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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u> |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | ▶ <input checked="" type="checkbox"/>                          |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                   |                                                                |                                          |                   |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|-------------------|
| <b>Part II</b>                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information |                                          |                   |
| <b>1a</b> Name of plan                                                                                                            | <u>U.S. CORRUGATED INC. 401K SAVINGS PLAN</u>                  | <b>1b</b> Three-digit plan number (PN) ▶ | <u>003</u>        |
|                                                                                                                                   |                                                                | <b>1c</b> Effective date of plan         | <u>10/15/2006</u> |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.) |                                                                |                                          |                   |
| <u>U.S. CORRUGATED, INC.</u>                                                                                                      |                                                                |                                          |                   |
| <u>550 BROAD ST</u>                                                                                                               |                                                                |                                          |                   |
| <u>SUITE 605</u>                                                                                                                  |                                                                |                                          |                   |
| <u>NEWARK, NJ 07102-4537</u>                                                                                                      |                                                                |                                          |                   |
|                                                                                                                                   | <b>2b</b> Employer Identification Number (EIN)                 | <u>58-1392513</u>                        |                   |
|                                                                                                                                   | <b>2c</b> Sponsor's telephone number                           | <u>973-353-8099</u>                      |                   |
|                                                                                                                                   | <b>2d</b> Business code (see instructions)                     | <u>322200</u>                            |                   |
|                                                                                                                                   |                                                                |                                          |                   |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2010 | LAWRENCE GROSSMAN                                            |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2010 | LAWRENCE GROSSMAN                                            |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)  
v.092307.1

|                                                                                                                                                                            |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>U.S. CORRUGATED, INC.<br><br>550 BROAD ST<br>SUITE 605<br>NEWARK, NJ 07102-4537 | <b>3b</b> Administrator's EIN<br>58-1392513<br><br><b>3c</b> Administrator's telephone number<br>973-353-8099 |
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|                                                                                                                                                                                                                                                |                                                        |
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| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name<br>U.S. CORRUGATED, INC. | <b>4b</b> EIN<br>58-1392513<br><br><b>4c</b> PN<br>001 |
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|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 1398 |
|-------------------------------------------------------------------------|----------|------|

  

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 1407 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 1    |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 274  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 1682 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 1    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 1683 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 1259 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 2    |

  

|                                                                                                                                      |          |  |
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| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

  

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2E 2F 2G 2J 2K 2S 2T 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>U.S. CORRUGATED INC. 401K SAVINGS PLAN                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 003                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>U.S. CORRUGATED, INC.                                                                                                                                    | <b>D</b> Employer Identification Number (EIN)<br>58-1392513                                                                                                                                                            |                                                |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

COLUMBIA MANAGEMENT CO. ONE FINANCIAL CENTER  
BOSTON, MA 02111-2621

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

DIAMOND HILL FUNDS 325 JOHN H. MCCONNELL BLVD  
SUITE 200  
COLUMBUS, OH 43215

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PACIFIC INVESTMENT MGMT CORP 840 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660-6397

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SENTINEL FUNDS ONE NATIONAL LIFE DRIVE  
MONTPELIER, VT 05604

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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ROYCE FUNDS

745 5TH AVE  
NEW YORK, NY 10151

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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KEELY ASSET MANAGEMENT

401 S LASALLE ST SUITE 1201  
CHICAGO, IL 60605

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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ARTISAN FUNDS

875 E WISCONSIN AVE STE 800  
MILWAUKEE, WI 53202

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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PUTNAM INVESTMENTS

1 POST OFFICE SQUARE  
BOSTON, MA 02109

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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EATON VANCE FUNDS

TWO INTERNATIONAL PLACE  
BOSTON, MA 02110

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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THE AMERICAN FUNDS GROUP

333 SOUTH HOPE STREET  
LOS ANGELES, CA 90071

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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DAVIS FUNDS

2949 EAST ELVIRA ROAD STE 101  
TUSCON, AZ 85756

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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ALLIANZ GLOBAL INVESTORS

