Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WALTER G. ANDERSON, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 12/01/1967

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
WALTER G. ANDERSON, INC.

4535 WILLOW DRIVE
HAMEL, MN 55340-9773

2b Employer Identification Number (EIN) 41-0734781

2c Sponsor's telephone number 763-478-2133

2d Business code (see instructions) 323100

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.

SIGN HERE	Filed with authorized/valid electronic signature.	08/22/2011	MARC G. ANDERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
WALTER G. ANDERSON, INC.

4535 WILLOW DRIVE
HAMEL, MN 55340-9773

3b Administrator's EIN
41-0734781

3c Administrator's telephone number
763-478-2133

4 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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	159
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	128
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	36
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	170
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	171
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
WALTER G. ANDERSON, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WALTER G. ANDERSON, INC.

D Employer Identification Number (EIN)
41-0734781

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 01 Year 2009

2	Assets:			
a	Market value	**2a**		1609961
b	Actuarial value	**2b**		1589342
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	5	203222
b	For terminated vested participants	**3b**	35	327071
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		46667
	(2) Vested benefits	**3c(2)**		914870
	(3) Total active	**3c(3)**	119	961537
d	Total	**3d**	159	1491830
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.77 %
6	Target normal cost	**6**		76261

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

08/22/2011
Signature of actuary — Date

WESLEY J. WICKENHEISER, FSA,EA,MAAA
11-06598
Type or print name of actuary — Most recent enrollment number

BRYAN PENDLETON SWATS & MCALLISTER
502-244-7828
Firm name — Telephone number (including area code)

11807 BRINLEY AVENUE, SUITE 101
LOUISVILLE, KY 40243-1090
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	310812	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	310812	0
10	Interest on item 9 using prior year's actual return of 24.53 %	76242	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		28655
b	Interest on (a) using prior year's effective rate of 6.55 %		1877
c	Total available at beginning of current plan year to add to prefunding balance		30532
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	140359	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	246695	0

Part III Funding percentages

14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	106.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/09/2010	50000				
06/14/2010	50000				
09/13/2010	50000				
12/02/2010	100000				
			Totals ► 18(b)	250000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	238549

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.12 %	6.74 %	6.83 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 76261

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 76261

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 76261

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 238549

38 Interest-adjusted excess contributions for current year (see instructions) **38** 162288

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010

A Name of plan
WALTER G. ANDERSON, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
WALTER G. ANDERSON, INC.

D Employer Identification Number (EIN)
41-0734781

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).. . . . . [X] 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

FEDERATED

25-1111467

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

GOLDMAN SACHS

13-5108880

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

HARBOR

04-2679462

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

INVESCO

76-0528004

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

JANUS

43-1804048

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

JP MORGAN

13-2624428

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

MAINSTAY

52-2206685

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

METROPOLITAN WEST FUNDS

95-4597302

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

MFS

04-2747644

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

THORNBURG

85-0301299

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

WELLS FARGO ADVANTAGE

41-0449260

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

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)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** 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)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** 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)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** 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)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** 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)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** 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)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** 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)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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 (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.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010

A Name of plan
WALTER G. ANDERSON, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
WALTER G. ANDERSON, INC.

D Employer Identification Number (EIN)
41-0734781

Part I Asset and Liability Statement

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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	100000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1287	1062
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	69017	57162
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1539657	1857213
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1609961	2015437
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1609961	2015437

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) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	250000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		250000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	84	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		84
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	38699	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		38699
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	223336	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	223336	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		138131
c Other income	2c		767
d Total income. Add all **income** amounts in column (b) and enter total	2d		427681
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17257	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17257
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	4181	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	767	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4948
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		22205
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		405476
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: BAKER TILLY VIRCHOW KRAUSE, LLP (2) EIN: 39-0859910

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
a	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.)	4a		X	
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.)	4b		X	
c	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.)	4c		X	
d	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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		750000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	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?	4g		X	
h	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?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	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.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	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.	4n			

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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010

A Name of plan
WALTER G. ANDERSON, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
WALTER G. ANDERSON, INC.

