	odes from the List of Plan Characteristic	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for $4B$	eature coo	les from the List of Plan Characteristic	Codes in the instructions:
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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	X		150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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 plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
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	10i			

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Page 3- 1

Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	1 ×	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	:(3) P	'N(s)

Form 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	f Small Employ	ee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		nd 4065 of the Employee	•	2	2017
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of		ection 6057(b) and 6058			s Open to Public spection
Pension Benefit Guaranty Corporation	Complete all entries in accorda	ance with the instru	ctions to the Form 5500)-SF.		
For calendar plan year 2017 or fisc	dentification Information	01/01/2017	and ending	12/3	1/2017	
			lan (not multiemployer) (y must attach
A This return/report is for:	a one-participant plan	a list of participating e a foreign plan	mployer information in a	ccordance	e with the for	m instructions.)
B This return/report is:	님 님 님	he final return/report a short plan year retu	m/report (less than 12 m	onths)		
C Check box if filing under:	x Form 5558	automatic extension		[] [DFVC progra	m
J	special extension (enter description)				
Part II Basic Plan Infor	mation enter all requested inform	nation	```			
1a Name of plan					ree-digit	
FLORENCE PAPER CORP	ORATION PROFIT SHARING PLA	N			n number N)►	003
,				1c Effe	ective date o	f plan
Mailing Address (include roor	/er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo e, country, and ZIP or foreign postal coo	x) de (if foreian, see ins	ructions)		nployer Identi N) 11-22	fication Number 44518
FLORENCE PAPER CORPO		20 (ii ioioigii) eee iiio			onsor's telep 32) 969-	hone number 0005
75 BROAD STREET SUI	TE 1903				siness code 4100	(see instructions)
US NEW YORK NY 10004 3a Plan administrator's name and	d address 🗶 Same as Plan Sponsor			3b Adi	ministrator's	EIN
				3c Ad	ministrator's	telephone number
4 If the name and/or EIN of the	plan sponsor or the plan name has cha	anged since the last i	eturn/report filed for	4b EIN	N	
this plan, enter the plan spon a Sponsor's name	sor's name, EIN, the plan name and the	e plan number from t	he last return/report.	4d PN	I	
C Plan Name						
59 Total number of noticing the	at the beginning of the plan year			5a		19
• •	at the end of the plan year			5b		18
C Number of participants with a	account balances as of the end of the pl	an year (only defined	contribution plans	5c		14
d(1) Total number of active part	icipants at the beginning of the plan yea	ar		5d(1)		10
d(2) Total number of active part	icipants at the end of the plan year	****		5d(2)		9
	erminated employment during the plan			5e		0
Caution: A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	i unless reasonable ca	use is es	tablished.	
Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and com	her penalties set forth in the instruction: nd somed by an enrolled actuary, as we plete.	s, I declare that I hav all as the electronic ve	e examined this return/re ersion of this return/repor	port, inclu t, and to f	uding, if appl the best of m	icable, a Schedule ly knowledge and
	Sel		STEVEN SZA	pma 2	2	
HERE Signature of plan adm	inistrator	Date (11/13	Enter name of individua			inistrator
		0	STEVEN			
SIGN	Katter	1 1/2	<u> </u>			

HERE Signature of employer/plan sponsor	Date 91118	Enter name of individual signing as employer or plan sponsor
	F	Eorm 5500-SE (2

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203 6a 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)

Page 2

XYes No

	If you answered "No" to either line 6a or line 6b, the plan canno								_		
	If the plan is a defined benefit plan, is it covered under the PBGC in										termine
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year						(See	instruc	tions.)
Pa	rt III Financial Information								-		
7	Plan Assets and Liabilities		(a) Beginning o	of Year				(b) En	d of Y	ear	
	Total plan assets	7a	3	62,20	52					369,1	172
-	Total plan liabilities	7b			0	1					0
· · ·	Net plan assets (subtract line 7b from line 7a)	7c	3,	62,20						369,1	172
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		12			(h)	Total	00573	
	Contributions received or receivable from:					1.678		ninger.	N.G.M		
	(1) Employers	8a(1)			0						
	(2) Participants	8a(2)		1,04	10						
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		7,40	17	0.000		방송이다. 방송이다. 			1408-6
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		ausa a	an a	nazar	unita de la	Loo de constituir	1301233/4/6	0 /	indrinadi.bits 1 <i>1</i> 7
	Benefits paid (including direct rollovers and insurance premiums	0C		n de la	.1994	े हरित्रे	81440763			oys Marcald	147 Mariana
	to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e	· · · · ·					的模拟。			
-	Administrative service providers (salaries, fees, commissions)	8f		1,53	37						
	Other expenses	8g			-						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				dina di seconda di sec	n ann Ann Drutte	Profession (1999) 1993	and from the second	1,!	537
	Net income (loss) (subtract line 8h from line 8c)	8i				1 1 4 1				6,9	910
		8j	NAMES & CONTRACTOR STREAM	din kala in	là isiste					- Line	
Files and	Transfers to (from) the plan (see instructions)	[0]				的局部		口口自己的问题	ilisi <u>st</u>	i fanis (Jacque	사람이 있는 것이 있는 것이 있는 것이 없다.
	Plan Characteristics If the plan provides pension benefits, enter the applicable pension feedback 2E 2H 2J 3D	eature coo	les from the List of Plan (Charac	teristi	c Coc	les in th	he instr	uctions	:	
9a	If the plan provides pension benefits, enter the applicable pension fe									:	
9a b	If the plan provides pension benefits, enter the applicable pension for 2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea 4B									:	
9a b Pa	If the plan provides pension benefits, enter the applicable pension for 2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea 4B rt V Compliance Questions								ctions:	: 	
9a b Pa 10	If the plan provides pension benefits, enter the applicable pension for 2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea 4B rt V Compliance Questions During the plan year:	ature code	es from the List of Plan Cl		eristic	Code	s in the		ctions:		
9a b Pa	If the plan provides pension benefits, enter the applicable pension for 2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea 4B rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu	ature code	es from the List of Plan Cl		eristic	Code	s in the		ctions:		
9a b Pa 10	If the plan provides pension benefits, enter the applicable pension for 2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea 4B rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	ature code tions withi	n the time period duciary Correction		eristic	Code	s in the		ctions:		
9a b Pa 10	If the plan provides pension benefits, enter the applicable pension for 2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea 4B rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	ature code tions withi	n the time period duciary Correction	10a	eristic	Code No x	s in the		ctions:		
9a b Pa 10 a	If the plan provides pension benefits, enter the applicable pension for 2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea 4B rt V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	tions withi pluntary Fi ? (Do not	n the time period duciary Correction		eristic	Code	s in the		ctions:	ount	
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9a b Pa 10 a b c d e	If the plan provides pension benefits, enter the applicable pension for 2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea 4B Tr V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vor Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	tions withi bluntary Fi ? (Do not fidelity bo ner person le or all of	n the time period duciary Correction include transactions nd, that was caused is by an insurance the benefits under	10a 10b 10c 10d	Yes	No x x x x	s in the		ctions:	ount	50,000
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9a b Pa 10 a c d e f g	If the plan provides pension benefits, enter the applicable pension for 2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea 4B TT V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voc Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan	tions within oluntary Fi ? (Do not fidelity bo ner person ne or all of n? s of year of (See instru-	n the time period duciary Correction include transactions nd, that was caused is by an insurance the benefits under end.)	10a 10b 10c 10d 10e 10f	Yes	Code No X X X X X	s in the		ctions:	ount	50,000