P.O. BOX 8050  
BOSTON, MA 02266-8050

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

| (a) Enter name and EIN or address (see instructions)                          |                                                                                                   |                                                                        |                                                                                                      |                                                                                                                                |                                                                                                                                                                                 |                                                                                              |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <div>MMC SECURITIES CORP</div> <div>INVESTORS WAY<br/>NORWOOD, MA 02062</div> |                                                                                                   |                                                                        |                                                                                                      |                                                                                                                                |                                                                                                                                                                                 |                                                                                              |
| (b)<br>Service Code(s)                                                        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
| 63                                                                            | INVESTMENT MANAGEMENT                                                                             | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 25827                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

| (a) Enter name and EIN or address (see instructions)                              |                                                                                                   |                                                                        |                                                                                                      |                                                                                                                                |                                                                                                                                                                                 |                                                                                              |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <div>MERCER HR SERVICES, LLC</div> <div>INVESTORS WAY<br/>NORWOOD, MA 02062</div> |                                                                                                   |                                                                        |                                                                                                      |                                                                                                                                |                                                                                                                                                                                 |                                                                                              |
| 20-1932099                                                                        |                                                                                                   |                                                                        |                                                                                                      |                                                                                                                                |                                                                                                                                                                                 |                                                                                              |
| (b)<br>Service Code(s)                                                            | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
| 15 21 25 37<br>38 49 59 60<br>62 64 65 72<br>99                                   | RECORDKEEPER/T RUSTEE                                                                             | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 51176                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

| (a) Enter name and EIN or address (see instructions) |                                                                                                   |                                                                        |                                                                                                      |                                                                                                                                |                                                                                                                                                                                 |                                                                                              |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                                                      |                                                                                                   |                                                                        |                                                                                                      |                                                                                                                                |                                                                                                                                                                                 |                                                                                              |
| (b)<br>Service Code(s)                               | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|                                                      |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions)                                                            | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MMC SECURITIES CORP                                                        | 63                                                                                                 | 3042                                                                                                                                                               |
| (d) Enter name and EIN (address) of source of indirect compensation        |                                                                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| EATON VANCE FUNDS<br>TWO INTERNATIONAL PLACE<br>BOSTON, MA 02110           | DISTRIBUTION (12B-1) FEES                                                                          |                                                                                                                                                                    |
|                                                                            |                                                                                                    |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions)                                                            | (c) Enter amount of indirect compensation                                                                                                                          |
| MMC SECURITIES CORP                                                        | 63                                                                                                 | 22785                                                                                                                                                              |
| (d) Enter name and EIN (address) of source of indirect compensation        |                                                                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THE AMERICAN FUNDS GROUP<br>333 SOUTH HOPE STREET<br>LOS ANGELES, CA 90071 | DISTRIBUTION (12B-1) FEES                                                                          |                                                                                                                                                                    |
|                                                                            |                                                                                                    |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions)                                                            | (c) Enter amount of indirect compensation                                                                                                                          |
| MERCER HR SERVICES, LLC                                                    | 15 38 59 60                                                                                        | 7661                                                                                                                                                               |
| (d) Enter name and EIN (address) of source of indirect compensation        |                                                                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THE AMERICAN FUNDS GROUP<br>333 SOUTH HOPE STREET<br>LOS ANGELES, CA 90071 | RECORDKEEPING, PARTICIPANT COMMUNICATION,<br>SHAREHOLDER SERVICING AND SUB-TRANSFER<br>AGENCY FEES |                                                                                                                                                                    |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                            | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MERCER HR SERVICES, LLC                                                  | 15 38 59 60                                                                                        | 2301                                                                                                                                                               |
| (d) Enter name and EIN (address) of source of indirect compensation      |                                                                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ARTISAN FUNDS<br>875 E WISCONSIN AVE STE 800<br>MILWAUKEE, WI 53202      | RECORDKEEPING, PARTICIPANT COMMUNICATION,<br>SHAREHOLDER SERVICING AND SUB-TRANSFER<br>AGENCY FEES |                                                                                                                                                                    |
|                                                                          |                                                                                                    |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                            | (c) Enter amount of indirect compensation                                                                                                                          |
| MERCER HR SERVICES, LLC                                                  | 15 38 59 60                                                                                        | 1363                                                                                                                                                               |
| (d) Enter name and EIN (address) of source of indirect compensation      |                                                                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COLUMBIA MANAGEMENT CO.<br>ONE FINANCIAL CENTER<br>BOSTON, MA 02111-2621 | RECORDKEEPING, PARTICIPANT COMMUNICATION,<br>SHAREHOLDER SERVICING AND SUB-TRANSFER<br>AGENCY FEES |                                                                                                                                                                    |
|                                                                          |                                                                                                    |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                            | (c) Enter amount of indirect compensation                                                                                                                          |
| MERCER HR SERVICES, LLC                                                  | 15 38 59 60                                                                                        | 1222                                                                                                                                                               |
| (d) Enter name and EIN (address) of source of indirect compensation      |                                                                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DAVIS FUNDS<br>2949 EAST ELVIRA ROAD STE 101<br>TUSCON, AZ 85756         | RECORDKEEPING, PARTICIPANT COMMUNICATION,<br>SHAREHOLDER SERVICING AND SUB-TRANSFER<br>AGENCY FEES |                                                                                                                                                                    |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                       | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MERCER HR SERVICES, LLC                                             | 15 38 59 60                                                   | 1832                                                                                                                                                               |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DIAMOND HILL FUNDS                                                  | 325 JOHN H. MCCONNELL BLVD<br>SUITE 200<br>COLUMBUS, OH 43215 | RECORDKEEPING, PARTICIPANT COMMUNICATION,<br>SHAREHOLDER SERVICING AND SUB-TRANSFER<br>AGENCY FEES                                                                 |
| (a) Enter service provider name as it appears on line 2             |                                                               | (c) Enter amount of indirect compensation                                                                                                                          |
| MERCER HR SERVICES, LLC                                             | 15 38 59 60                                                   | 2514                                                                                                                                                               |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| EATON VANCE FUNDS                                                   | TWO INTERNATIONAL PLACE<br>BOSTON, MA 02110                   | RECORDKEEPING, PARTICIPANT COMMUNICATION,<br>SHAREHOLDER SERVICING AND SUB-TRANSFER<br>AGENCY FEES                                                                 |
| (a) Enter service provider name as it appears on line 2             |                                                               | (c) Enter amount of indirect compensation                                                                                                                          |
| MERCER HR SERVICES, LLC                                             | 15 21 25 37 38 49 59 64 65 99                                 | 21814                                                                                                                                                              |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PUTNAM INVESTMENTS                                                  | 1 POST OFFICE SQUARE<br>BOSTON, MA 02109                      | VARIOUS ADMINISTRATIVE SERVICES                                                                                                                                    |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MERCER HR SERVICES, LLC                                             | 15 38 59 60                                              | 9552                                                                                                                                                               |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PACIFIC INVESTMENT MGMT CORP                                        | 840 NEWPORT CENTER DRIVE<br>NEWPORT BEACH, CA 92660-6397 | RECORDKEEPING, PARTICIPANT COMMUNICATION,<br>SHAREHOLDER SERVICING AND SUB-TRANSFER<br>AGENCY FEES                                                                 |
|                                                                     |                                                          |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
| MERCER HR SERVICES, LLC                                             | 21 25 60                                                 | 2586                                                                                                                                                               |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SENTINEL FUNDS                                                      | ONE NATIONAL LIFE DRIVE<br>MONTPELIER, VT 05604          | RECORDKEEPING, PARTICIPANT COMMUNICATION,<br>SHAREHOLDER SERVICING AND SUB-TRANSFER<br>AGENCY FEES                                                                 |
|                                                                     |                                                          |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
|                                                                     |                                                          |                                                                                                                                                                    |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|                                                                     |                                                          |                                                                                                                                                                    |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>► <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                                               |                                                             |     |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009    |                                                             |     |
| <b>A</b> Name of plan<br>U.S. CORRUGATED INC. 401K SAVINGS PLAN                               | <b>B</b> Three-digit plan number (PN) ►                     | 003 |
|                                                                                               |                                                             |     |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>U.S. CORRUGATED, INC. | <b>D</b> Employer Identification Number (EIN)<br>58-1392513 |     |