D Employer Identification Number (EIN)
41-0734781

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 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):

EIN(s): 41-6257133

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c 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) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 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? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 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. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (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.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

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.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

---

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:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
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	**16b**	

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):

WALTER G. ANDERSON, INC.
RETIREMENT PLAN

Hamel, Minnesota

FINANCIAL STATEMENTS

Including Independent Auditors' Report

November 30, 2010 and 2009

WALTER G. ANDERSON, INC. RETIREMENT PLAN

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BAKER TILLY
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fax 612 238 8900
bakertilly.com

INDEPENDENT AUDITORS' REPORT

To the Participants and Trustee
Walter G. Anderson, Inc. Retirement Plan
Hamel, Minnesota

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of Walter G. Anderson, Inc. Retirement Plan as of November 30, 2010 and 2009 and the Statements of Changes in Net Assets Available for Benefits for the years then ended, and the supplemental schedules as listed in the accompanying table of contents. These financial statements and supplemental schedules 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 investment information summarized in Note 8, which was certified by Wells Fargo Bank, the trustee of the plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. 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 November 30, 2010 and 2009 and for the years then ended, 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, 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.

Baker Tilly Virchow Krause, LLP

Minneapolis, Minnesota
July 20, 2011

WALTER G. ANDERSON, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2010 and 2009

ASSETS

	2010	2009
Investments at fair value:		
Shares of an investment company	$ 1,857,213	$ 1,539,657
Cash and cash equivalents	57,162	69,017
Receivables		
Company contributions	100,000	-
Accrued interest	1,062	1,287
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,015,437	$ 1,609,961

See accompanying notes to financial statements.

WALTER G. ANDERSON, INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended November 30, 2010 and 2009

	2010	2009
ADDITIONS		
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value of investments	$ 138,131	$ 261,801
Interest and dividends	39,550	41,923
	177,681	303,724
Contributions		
Company	250,000	100,000
Total additions	427,681	403,724
DEDUCTIONS		
Deductions from net assets attributed to		
Benefits paid to participants	17,257	12,617
Administrative expenses	4,948	3,558
Total deductions	22,205	16,175
Net increase	405,476	387,549
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	1,609,961	1,222,412
NET ASSETS AVAILABLE FOR BENEFITS - End of year	$ 2,015,437	$ 1,609,961

See accompanying notes to financial statements.

WALTER G. ANDERSON, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
November 30, 2010 and 2009

NOTE 1 - Description of the Plan

The following description of the Walter G. Anderson, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan established by Walter G. Anderson, Inc. in December 1967 (herein after referred to as the "Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Walter G. Anderson, Inc. is the sponsor and administrator of the Plan. Wells Fargo Bank is the trustee and custodian of the Plan's assets and Bryan, Pendleton, Swats, & McAllister, LLC is the Plan's actuary.

Eligibility

Hourly employees are eligible to participate in the Plan upon the first day of the month on or after the employee begins employment in the Folding Carton or Maintenance Departments of Walter G. Anderson, Inc. as covered by a collective bargaining agreement between the Company and the USW International Union. The collective bargaining agreement must also entitle the employee to participate in the Plan.

Contributions

The contributions to the Plan are determined by the Company based on calculations made by the actuary. It is the policy of the Company to annually fund current normal costs and to fund prior service costs over 30 years which is sufficient to meet the minimum funding standard requirement as determined by the consulting actuary. The Plan meets the minimum funding requirements of ERISA as of November 30, 2010 and 2009. Participant contributions are not permitted. Walter G. Anderson, Inc. made contributions of $250,000 and $100,000 for the years ended November 30, 2010 and 2009, respectively.

Vesting

In order to become fully vested an employee must complete five years of service, or be working for the Company at the early retirement date, as defined by the Plan. An employee's vesting percentage will be 0% if they have not completed five years of service, or are not employed at age 65 or the early retirement date. However, an employee becomes 100% vested upon death, disability or when the employee reaches the normal retirement age.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the Plan agreement. The Plan provides for normal retirement at age 65 and early retirement on or after attaining age 55. The participant's vested benefit is determined by the actuary on the basis of years of credited service. The normal form of pension benefit is the joint-and-survivor annuity for married participants and a straight-life annuity for single participants.

NOTE 1 - Description of the Plan (cont.)

Administrative Expenses

Contract administrator fees are paid by the fund. All other costs of Plan administration are absorbed by the Company.

