

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                 |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                            |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                   |                                                                                                     |  |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                      |  |                                                                     |
| <b>1a</b> Name of plan                                                                                                            | <u>AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN</u>                                               |  | <b>1b</b> Three-digit plan number (PN) ▶ <u>006</u>                 |
|                                                                                                                                   |                                                                                                     |  | <b>1c</b> Effective date of plan <u>01/01/1969</u>                  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.) | <u>AMERICRAFT CARTON, INC.</u><br><br><br><u>164 MEADOWCROFT ST</u><br><u>LOWELL, MA 01852-5326</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>43-1290817</u> |
|                                                                                                                                   |                                                                                                     |  | <b>2c</b> Sponsor's telephone number<br><u>978-459-9328</u>         |
|                                                                                                                                   |                                                                                                     |  | <b>2d</b> Business code (see instructions)<br><u>323100</u>         |

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

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

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/14/2011 | ERNEST GEORGE                                                |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/14/2011 | C.ALLEN BOOE                                                 |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|                                                                                                                                                                       |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>AMERICRAFT CARTON, INC.<br><br>164 MEADOWCROFT ST<br>LOWELL, MA 01852-5326 | <b>3b</b> Administrator's EIN<br>43-1290817<br><br><b>3c</b> Administrator's telephone number<br>978-459-9328 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 102 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 36  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 61  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 97  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 3   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 100 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 0   |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0   |

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

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 1B 1G 1I 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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) ☒ **R** (Retirement Plan Information)  
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
 (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

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

|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 |                                                      |     |
| A Name of plan<br>AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN                           | B Three-digit plan number (PN) ▶                     | 006 |
| C Plan sponsor's name as shown on line 2a of Form 5500.<br>AMERICRAFT CARTON, INC.         | D Employer Identification Number (EIN)<br>43-1290817 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

|                                                                   |
|-------------------------------------------------------------------|
| (a) Name of insurance carrier<br>PRINCIPAL LIFE INSURANCE COMPANY |
|-------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 315365                                | 100                                                                         | 01/01/2010              | 12/31/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 515007**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5** 535191**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE PENSION INVESTMENTS**b** Balance at the end of the previous year ..... **7b** 465353**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 56025(2) Dividends and credits ..... **7c(2)**(3) Interest credited during the year ..... **7c(3)** 30983(4) Transferred from separate account ..... **7c(4)**(5) Other (specify below) ..... **7c(5)** 6462

▶ CHANGE IN PRESENT VALUE

(6) Total additions ..... **7c(6)** 93470**d** Total of balance and additions (add **b** and **c(6)**). .... **7d** 558823**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 43254(2) Administration charge made by carrier ..... **7e(2)** 22520(3) Transferred to separate account ..... **7e(3)**(4) Other (specify below) ..... **7e(4)**

▶

(5) Total deductions ..... **7e(5)** 65774**f** Balance at the end of the current year (subtract **e(5)** from **d**) ..... **7f** 493049

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN</u>                                                            | <b>B</b> Three-digit plan number (PN) ▶ <u>006</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>AMERICRAFT CARTON, INC.</u>                                | <b>D</b> Employer Identification Number (EIN)<br><u>43-1290817</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                               |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>                                                                                                                               |
| <b>2</b>      | Assets:                                                                                                                                                                                                |
| <b>a</b>      | Market value ..... <b>2a</b> <u>1260184</u>                                                                                                                                                            |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>1386202</u>                                                                                                                                                         |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                             |
|               | (1) Number of participants (2) Funding Target                                                                                                                                                          |
| <b>a</b>      | For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>23</u> <u>363312</u>                                                                                                   |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>69</u> <u>847165</u>                                                                                                                             |
| <b>c</b>      | For active participants:                                                                                                                                                                               |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>21352</u>                                                                                                                                                    |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>329203</u>                                                                                                                                                       |
| (3)           | Total active ..... <b>3c(3)</b> <u>33</u> <u>350555</u>                                                                                                                                                |
| <b>d</b>      | Total ..... <b>3d</b> <u>125</u> <u>1561032</u>                                                                                                                                                        |
| <b>4</b>      | If the plan is at-risk, check the box and complete items (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                             |
| <b>b</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 ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>6.70</u> %                                                                                                                                                   |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>21864</u>                                                                                                                                                         |

**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.

|                                                        |                                        |
|--------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                       | <u>07/18/2011</u>                      |
| Signature of actuary                                   | Date                                   |
| <u>GREGORY W. GOSSELINK</u>                            | <u>11-04929</u>                        |
| Type or print name of actuary                          | Most recent enrollment number          |
| <u>PRINCIPAL FINANCIAL GROUP</u>                       | <u>515-248-2293</u>                    |
| Firm name                                              | Telephone number (including area code) |
| <u>PO BOX 9394</u><br><u>DES MOINES, IA 50306-9394</u> |                                        |
| 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 ☐

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

**Schedule SB (Form 5500) 2010**  
**v.092308.1**



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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.03 % | 2nd segment:<br>6.73 % | 3rd segment:<br>6.82 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 21864              |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 174830              | 33833              |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 55697              |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 55697              |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 55700              |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 3                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 |                                                             |
| <b>A</b> Name of plan<br>AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN                    | <b>B</b> Three-digit plan number (PN) ▶ 006                 |
|                                                                                            |                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AMERICRAFT CARTON, INC.   | <b>D</b> Employer Identification Number (EIN)<br>43-1290817 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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.