|                                                                                  |                                                                                                                                                                                  |                                                                                                             |  |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                    | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                             |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND          |                                                                                                                                                                                  |                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY |                                                                                                                                                                                  |                                                                                                             |  |
| <b>c</b> EIN-PN 04-3159710-202                                                   | <b>d</b> Entity code C                                                                                                                                                           | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5983869 |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                             |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                             |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                             |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                             |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                             |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                             |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>U.S. CORRUGATED INC. 401K SAVINGS PLAN</b>                                   | <b>B</b> Three-digit plan number (PN)                                  | <b>003</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>U.S. CORRUGATED, INC.</b>            | <b>D</b> Employer Identification Number (EIN)<br><br><b>58-1392513</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 43133                 | 0               |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 109060                | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 1183630               | 1314991         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 6038745               | 5983869         |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 11558804              | 19495984        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 18933372              | 26794844        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 18933372 | 26794844 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 766016     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2601830    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 540524     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3908370   |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |       |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |       |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |       |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |       |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 73339 |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |       |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 73339 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |        |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 479040 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 479040 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 802796    |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 3163657   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 8427202   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 2949045 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 2949045 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         | 11222   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         | 56145   |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |         |
| (4) Other .....                                                                            | <b>2i(4)</b> |         |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 0       |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 3016412 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 5410790 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 2450682 |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |        |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
If yes, enter the amount of any plan assets that reverted to the employer this year ..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

|                                                                                               |                                                                    |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>U.S. CORRUGATED INC. 401K SAVINGS PLAN</u>                        | <b>B</b> Three-digit plan number (PN) ▶<br><u>003</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>U.S. CORRUGATED, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>58-1392513</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>20-2020334</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009  
v.092308.1