Subsequent Events

The plan has evaluated subsequent events through July 20, 2011, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the plan's financial statements.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are purchased through Wells Fargo Bank, and are stated at fair value as determined by quoted market prices. Net appreciation (depreciation) in fair value of investments included in the accompanying statements of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 3 - Fair Value of Financial Instruments

The plan follows accounting principles generally accepted in the United States of America for measuring, reporting, and disclosing fair value. These standards apply to all assets and liabilities that are measured, reported, and/or disclosed on a fair value basis.

As defined in the accounting standards, fair value is the price 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 fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities measured, reported and/or disclosed at fair value will be classified and disclosed in one of the following three categories:

Level 1 - Quoted market prices in active markets for identical assets or liabilities.

Level 2 - Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3 - Unobservable inputs that are not corroborated by market data.

The plan sponsor is responsible for the determination of fair value. Accordingly, they perform periodic analysis on the prices received from the pricing services used to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the plan sponsor has not historically adjusted the prices obtained from the pricing services.

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy.

	November 30, 2010			
	Total	Level 1	Level 2	Level 3
Large Cap Equity Funds	$ 78,990	$ 78,990	$ -	$ -
Mid-Cap Equity Funds	526,526	526,526	-	-
Small Cap Equity Funds	102,840	102,840	-	-
International Equity Funds	166,106	166,106	-	-
Fixed Income Funds	982,751	982,751	-	-
Total Investments	$ 1,857,213	$ 1,857,213	$ -	$ -

	November 30, 2009			
	Total	Level 1	Level 2	Level 3
Large Cap Equity Funds	$ 511,226	$ 511,226	$ -	$ -
Mid-Cap Equity Funds	69,895	69,895	-	-
Small Cap Equity Funds	80,337	80,337	-	-
International Equity Funds	51,982	51,982	-	-
Fixed Income Funds	826,217	826,217	-	-
Total Assets	$ 1,539,657	$ 1,539,657	$ -	$ -

NOTE 3 - Fair Value of Financial Instruments (cont.)

The Plan does not hold any Level 2 or Level 3 assets.

NOTE 4 - Priorities on Termination of the Plan

In the event of termination of the Plan, plan assets remaining after satisfaction of plan liabilities shall be distributed for the benefit of the participants as set forth in Section 404 of ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency, if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during calendar years 2010 and 2009, that ceiling, which is adjusted periodically, was $4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 5 - Plan Tax Status

The Plan obtained its latest determination letter on September 23, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the appropriate requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the last determination letter. However, the Plan administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE 6 - Administration of the Plan

The Benefits Committee, appointed by the Board of Directors of Walter G. Anderson, Inc., is responsible for the general administration of the Plan. The committee is composed of employees and directors of Walter G. Anderson, Inc.

NOTE 7 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: a) retired or terminated employees or their beneficiaries, b) beneficiaries of employees who have died and c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by independent consulting actuaries using the unit credit method. The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The Benefits Committee has elected to present the actuarially computed present value of accumulated plan benefits as of the beginning of the Plan years. The amounts computed by an independent consulting actuary are as follows:

	December 1	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants receiving benefits	$ 205,957	$ 83,469
Other participants	1,304,600	1,157,315
	1,510,557	1,240,784
Non-vested benefits	49,226	57,085
Total actuarial present value of accumulated plan benefits	$ 1,559,783	$ 1,297,869

The Benefits Committee has also elected to present the actuarially computed changes in accumulated plan benefits for the years beginning December 1, 2009 and 2008. The valuation computed by an independent consulting actuary is as follows:

	Years Beginning December 1	
	2009	2008
Actuarial present value of accumulated plan benefits, beginning of year	$ 1,297,869	$ 1,235,374
Increase (decrease) during the year attributable to:		
Benefits accumulated	131,151	72,227
Benefit payments	(12,617)	(6,744)
Interest	83,951	77,000
Changes in actuarial assumptions	-	(79,988)
Plan Amendments	59,429	-
Actuarial present value of accumulated plan benefits, end of year	$ 1,559,783	$ 1,297,869

NOTE 7 - Actuarial Present Value of Accumulated Plan Benefits (cont.)

