## Form 5500-SF

Department of the Treasury Internal Revenue Service

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	lar plan year 2018 or fi	iscal plan year beginning 01/01/20	018	and ending 12	2/31/2018					
A This re	turn/report is for:	a single-employer plan		lan (not multiemployer) ( mployer information in ac	_					
		a one-participant plan	a foreign plan							
<b>B</b> This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retui	rn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	am				
		special extension (enter descri	. ,							
Part II	Basic Plan Info	ormation—enter all requested info	ormation							
1a Name M. C. PACK	of plan AGING CORP. 401(K	) PLAN			1b Three-dig plan num (PN) ▶	·				
					1c Effective	date of plan 01/01/2008				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	Pov)			r Identification Number				
	`	ce, country, and ZIP or foreign posta	,	ructions)	(EIN)	's telephone number				
M. C. PACKAGING CORP.						31-694-3012				
					2d Business	code (see instructions)				
200 ADAMS FARMINGD	ALE, NY 11735					322200				
22 Dlan a	dministrator's name a	nd addraga Come as Dian Com			<b>3b</b> Administr	rotor's FIN				
	idministrator's name a AGING CORP.	nd address Same as Plan Spon 200 ADAN			30 Administr	11-2124122				
		FARMING	DALE, NY 11735			rator's telephone number 331-694-3012				
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			<b>4b</b> EIN					
	sor's name		p.a		4d PN					
C Plan N	Name									
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	28				
<b>b</b> Total	number of participants	s at the end of the plan year			5b	25				
		account balances as of the end of t	. , , ,	•	5c	25				
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)					
		articipants at the end of the plan yea			5d(2)	20				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	l unless reasonable car						
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	I/valid electronic signature.	06/19/2019	MARC SILVERBERG						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as p	lan administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing as e	mplover or plan sponsor				

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	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.								
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	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes		termined ructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b)	End of Year	
a	Total plan assets	7a	272	20644				2424231	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	272	20644				2424231	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	(	69889					
	(2) Participants	8a(2)	17	73821					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-(	97825					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						145885	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	44	41813					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		485					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					44229		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-2964		
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics	-,							
9a	If the plan provides pension benefits, enter the applicable pension 3D 2J 2E 2F 2G 2K 2R 2A	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the	e instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	des 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 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.)			10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	X			300	0000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	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-	end.)	10g	X			93	3165
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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					

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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 Sche (Form 5500) and line 11a below)		В	Y	es 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?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	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	d enter t Day		of the lette Year _	r ruling
lf :	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?		Yes	× N	o
	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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Sentce