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**US Corrugated, Inc.  
401(k) Savings Plan**

**Financial Statements and  
Supplemental Schedule  
As of December 31, 2009 and 2008  
and for the Year Ended December 31, 2009**

**U.S. Corrugated, Inc**  
**401(k) Savings Plan**

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Financial Statements and Supplemental Schedule  
As of December 31, 2009 and 2008  
and for the Year Ended December 31, 2009

**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
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Tel: 732-750-0900  
Fax: 732-750-1222  
www.bdo.com

BDO USA, LLP  
90 Woodbridge Center Drive  
Suite 400  
Woodbridge, NJ 07095

## Independent Auditors' Report

Retirement Plan Administrative Committee of  
U.S. Corrugated, Inc.  
401(k) Savings Plan  
Newark, New Jersey

We were engaged to audit the financial statements and the supplemental schedule of the U.S. Corrugated, Inc. 401(k) Savings Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mercer Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*BDO USA, LLP*

October 12, 2010

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**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Statements of Net Assets Available for Benefits**

| <i>December 31,</i>                                                                                                      | <b>2009</b>         | <b>2008</b>         |
|--------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Investments, at fair value:</b>                                                                                       |                     |                     |
| Mutual funds                                                                                                             | <b>\$19,495,984</b> | <b>\$11,558,804</b> |
| Common collective trust                                                                                                  | <b>5,983,869</b>    | <b>6,038,745</b>    |
| Participant loans                                                                                                        | <b>1,314,991</b>    | <b>1,183,630</b>    |
| <b>Total investments</b>                                                                                                 | <b>26,794,844</b>   | <b>18,781,179</b>   |
| <b>Receivables:</b>                                                                                                      |                     |                     |
| Employer's contributions                                                                                                 | -                   | 43,133              |
| Participant's contributions                                                                                              | -                   | 109,060             |
| <b>Total receivables</b>                                                                                                 | -                   | 152,193             |
| <b>Net assets available for benefits, at fair value</b>                                                                  | <b>26,794,844</b>   | <b>18,933,372</b>   |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts (common collective trust) | <b>(248,073)</b>    | <b>408,397</b>      |
| <b>Net assets available for benefits</b>                                                                                 | <b>\$26,546,771</b> | <b>\$19,341,769</b> |

*See accompanying independent auditors' report and notes to financial statements.*

**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Statement of Changes in Net Assets Available for Benefits**

| <i>Year ended December 31,</i>                              | <b>2009</b>         |
|-------------------------------------------------------------|---------------------|
| <b>Additions to (deductions from) net assets</b>            |                     |
| Investment income                                           |                     |
| Net appreciation in fair value of mutual funds              | \$3,309,983         |
| Dividend income                                             | 479,040             |
| Participant loan interest                                   | 73,339              |
| <b>Total investment</b>                                     | <b>3,862,362</b>    |
| Contributions                                               |                     |
| Participant                                                 | 2,601,830           |
| Employer                                                    | 766,016             |
| Rollover                                                    | 540,524             |
| <b>Total contributions</b>                                  | <b>3,908,370</b>    |
| <b>Total additions</b>                                      | <b>7,770,732</b>    |
| Distributions to participants                               | (3,016,412)         |
| <b>Total deductions</b>                                     | <b>(3,016,412)</b>  |
| <b>Net increase before mergers</b>                          | <b>4,754,320</b>    |
| <b>Mergers into the plan</b>                                | <b>2,450,682</b>    |
| <b>Net increase</b>                                         | <b>7,205,002</b>    |
| <b>Net assets available for benefits, beginning of year</b> | <b>19,341,769</b>   |
| <b>Net assets available for benefits, end of year</b>       | <b>\$26,546,771</b> |

*See accompanying independent auditors' report and notes to financial statements.*

**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Notes to Financial Statements**

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**1. Plan Description**

The following description of the U.S. Corrugated, Inc. 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

*General*

The Plan provides for retirement benefits for substantially all full-time employees of U.S. Corrugated, Inc. (the "Company" or the "Employer"). All employees who have completed the service requirement and are at least 18 years of age are eligible to participate. Effective May 1, 2008, the Plan was amended to reduce the service requirement from six months of service to one month of service. After one month of service, employees can participate in the Plan by contributing employee contributions. Effective February 1, 2010, the Plan was amended to remove the service requirement. Employer contributions are made to a participant's account after six months of service. The Plan was amended in prior years to permit certain union employees to participate in the Plan.