The significant assumptions underlying the December 1, 2009 actuarial computation are as follows:

Mortality:	IRS Generational Mortality Table
Rate of investment return:	6.50% compounded annually
Retirement Age:	65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. The Plan used the IRS Generational Mortality Table for the year beginning December 1, 2009 and the IRS 2008 Mortality Table for the year beginning December 1, 2008. There were no changes in plan assumptions for the year beginning December 1, 2009 that impacted the actuarial present value of accumulated plan benefits. For the year beginning December 1, 2008, changes in assumptions resulted in a decrease in the actuarial present value of accumulated plan benefits of $79,988. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. During the year ended November 30, 2009 the Company increased the benefits to be provided to employees for future years of service. This change resulted in an increase in the actuarial present value of accumulated plan benefits of $59,429 for the year beginning December 1, 2009.

NOTE 8 - Information Prepared and Certified by Trustee - Unaudited

The following unaudited information included in the accompanying financial statements and supplemental schedules were obtained from data that has been prepared and certified to as complete and accurate by Wells Fargo Bank as of and for the years ended November 30, 2010 and 2009:

a. Net assets available for benefits at November 30, 2010 and 2009 as they relate to investments held by the trustee.
b. Changes in net assets available for benefits as they relate to investments held by the trustee for the years ended November 30, 2010 and 2009.
c. Assets held for investment purposes at November 30, 2010.

NOTE 9 - Investments - Unaudited

The Plan's investments are stated at fair value as determined by quoted market price. Investments are subject to the usual market risks and contingent risk of amounts in excess of FDIC or similar coverage.

The following represents investments that represent 5 percent or more of the Plan's net assets available for benefits at November 30:

	2010		2009	
	Shares	Fair Value	Shares	Fair Value
Wells Fargo Advantage Total Return Bond Fund	38,095	$ 494,855	31,929	$ 415,082
Federated Total Return Bond Fund	25,848	292,086	22,708	249,787
Metropolitan West FDS Total Return Bond Fund	18,386	195,810	16,200	161,348
Wells Fargo Advantage Capital Growth Fund	9,954	154,582	10,186	137,008
MFS Value Fund Class W	6,876	147,011	6,687	136,817

During the years ended November 30, 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during each year) appreciated in value as follows:

	2010	2009
Mutual Funds	$ 138,131	$ 261,801

Investments, in general, are subject to various risks, including credit, interest, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 10 - Parties-In-Interest

The Plan engages in transactions involving the acquisition and disposition of investments managed by the asset custodian and investment managers. All investment activity is with asset accounts of the asset custodian. These transactions are considered exempt party-in-interest transactions under ERISA.

SUPPLEMENTAL INFORMATION

WALTER G. ANDERSON, INC. RETIREMENT PLAN

SCHEDULE OF ASSETS HELD (AT END OF YEAR)
Plan 003
EIN 41-0734781
November 30, 2010

(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
	Shares of an Investment Company	Mutual Funds:		
*		Wells Fargo Advantage Total Return Bond Fund	$ 469,451	$ 494,855
		Federated Total Return Bond Fund	274,816	292,086
		Metropolitan West FDS Total Return Bond Fund	177,539	195,810
*		Wells Fargo Advantage Capital Growth Fund	150,179	154,582
		MFS Value Fund Class W	147,630	147,011
*		Wells Fargo Advantage Equity Value Fund	74,961	73,903
		Mainstay Large Capital Growth I Fund	67,386	77,620
*		Wells Fargo Advantage Intrinsic Value Fund	65,657	73,410
*		Wells Fargo Advantage Growth Fund	55,705	78,990
		Thornburg International Value Fund Class A	52,146	57,990
		Harbor International Fund	39,439	52,320
		Janus Overseas Fund Class A	38,202	55,796
		JP Morgan Small Cap Equity Fund	37,646	52,806
		Invesco Small Cap Growth Fund Class A	22,383	25,349
		Goldman Sachs Small Cap Value Fund	16,460	24,685
			$ 1,689,600	$ 1,857,213

* Represents a party-in-interest

WALTER G. ANDERSON, INC. RETIREMENT PLAN

SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
Plan 003
EIN 41-0734781
For the Year Ended November 30, 2010

	(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
	Shares of an investment Company	Mutual Funds:		
		Goldman Sachs Structured International Equity Fund	$ 32,834	$ 32,834
		MFS Value Fund Class W	5,519	5,272
*		Wells Fargo Advantage Total Return Bond Fund	9,563	10,137
*		Well Fargo Advantage Capital Growth Fund	1,320	1,320
*		Wells Fargo Cash Investment Money Market Fund	211,481	211,481
		Harbor International Fund	2,301	3,234