Department of Labor Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2018

OMB Nos. 1210-0110 1210-0089

Penelo	n Benefit Guaranty Corporation	A Complete W	MARINE CODE (NIS C			Bublic learnesting				
Part I	Annual Penor	Complete all entries in ac	cordance with the in	structions to the Form	5500-SF.	Public Inspection				
For calendar plan year 2018 or feed plan year to be										
71 -15 50 team			1/01/2018	and ending.	12/:	31/2018				
A This	retum/report is for:	X a single-employer plan	_ a multiple-emptoyer	plan (not multiemployer)	(Filers check	ding this box must attach a				
	eturn/report is		a foreign plan	employer information in	Recordarice w	ith the form instructions.)				
- than	orannehou iz	the first return/report	the final return/repo							
		<u> </u>								
C Chee	k box if filing under:		To such them Asst Let	tum/report (less than 12 r	nonths)					
- 01100	a new is simily fittight:	☐ Form 5558	automatic extension	n	☐ DFVC pi	man a				
<b>2179 - 22</b>		special extension (enter description	ion)			- April 1				
Part II	Basic Plan Info	rmation—enter all requested infor	nation							
1a Nam	ie of pien				dia Thur	- alleda				
M.	C. Packaging (	Corp. 401(K) Plan			1b Three	rumber				
					(PN)					
						ive date of plan				
2a Plan	SDODSOT'S DOMO (omple	yer, if for a single-employer plan)				01/2008				
4436IIH	IN SUCCESS (INCIDED MAI	TO ART CHITCHE DO AND About a D.O. C.	aul		2b Emplo	yer Identification Number				
- J.J.	or mount areas on budding	e, country, and ZIP or foreign poetal a	oxy Ode (if foreion, see in:	dructione)	(EIN)	11-2124122				
M.	C. Packaging C	orp.	the training of the said	~ 6000115)	2c Spons	or's telephone number				
200	Adams Blvd				631-	694-3012				
200	WORME BIAG				2d Busine	ess code (see instructions)				
Ram	mingdale									
		NY 11735			2222	0.0				
38 Plan	administrator's name an	d address Same as Plan Sponsor			322200 3b Administrator's EIN					
M.	C. PACKAGING C	ORP.			11-2124122					
200	377110 7710				3c Administrator's telephone number					
200	ADAMS BLVD.					The state of the s				
FADI	MINGDALE	<b>35</b>								
		NY 11735			631-	694-3012				
this o	Haine and or Ely of the	plan sponsor or the plan name has cr	langed since the last	return/report filed for	4b EIN					
a Spons	sor's name	ser's name, EIN, the plan name and t	ne plan number from t	the last return/report.						
C Plan I	Name				4d PN	- 100 to				
						*				
5a Total	number of participants :	at the beginning of the plan year								
b Total	number of participants	of the and of the sleet water	- 44 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	******************************	5a	28				
		at the end of the plan year ccount belances as of the end of the p			5b	25				
					5c					
-(.)	ren himpinger di Schias Dalii	CD2713 at the beninning of the plan			B 4443	25				
- del in	MI HUNDET OF ECTIVE DEST	icinants at the end of the stee			5d(1)	21				
e Numi	ber of participants who t	erminated employment during the ab-		***************************************	5d(2)	20				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				neits that were less	5e					
Under nen	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
SB or Sche	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 MB completed and signed by an enrolled actuary, as well as the electronic version of 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, including, if applicable, a Schedule baller, it is true, correct, and complete.										
SIGN		1 .		Marc Silverber						
HERE	Signature of plan ad	ministrator	Deta							
SIGN	May to	1hu1 -	Date	Enter name of Individu	al signing as	plain administrator				
HERE	Signature of employ	717	6 -   9   Marc Silverberg							
For Paperw	ork Reduction Act Hotica	ampian appearsor see the instructions for Form 8500-8F.	Date	Enter name of individua	al signing as	employer or plan sponsor				
Form 8500-8F (2018)										

Form	5500-SF	(2018)

	Were all of the plan's assets during the plan year invested in eligib		•					X Yes No
	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							🛛 Yes 🗍 No
	If you answered "No" to either line 6a or line 6b, the plan cann							
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ection 4	021)?	[	Yes N	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year
а	Total plan assets	7a	2,	720,	644			2,424,23
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	720,	644			2,424,23
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	) Total
	Contributions received or receivable from:	25.00		60	000			
	(1) Employers	8a(1)		69,	-			
	(2) Participants	8a(2)		173,	821	_		
	(3) Others (including rollovers)	8a(3)			_			
b	Other income (loss)	8b		-97,	825			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						145,88
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		441,	813			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			485			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						442,29
	Net income (loss) (subtract line 8h from line 8c)	8i						-296,41
_	Transfers to (from) the plan (see instructions)	81			$\neg$			
	t IV Plan Characteristics	0)						
_	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racter	istic C	odes in the i	nstructions:
b	3D 2J 2E 2F 2G 2K 2R 2A  If the plan provides welfare benefits, enter the applicable welfare for	eature cor	tes from the List of Pla	n Char	acteris	tic Co	des in the in	structions:
	The plan provides wellare benefits, effect the applicable wellare in		163 HOIT the List of tha	II Onare	2010110			
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 contributus described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary f	Fiduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest			100				
	reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			300,00
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 son the plan? (See instructions.)	ne or all of	the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g				10g	Х			93,16
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				

	Form 5500-SF (2018) Page <b>3</b> -							
Part '	VI Pension Funding Compliance	_						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructi (Form 5500) and line 11a below)	ons ar	nd complete S	Schedule	SB	T		Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500)	line 40	0	112	T			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 ERISA?	of the	Code or cod	tion 202	of			Yes 🛛 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver.		Month	and enter		of	the lette	er ruling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski							
b	Enter the minimum required contribution for this plan year			12b	T			
	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 signegative amount)	n to th	ne left of a	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П	No	N/A
Part \					4	_		
13a	Has a resolution to terminate the plan been adopted in any plan year?				∏ Ye	3	X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					_		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan control of the PBGC?	or br	ought under t	20			Yes 🛚	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred.	(s), ide	entify the plan	(s) to				
1:	3c(1) Name of plan(s):		13c	(2) EIN(s	)		13c(3	) PN(s)