The Plan has automatic enrollment for employees who satisfy the eligibility requirements at a deduction rate of 3% of their annual compensation unless the employee has opted out or made an alternative deferral election. The automatic enrollment includes a 1% increase in the deduction rate each year on the anniversary date of the participant's enrollment date up to a maximum of 6% of their annual compensation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

*Contributions*

*Employee*

A participant may contribute to the Plan not less than 1% nor more than 100% of their annual compensation subject to Internal Revenue Service ("IRS") limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute after-tax contributions. Effective April 1, 2008, after-tax contributions could range between 1% to 100% of their annual compensation. Prior to April 1, 2008 the range for after-tax contribution was between 1% to 10% of annual compensation. Participants may also contribute amounts representing rollovers from other qualified plans.

*Employer*

The Employer makes a matching contribution on behalf of each eligible participant. To receive the matching contribution, the participant must have made eligible contributions during the Plan year. The amount of the matching contributions shall be limited to 50% of the participants' deferral, not to exceed 6% of the participant's annual compensation for such Plan year. The amount of matching contributions to certain union employees varies based on the respective collective beginning agreements.

The Board of Directors of the Employer, at its sole discretion, shall also determine the amount, if any, that the Employer shall contribute to the profit sharing component of the Plan for the Plan year. To receive the profit sharing contribution, the participant must be an employee on the last day of the Plan year end. There were no employer profit sharing contributions in 2009 or 2008.

**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Notes to Financial Statements**

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*Participant Accounts*

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant earnings, deferrals or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Profit sharing contributions are allocated to participants based upon the relationship of their wages to the total of all participants' wages for the Plan year.

*Vesting*

A participant is, at all times, 100% fully vested in the portion of the account attributable to the participants' and employers' matching and profit sharing contributions.

*Investment options*

All of the Plan's investment options are fully participant directed. Participants may direct the investment of their account balances into any of the Plan's available investment options.

*Loans*

Participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates that are commensurate with local borrowing rates. Currently, interest rates range from 4.25% to 9.50%. The repayment period on these loans may not exceed five years, with the exception of loans used to purchase a residence, which may be repaid over a fifteen-year period. Principal and interest is paid ratably through periodic payroll deductions.

*Payment of Benefits*

Upon termination of service due to death, disability, or retirement, a participant or beneficiary will receive a lump-sum distribution if his or her vested benefit is not greater than \$1,000. A participant with a vested balance greater than \$1,000 may elect to receive a lump-sum payment, annual installments or other forms of annuity contracts. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Effective December 1, 2009, the Plan elected an automatic rollover provision for participants who have a vested balance less than \$5,000. The vested balance will be placed into an individual retirement account in the name of the participant.

*Plan Termination*

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will remain 100% vested in their accounts.

**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Notes to Financial Statements**

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**2. Summary of  
Significant  
Accounting  
Policies**

*Basis of Accounting*

The financial statements of the Plan are prepared under the accrual method of accounting.

*Use of Estimates*

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*Investment Valuation and Income Recognition*

The Plan's investments are stated at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price).

Shares of registered investment companies ("mutual funds") are valued at the net asset value of shares held by the Plan at year-end. Shares of common/collective trusts ("CCT") are valued at net unit value as determined by the trustee at year-end, except when holding fully benefit-responsive investment contracts. The fair value of such investment contracts held by the CCT's are determined using the market price of the underlying securities and the value of the investment contract. Participant loans are valued at their outstanding balances, which approximate fair value.

The Plan holds shares of a CCT that has investments in fully benefit-responsive investment contracts. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on the contract value basis.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

*Payment of Benefits*

Benefits are recorded when paid.

*Administrative Expenses*

Administrative expenses of the Plan are generally paid by the Company.

**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Notes to Financial Statements**

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*Risk and Uncertainties*

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

*New Accounting Pronouncements*

The following standards were effective for the Plan in 2009:

*Fair Value Measurements* – Two new standards were issued in 2009 related to fair value measurements. The first standard requires the Plan to adopt accounting guidance for determining fair value when the volume and level of activity for an asset or liability has significantly decreased and identifying transactions that are not orderly. The second accounting standard requires the Plan to disclose information about fair value measurements of investments in certain entities that calculate net asset value (“NAV”) per share or its equivalent. See Notes 3 and 6 for the required disclosures. The adoption of these standards did not have an impact on the Plan’s financial statements.

*The Financial Accounting Standards Board (“FASB”) Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles* – The Codification was effective July 1, 2009 at which point all then-existing non-SEC accounting and reporting standards have been superseded. As a result of the adoption of the Codification, the Company changed the way it references U.S. GAAP throughout the financial statements. This standard did not have an impact on the Plan’s financial statements.