* Represents a party-in-interest

WALTER G. ANDERSON, INC. RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
Plan 003
EIN 41-0734781
For the Year Ended November 30, 2010

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Wells Fargo Advantage Cash Investment Money Market Fund	Cash	$ 211,481	N/A	N/A	$ -	$ 211,481	$ 211,481	$ -
*	Wells Fargo Advantage Cash Investment Money Market Fund	Cash	N/A	$ 223,335	N/A	-	223,335	223,335	-
	Goldman Sachs Structured International Equity Fund	Mutual Fund	32,834	N/A	N/A	-	32,834	32,834	-
	Goldman Sachs Structured International Equity Fund	Mutual Fund	N/A	61,178	N/A	-	67,085	61,178	(5,907)
*	Wells Fargo Advantage Total Return Bond Fund	Mutual Fund	89,733	N/A	N/A	-	89,733	89,733	-
*	Wells Fargo Advantage Total Return Bond Fund	Mutual Fund		10,137	N/A	-	9,563	10,137	574

* Represents a party-in-interest

Schedule SB, Line 26 - Schedule of Active Participant Data **Plan Year: 2009**
Plan Name: Walter G. Anderson, Inc. Retirement Plan **EIN/PN: 41-0734781 / 003**

AGE GROUP		YEARS OF SERVICE									
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - UP
1 - 24	Number	3	4	1	0	0	0	0	0	0	0
	Avg Comp*	N/A	N/A	N/A	0	0	0	0	0	0	0
25 - 29	Number	1	4	6	0	0	0	0	0	0	0
	Avg Comp*	N/A	N/A	N/A	0	0	0	0	0	0	0
30 - 34	Number	2	4	5	3	1	0	0	0	0	0
	Avg Comp*	N/A	N/A	N/A	N/A	N/A	0	0	0	0	0
35 - 39	Number	2	9	2	1	2	0	0	0	0	0
	Avg Comp*	N/A	N/A	N/A	N/A	N/A	0	0	0	0	0
40 - 44	Number	1	5	3	2	0	0	0	0	0	0
	Avg Comp*	N/A	N/A	N/A	N/A	0	0	0	0	0	0
45 - 49	Number	4	6	6	1	0	2	0	0	0	0
	Avg Comp*	N/A	N/A	N/A	N/A	0	N/A	0	0	0	0
50 - 54	Number	1	6	4	2	3	2	1	4	0	0
	Avg Comp*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0
55 - 59	Number	0	0	2	3	1	2	0	1	0	0
	Avg Comp*	0	0	N/A	N/A	N/A	N/A	0	N/A	0	0
60 - 64	Number	0	0	3	1	0	1	0	1	0	1
	Avg Comp*	0	0	N/A	N/A	0	N/A	0	N/A	0	N/A
65 - 69	Number	0	0	0	0	0	0	0	0	0	0
	Avg Comp*	0	0	0	0	0	0	0	0	0	0
70 - UP	Number	0	0	0	0	0	0	0	0	0	0
	Avg Comp*	0	0	0	0	0	0	0	0	0	0

* Average compensation is omitted since the plan has fewer than 1,000 active participants.

Summary of Actuarial Assumptions

(Sample Values per 1,000 Lives)

	AGE			
	25	**40**	**55**	**60**
Mortality Rates				
IRS Generational Mortality Tables with Pre and Post Commencement Rates				
Males (pre-commencement)	0.38	1.08	3.03	4.88
Females (pre-commencement)	0.21	0.71	2.53	3.93
Males (post-commencement)	0.38	1.08	5.91	8.20
Females (post-commencement)	0.21	0.71	3.53	6.20
With projected mortality improvements after year 2000 under Projection Scale AA (male and female scales)				
Withdrawal Rates				
V Table from August 1, 1992 Pension Forum, multiplied by 1.35	183.60	87.75	0.00	0.00
Disablement Rates				
1987 Commissioner's Group Disability Table, six month elimination period				
Males	0.85	1.69	9.69	14.82
Females	1.07	2.70	9.40	11.98

Salary Scale

N/A

Rate of Retirement

Assume retirement as soon as eligible.

Rate of Investment Return

	Segment 1 (0 to 5 Years)	Segment 2 (5 to 20 Years)	Segment 3 (More than 20 Years)
Funding Target	5.12% per annum	6.74% per annum	6.83% per annum
Effective Interest Rate	6.77% per annum	6.77% per annum	6.77% per annum
PBGC Premium Funding Target	2.35% per annum	5.57% per annum	6.29% per annum
Plan termination value	3.55% per annum	4.75% per annum	4.94% per annum
FASB 35	6.50% per annum	6.50% per annum	6.50% per annum

Actuarial Valuation Method

Unit Credit

BASIS OF VALUATION

Asset Valuation Method

Market value adjusted for any accruals and further adjusted for weighted gains and losses during the prior 2 years. Weighted gains and losses for each plan year reflect interest at the applicable third segment rate. The resulting value shall not be more than 110% or less than 90% of market value.

Form of Payment

Single life annuity

Provision for Expenses

Administrative expenses paid from the trust during the prior year are added to normal cost.

Other Assumptions

Marital status at benefit commencement -- 75% married with female spouses 3 years younger than male spouses.

Top-Heavy status -- not top-heavy.

Current Code section 415(b) annual benefit limitation -- $195,000

Cost-of-Living escalation for Code section 401(a)(17) and 415(b) -- none.

Changes in Assumptions From Prior Actuarial Valuation

	Previous	Current
Funding Target Interest Rates	Three Segment Yield Curve 5.25%, 6.38% & 6.68%	Three Segment Yield Curve 5.12%, 6.74% & 6.83%

Reason: In recognition of interest rate environment as measured by methodology set forth in Code §430(h)(2).

Schedule H, Item 4j - Schedule of Reportable Transactions **Plan Year: 2009**
Plan Name: Walter G. Anderson, Inc. Retirement Plan **EIN/PN: 41-0734781 / 003**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
WF Advatage	Cash Investment Fund	211,481	N/A	N/A	0	211,481	211,481	0
WF Advatage	Cash Investment Fund	N/A	223,335	N/A	0	223,335	223,335	0
Goldman Sachs	Structred Int'l Equity Fund	32,834	N/A	N/A	0	32,834	32,834	0
Goldman Sachs	Structred Int'l Equity Fund	N/A	61,178	N/A	0	67,085	61,178	(5,907)
WF Advatage	Total Return Bond Fund	89,733	N/A	N/A	0	89,733	89,733	0
WF Advatage	Total Return Bond Fund	N/A	10,137	N/A	0	9,563	10,137	574

This summary is not a Summary Plan Description or a plan document. You should not rely solely on this summary in making a determination of eligibility for the plan or its benefits.

Summary of Provisions of the Plan

Effective Date and Plan Year

The plan was established effective December 1, 1967, with the latest plan restatement effective December 1, 2002. The plan year ends on each November 30 and the employer's fiscal year ends on each December 31.

Eligibility

Each hourly employee covered by a collective bargaining agreement, and working in either the folding carton or maintenance department of Walter G. Anderson, Inc. or as a plant worker of Walter G. Anderson Corporation is eligible to become a participant in the plan on the 1st of each month following date of hire.

Benefit and Vesting Service

Service credited for both benefit and vesting purposes is measured in elapsed time from date of hire. Service is determined based upon a 365 day year and rounded to two decimal places. Benefit service and vesting service are subject to certain break in service rules. Former Employees of Walter G. Anderson Corporation are credited vesting service after October 4, 2000 and benefit service effective October 4, 2005.

Normal Retirement

Condition

The normal retirement date of a participant is the first day of the calendar month coincident with or next following the participant's 65th birthday.

Benefit

The normal retirement benefit, payable monthly for the life of the participant, is equal to:

- $15.88 multiplied by years of benefit service not in excess of 25 years, for participants terminating prior to June 15, 2005.
- $16.88 multiplied by years of benefit service not in excess of 25 years, for participants terminating after June 15, 2005 and prior to June 15, 2006.
- $17.88 multiplied by years of benefit service not in excess of 25 years, for participants terminating after June 15, 2006.
- $19.00 multiplied by years of benefit service not in excess of 25 years, for participants terminating after June 15, 2009.
- $19.80 multiplied by years of benefit service not in excess of 25 years, for participants terminating after June 15, 2011.

Accrued Benefit

The accrued benefit is the monthly benefit that has been earned due to benefit service as of any determination date. The accrued benefit payable for the life of the participant is computed in the same manner as for normal retirement, using the participant's benefit service at the determination date.