*Subsequent Events* – On June 30, 2009, the Plan adopted changes issued by the FASB to accounting for and disclosure of events that occur after the date of the statement of net assets available for benefits but before the financial statements are issued or are available to be issued, otherwise known as “subsequent events.” Specifically, these changes set forth (1) the period after the date of the statement of net assets available for benefits during which the plan administrator should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements; (2) the circumstances under which an entity should recognize events or transactions occurring after the date of the statement of net assets available for benefits in its financial statements; and (3) the disclosures that an entity should make about events or transactions that occurred after the date of the statement of net assets available for benefits. The adoption of these changes did not have a material impact on the Plan’s financial statements.

**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Notes to Financial Statements**

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*The following standard will be effective for the Plan in 2010 and 2011:*

*Disclosures of Fair Value Measurements* – The standard added new requirements for disclosures about transfers into and out of Levels 1 and 2 and clarified existing fair value disclosures about the level of disaggregation and about inputs and valuation techniques used to measure fair value. The portion of this standard related to these items will be effective for the Plan in 2010. In addition, the standard added requirements for separate disclosures about the activity relating to Level 3 fair value measurements. The portion of this standard related to these items will be effective for the Plan in 2011. The adoption of these standards is not expected to have a significant impact on the Plan's financial statements.

**3. Stable Value Fund**

The Plan has a common collective trust investment with the Putnam Fiduciary Trust Company, the Putnam Stable Value Fund (the "Fund"). The beneficial interest of each participant is represented by units. Contributions and redemptions to the Fund may be made at the current net asset value and are considered as made immediately after the daily valuation.

Subject to certain restrictions, withdrawals from the Fund are generally permitted daily at contract value. The Fund will attempt to maintain sufficient liquidity to meet all withdrawal requests. If sufficient liquidity cannot be maintained, the Fund may defer honoring payments or other obligations and defer honoring employer withdrawal requests for up to 12 months.

*Circumstances That Impact the Fund* - The Fund invests in contracts, typically, guaranteed investment and security-backed investments and enters into "wrapper" contracts issued by third parties. A wrap contract is an agreement by another party, such as a bank or insurance company to make payments to the Fund in certain circumstances. Wrap contracts are designed to allow a stable value portfolio to maintain a constant NAV and protect a portfolio in extreme circumstances. In a typical wrap contract, the wrap issuer agrees to pay a portfolio the difference between the contract value and the market value of the underlying assets once the market value has been totally exhausted. The wrap contract generally contains provisions that limit the ability of the Fund to transact at contract value upon the occurrence of certain events.

In the event that a wrap contract fails to perform as intended, the Fund's NAV may decline if the market value of its assets declines. The Fund's ability to receive amounts due pursuant to the wrap contract is dependent on the third-party issuer's ability to meet its financial obligations. The wrap issuer's ability to meet its contractual obligations under the wrap contracts may be affected by future economic and regulatory developments.

The Fund is unlikely to maintain a stable NAV if, for any reason, it cannot obtain or maintain a wrap contract covering all of its underlying assets. This could result from the Fund's inability to promptly find a replacement wrap contract following termination of a wrap contract. A wrap contract is not transferable and has no trading market. There are a limited number of wrap issuers. The Fund may lose the benefit of a wrap contract on any portion of its assets in default in excess of a certain percentage of portfolio assets.

**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Notes to Financial Statements**

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**4. Investments**

The fair market value of individual investments that comprise 5% or more of the Plan's net assets are as follows:

| <i>December 31,</i>                     | <b>2009</b>        | <b>2008</b> |
|-----------------------------------------|--------------------|-------------|
| American Funds Euro Pacific Growth Fund | <b>\$4,644,084</b> | \$3,052,055 |
| Eaton Vance Dividend Builder            | <b>2,112,816</b>   | *           |
| Growth Fund of America                  | <b>2,897,983</b>   | 1,773,901   |
| PIMCO Total Return Fund                 | <b>3,539,873</b>   | 2,247,268   |
| Sentinel Small Company                  | <b>1,480,588</b>   | *           |
| Putnam Stable Value Fund                | <b>5,735,795</b>   | 6,038,745   |
| Putnam Equity Income Fund               | <b>1,929,663</b>   | *           |
| Davis New York Venture                  | *                  | 1,358,595   |
| Allianz NFJ Cap Value                   | *                  | 1,017,584   |