BASIS OF VALUATION

Early Retirement

Condition

A participant may retire early after attaining age 55 and completing 10 years of vesting service.

Benefit

The deferred benefit is the accrued benefit as of the date the participant terminates employment.

Upon written application to the plan administrator, retirement benefits may commence immediately upon early retirement. If the benefit is to commence immediately, the deferred benefit is reduced by 5% for each year (prorated for partial years) by which the participant's date of benefit commencement precedes his normal retirement date.

Late Retirement

Condition

A participant may choose to postpone his retirement beyond his normal retirement date.

Benefit

The retirement benefit commencing at his actual retirement shall be based on his benefit service as of his actual retirement date. However, his retirement benefit commencing at his actual retirement date shall not be less than the benefit he would have received at his normal retirement date multiplied by the appropriate factor contained in section 4.04 of the plan document.

Disability Retirement

Condition

If a participant who has completed 5 years of vesting service becomes totally and permanently disabled, as determined by the Social Security Administration, he will be entitled to retire and receive a disability retirement benefit.

Benefit

The disability retirement benefit, commencing the first day of the calendar month coincident with or next following the date the above conditions are satisfied, is computed in the same manner as for normal retirement, computed with benefit service as of the determination date and without reduction for early commencement.

Death Before Retirement

Condition

In the event of the death of a participant while either (i) actively employed by the employer, or (ii) on deferred vested status but prior to receiving any retirement benefits, a monthly survivorship benefit shall be payable to the participant's surviving spouse.

Benefit

The monthly benefit is payable on the first day of the calendar month following the participant's date of death or the earliest date the participant could have elected benefit payments to commence, whichever is later, and continues for the lifetime of the beneficiary. The benefit is determined as 50% of the benefit the participant would have received if the participant had terminated employment the day before his death (or on his actual date of termination if earlier), had lived to the benefit commencement date, and elected an immediate joint and 50% to survivor benefit.

BASIS OF VALUATION

Termination of Employment After 5 or More Years of Vesting Service

If a participant terminates his employment after completing 5 or more years of vesting service, he is entitled to a deferred vested benefit with payment commencing on his normal retirement date. However, a participant becomes 100% vested upon death, disability or normal retirement age.

Other Termination of Employment

If employment is otherwise terminated before retirement, no benefits are provided under the plan.

Optional Modes of Benefit Payments

Subject to the applicable plan conditions, a participant may select an optional method of benefit payment, in lieu of the prescribed straight life income, which is actuarially equivalent thereto. The purpose of the optional method is to permit the guarantee of retirement income payments for 60, 120 or 180 months, with payment for life thereafter or to provide a continued life income to a surviving beneficiary after the death of the participant (in the amount of 50%, 66-2/3%, 75%, or 100% of the participant's actuarially reduced retirement income from the plan). However, if no option is elected and the participant is married at the date his benefit commences, the monthly benefit will automatically be paid in the form of a 50% joint and survivor annuity.

If the actuarial equivalent single sum amount due a terminated participant is less than $1,000, such amount shall be mandatorily distributed to the participant in lieu of any other benefits under the plan. If the actuarial equivalent single sum amount due a terminated participant is greater than $1,000 and less than $5,000, the participant shall have the option of a lump sum payment of in lieu of any other benefits under the plan.

Actuarial Equivalence

The Actuarial Equivalence in the plan is computed using an interest rate of 7.50% and the 1983 Group Annuity Mortality Table (fixed blend of 50% male and 50% female tables). However, for purposes of determining single sum benefits, such benefit shall not be less than the amount based on the mortality and interest rates, as defined under Code Section 417(e)(3), in effect for the October preceding the first day of the plan year in which the benefit is to be paid.

Contributions to the Plan

The employer contributes actuarially determined amounts to finance the plan benefits. No contributions by participating employees are required.

Investment of Plan Funds

The assets of the retirement plan will be invested by the trustee in accordance with the terms of the trust agreement.