\*Less than 5% of the Plan's net assets

**5. Information  
Certified by the  
Plan's Directed  
Trustee**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee, Mercer Trust Company, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

| <i>December 31,</i>                        | <b>2009</b>         | <b>2008</b>  |
|--------------------------------------------|---------------------|--------------|
| Mutual funds, at fair value                | <b>\$19,495,984</b> | \$11,558,804 |
| Common collective trust, at contract value | <b>5,735,796</b>    | 6,447,142    |
| Participant loans                          | <b>1,314,991</b>    | 1,183,630    |

| <i>Year ended December 31,</i>                 | <b>2009</b> |
|------------------------------------------------|-------------|
| Participant loan interest                      | \$ 73,339   |
| Net appreciation in fair value of mutual funds | 3,309,983   |
| Dividend income:                               |             |
| Mutual funds                                   | 332,062     |
| Common collective trust                        | 146,978     |

**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Notes to Financial Statements**

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The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

**6. Fair Value Measurement**

FASB Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

*Basis of Fair Value Measurement*

Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 – Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

For a description of the valuation methodologies used for assets measured at fair value, see Note 2. Other than those matters described in Note 3, there are no restrictions or limitations on the withdrawal of other investments in the portfolio. There have been no changes in the methodologies used at December 31, 2009 and 2008.

The following tables set forth by level within the fair value hierarchy the Plan investment assets and investment liabilities at fair value, as of December 31, 2009 and 2008. As required by ASC 820, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

**Investment Assets at Fair Value as of December 31, 2009**

|                                 | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b> |
|---------------------------------|----------------|----------------|----------------|--------------|
| Mutual funds                    | \$19,495,984   | \$ -           | \$ -           | \$19,495,984 |
| Common collective trust         | -              | 5,983,869      | -              | 5,983,869    |
| Participant loans               | -              | 1,314,991      | -              | 1,314,991    |
| Total investments at fair value | \$19,495,984   | \$7,298,860    | \$ -           | \$26,794,844 |

**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Notes to Financial Statements**

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**Investment Assets at Fair Value as of December 31, 2008**

|                   | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b> |
|-------------------|----------------|----------------|----------------|--------------|
| Mutual funds      | \$11,558,804   | \$ -           | \$ -           | \$11,558,804 |
| Common            |                |                |                |              |
| collective trust  | -              | 6,038,745      | -              | 6,038,745    |
| Participant loans | -              | 1,183,630      | -              | 1,183,630    |
| Total investments |                |                |                |              |
| at fair value     | \$11,558,804   | \$7,222,375    | \$ -           | \$18,781,179 |

There are no plan liabilities required to be recorded at fair value at December 31, 2009 and 2008.

**7. Party-in-Interest** Certain plan investments are shares of mutual funds managed by an affiliate of Mercer Trust Company, the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions, as defined by ERISA. Participant loans qualify as party-in-interest transactions.

**8. Tax Status** In 2006, the Plan adopted a prototype plan for which Putnam Fiduciary Trust Company received an opinion letter in which the Internal Revenue Service ("IRS") indicated that the prototype, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). As a result of the Plan's amendments, effective as of April 30, 2007, the Plan became an individually designed plan and ceased to be a prototype plan. Effective December 1, 2009, the Plan adopted the Mercer Prototype Defined Contribution Plan for Putnam Investments ("Mercer"). Mercer received an opinion letter on March 31, 2008, in which the IRS indicated that the prototype, as then designed, was in compliance with the applicable requirements of the IRC. In April 2010, the Plan filed for its own determination letter from the IRS. Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirement of the IRC.

**9. Merger** On December 15, 2009, the Anderson Packaging, Inc. 401(k) Retirement Plan Savings ("Anderson Plan") and the Timberline Packaging, Inc. 401(k) Retirement Plan ("Timberline Plan") merged into the Plan. The transferred net assets have been recognized in the accounts of the Plan as of December 15, 2009, at their balances as previously carried in the accounts of the Anderson Plan and Timberline Plan. A summary of the transferred net assets follows:

*Investments, at fair value:*

|                 |                    |
|-----------------|--------------------|
| Anderson Plan   | \$ 510,064         |
| Timberline Plan | 1,940,618          |
| <b>Total</b>    | <b>\$2,450,682</b> |

**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Notes to Financial Statements**

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**10. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

| December 31,                                                                                                            | 2009         | 2008         |
|-------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| Net assets available for benefits per the financial Statements                                                          | \$26,546,771 | \$19,341,769 |
| Adjustment from fair value to contract value for fully benefit responsive investment contract (common collective trust) | 248,073      | (408,397)    |
| Net assets available for benefits per Form 5500                                                                         | \$26,794,844 | \$18,933,372 |

The following is a reconciliation of net appreciation in fair value of investments per the financial statements to the Form 5500:

*Year ended December 31, 2009*

|                                                                                                                        |    |           |
|------------------------------------------------------------------------------------------------------------------------|----|-----------|
| Net appreciation in fair value per the financial statements                                                            | \$ | 3,309,983 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts as of December 31, 2009 |    | 248,073   |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts as of December 31, 2008 |    | 408,397   |
| Net increase in fair value per the Form 5500                                                                           | \$ | 3,966,453 |

**11. Subsequent Events**

The Plan administrator has evaluated subsequent events through October 12, 2010 and deems the financial statements available to be issued as of this date.

## **Supplemental Schedule**

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**U.S. Corrugated, Inc.**  
**401(k) Savings Plan**  
**Schedule of Assets (Held at End of Year)**

EIN: 58-1392513  
Plan Number: 003  
Form: 5500

*December 31, 2009*

| (a) | (b)                                                   | (c)                                                                                                    | (d)  | (e)           |
|-----|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------|---------------|
|     | Identity of issuer, borrower, lessor or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost | Current value |
|     | American Funds Euro Pacific Growth Fund               | Mutual funds                                                                                           | a    | \$ 4,644,084  |
|     | Diamond Hill Small Cap Fund                           | Mutual funds                                                                                           | a    | 1,199,439     |
|     | Eaton Vance Dividend Builder Fund                     | Mutual funds                                                                                           | a    | 2,112,816     |
|     | Columbia Management Acorn Fund                        | Mutual funds                                                                                           | a    | 619,116       |
|     | Sentinel Small Company Growth Fund of America         | Mutual funds                                                                                           | a    | 1,480,558     |
|     | Royce Low Priced Stock Fund Investors                 | Mutual funds                                                                                           | a    | 2,897,983     |
|     | PIMCO Total Return Fund                               | Mutual funds                                                                                           | a    | 138,698       |
|     | Artisan Mid Cap Value Fund                            | Mutual funds                                                                                           | a    | 3,539,873     |
| *   | Putnam Stable Value Fund                              | Common collective trust                                                                                | a    | 933,754       |
| *   | Putnam Equity Income Fund                             | Mutual funds                                                                                           | a    | 5,983,869     |
| *   | Participant loans                                     | Interest rates ranging from 4.25% - 9.50%                                                              | —    | 1,929,663     |
|     | Total Investments                                     |                                                                                                        |      | 1,314,991     |
|     |                                                       |                                                                                                        |      | \$26,794,844  |

*See accompanying independent auditors' report.*

\* A party-in-interest as defined by ERISA.

a – The cost of participant-directed investments is not required to be disclosed.

**Attachment to 2009 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** U.S. CORRUGATED INC. 401K SAVINGS PLAN

**EIN:** 58-1392513

**Plan Sponsor's Name** U.S. CORRUGATED, INC.

**PN:** 003

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | AMERICAN FDS EUROPAC GRWTH                                | 0<br>MUTUAL FUND                                                                                             |          | 4,644,084         |
|     | DIAMOND HILL SMALL CAP FD                                 | MUTUAL FUND                                                                                                  |          | 1,199,439         |
|     | EATON VANCE DIVIDEND BLDR F                               | MUTUAL FUND                                                                                                  |          | 2,112,816         |
|     | COLUMBIA MGMT ACORN FUND                                  | MUTUAL FUND                                                                                                  |          | 619,116           |
|     | GROWTH FUND OF AMERICA                                    | MUTUAL FUND                                                                                                  |          | 2,897,983         |
|     | ROYCE LOW PRICED STK FD INVEST                            | MUTUAL FUND                                                                                                  |          | 138,698           |
|     | PIMCO TOTAL RETURN FUND                                   | MUTUAL FUND                                                                                                  |          | 3,539,873         |

**Attachment to 2009 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** U.S. CORRUGATED INC. 401K SAVINGS PLAN

**EIN:** 58-1392513

**Plan Sponsor's Name** U.S. CORRUGATED, INC.

**PN:** 003

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | SENTINEL SMALL COMPANY                                    | MUTUAL FUND                                                                                                  |          | 1,480,558         |
|     | ARTISAN MID CAP VALUE FUND                                | MUTUAL FUND                                                                                                  |          | 933,754           |
|     | LOAN FUND                                                 | PARTICIPANT LOANS                                                                                            |          | 1,314,991         |
|     | PUTNAM STABLE VALUE FUND                                  | COMMON/COLLECTIVE TRUST                                                                                      |          | 5,983,869         |
|     | PUTNAM EQUITY INCM FD                                     | MUTUAL FUND                                                                                                  |          | 1,929,663         |
|     |                                                           |                                                                                                              |          |                   |
|     |                                                           |                                                                                                              |          |                   |