6415003 RF9

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2009 This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan	B Three-digit plan number (PN) ▶	003
WALTER G. ANDERSON, INC. RETIREMENT PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)	
WALTER G. ANDERSON, INC.	41-0734781	

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	1,609,961
	b Actuarial value		**2b**	1,589,342
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	5	203,222
	b For terminated vested participants	**3b**	35	327,071
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		46,667
	(2) Vested benefits	**3c(2)**		914,870
	(3) Total active	**3c(3)**	119	961,537
	d Total	**3d**	159	1,491,830
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.77 %
6	Target normal cost		**6**	76,261

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	Date: 8/22/2011
WESLEY J. WICKENHEISER, FSA,EA,MAAA	11-06598
Type or print name of actuary	Most recent enrollment number
BRYAN PENDLETON SWATS & MCALLISTER	(502)244-7828
Firm name	Telephone number (including area code)
11807 BRINLEY AVENUE, SUITE 101	
LOUISVILLE KY 40243-1090	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	310,812	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	310,812	0
10	Interest on item 9 using prior year's actual return of 24.53%	76,242	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		28,655
	b Interest on (a) using prior year's effective rate of 6.55%		1,877
	c Total available at beginning of current plan year to add to prefunding balance		30,532
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	140,359	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	246,695	0

Part III Funding percentages

14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	106.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/09/2010	50,000				
06/14/2010	50,000				
09/13/2010	50,000				
12/02/2010	100,000				
			Totals ► 18(b)	250,000	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	238,549

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.12 %	6.74 %	6.83 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		**31**	76,261
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		**34**	76,261

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	76,261
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	238,549
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	162,288
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Schedule H, Item 4i - Schedule of Assets (Acquired and Disposed of Within Year) **Plan Year: 2009**
Plan Name: Walter G. Anderson, Inc. Retirement Plan **EIN/PN: 41-0734781 / 003**

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Wells Fargo Advantage	Cash Investment Fund	211,481	211,481
Goldman Sachs	3,604.783 shares, Structured International Equity Fund	32,834	32,834
Harbor	54.538 shares, International Fund	2,301	3,234
MFS	256.786 shares, Value Fund Class W	5,519	5,272
Wells Fargo Advantage	779.786 shares, Total Return Bond Fund	9,563	10,137
Wells Fargo Advantage	94.756 shares, Capital Growth Fund	1,320	1,320

Schedule H, Item 4i - Schedule of Assets (Held at End of Year)
Plan Name: Walter G. Anderson, Inc. Retirement Plan

Plan Year: 2009
EIN/PN: 41-0734781 / 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
*	Wells Fargo Advantage	Cash Investment Fund	57,162	57,162
	Goldman Sachs	639.995 shares, Small Cap Value Fund	19,753	24,685
	Harbor	934.961 shares, International Fund	49,182	52,320
	Invesco	954.389 chares, Small Cap Growth Fund	20,176	25,349
	Janus	1,166.790 shares, Overseas Fund Class A	48,747	55,796
	JP Morgan	1,492.129 shares, Small Cap Equity Fund	42,465	52,806
	Mainstay	11,314.820 shares, Large Cap Growth I Fund	68,455	77,620
	MFS	6,876.092 shares, Value Fund Class W	140,907	147,011
	Thornburg	2,201.595 shares, International Value Fund Class A	52,146	57,990
	Federated	25,848.295 shares, Total Return Bond Fund	284,752	292,086
	Metropolitan West Funds	18,385.943 shares, Total Return Bond Fund	183,865	195,810
*	Wells Fargo Advantage	38,095.047 shares, Total Return Bond Fund	494,691	494,855
*	Wells Fargo Advantage	7,004.740 shares, Intrinsic Value Fund	66,895	73,410
*	Wells Fargo Advantage	9,953.796 shares, Capital Growth Fund	133,923	154,582
*	Wells Fargo Advantage	6,042.798 shares, Equity Value Fund	67,152	73,903
*	Wells Fargo Advantage	2,474.626 shares, Growth Fund	61,965	78,990

Schedule SB, Line 19 - Discounted Employer Contributions **Plan Year: 2009**
Plan Name: Walter G. Anderson, Inc. Retirement Plan **EIN/PN: 41-0734781 / 003**

Effective Interest Rate
6.77%

Date of Contribution	Contribution	Days Adjusted	Adjusted Contribution
3/9/2010	50,000.00	98	49,128.28
6/14/2010	50,000.00	195	48,280.43
9/13/2010	50,000.00	286	47,498.32
12/2/2010	100,000.00	366	93,642.46
			238,549.49