|                                                                               |
|-------------------------------------------------------------------------------|
| <b>1 Information on Persons Receiving Only Eligible Indirect Compensation</b> |
|-------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                   |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>a</b> 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)..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>b</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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                                  |
| 42-0127290                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 13 50 64                         | CONTRACT<br>ADMINISTRATOR                                                                                            | 22520                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                             |

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

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

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

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

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

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

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

|                 |                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b><br>(complete as many entries as needed) |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> |                                                                                                     | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| A Name of plan<br>AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN                                                                                                                  |  |                                                                                                                                                                                                                                   |                                                                                                     | B Three-digit plan number (PN) ► 006                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>AMERICRAFT CARTON, INC.                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                     | D Employer Identification Number (EIN)<br>43-1290817                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE III SA-R6                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN 42-0127290-022                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78350  |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP BLEND SEP ACCT-R6                                                                                                              |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN 42-0127290-029                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136097 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP BLEND I SEP ACCT-R6                                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN 42-0127290-017                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135099 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN 42-0127290-015                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 185644 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                     |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |                                                                                                 |  |

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN</b>                           | <b>B</b> Three-digit plan number (PN) ►                                | <b>006</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AMERICRAFT CARTON, INC.</b>          | <b>D</b> Employer Identification Number (EIN)<br><br><b>43-1290817</b> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 16927                 | 19297           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 457847                | 535191          |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 445265                | 515007          |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 920039                | 1069495         |

**Liabilities**

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

**Net Assets**

|                                                           |           |        |         |
|-----------------------------------------------------------|-----------|--------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 920039 | 1069495 |
|-----------------------------------------------------------|-----------|--------|---------|

**Part II Income and Expense Statement**

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

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

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 58395      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 58395     |

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

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 0     |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 0     |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 0     |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> | 0     |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |       |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 30983 |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 30983 |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                      | <b>2b(2)(A)</b> | 0     |       |
| <b>(B)</b> Common stock .....                                                                        | <b>2b(2)(B)</b> | 0     |       |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 0     |       |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....            | <b>2b(2)(D)</b> |       | 0     |
| (3) Rents .....                                                                                      | <b>2b(3)</b>    |       | 0     |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 0     |       |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> | 0     |       |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |       | 0     |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> | 0          |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 104475    |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            | 0         |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 0         |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 53391     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 247244    |

**Expenses**

|                                                                                            |              |       |       |
|--------------------------------------------------------------------------------------------|--------------|-------|-------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 75268 |       |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> | 0     |       |
| (3) Other .....                                                                            | <b>2e(3)</b> | 0     |       |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |       | 75268 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |       | 0     |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |       |       |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |       |       |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 0     |       |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 22520 |       |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 0     |       |
| (4) Other .....                                                                            | <b>2i(4)</b> | 0     |       |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |       | 22520 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |       | 97788 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 149456 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 0      |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0      |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: GRANT THORNTON

(2) EIN: 36-6055558

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  | 0      |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  | 0      |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  | 0      |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  | 0      |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |        |

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

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

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

|                                                                                                 |                                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN</u>                  | <b>B</b> Three-digit plan number (PN) ▶<br><u>006</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMERICRAFT CARTON, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>43-1290817</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>42-0127290</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>2</u> |

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

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

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

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

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

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

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

Schedule R (Form 5500) 2010  
v.092308.1

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Financial Statements and Report of Independent Certified Public Accountants

**Americraft Carton, Inc. Hourly Retirement Plan**

December 31, 2010 and 2009

## **C O N T E N T S**

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**REPORT OF INDEPENDENT  
CERTIFIED PUBLIC ACCOUNTANTS**

Trustees  
Aericaft Carton, Inc. Hourly Retirement Plan

Audit • Tax • Advisory

**Grant Thornton LLP**  
1201 Walnut Street, Suite 1000  
Kansas City, MO 64106-2176

T 816.412.2400  
F 816.412.2404  
[www.GrantThornton.com](http://www.GrantThornton.com)

We were engaged to audit the financial statements of the Aericaft Carton, Inc. Hourly Retirement Plan as of December 31, 2010 and 2009 and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2010, as listed in the accompanying index. 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 information summarized in Note G, which was certified by Principal Life Insurance Company, the trustee and insurer 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 a certification from the trustee as of and for the years ended December 31, 2010 and 2009 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America established by the American Institute of Certified Public Accountants 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.

*Grant Thornton LLP*

Kansas City, Missouri  
October 12, 2011

## **FINANCIAL STATEMENTS**

**Americraft Carton, Inc. Hourly Retirement Plan**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31,**

| <b>ASSETS</b>                                           | <b>2010</b>                | <b>2009</b>              |
|---------------------------------------------------------|----------------------------|--------------------------|
| Investments, at fair value ( <i>notes D, E, and G</i> ) |                            |                          |
| General investment account                              | <b>\$ 515,007</b>          | \$ 445,265               |
| Pooled separate accounts                                |                            |                          |
| Principal LargeCap Blend I Account                      | <b>135,099</b>             | 114,100                  |
| Principal MidCap Value III Account                      | <b>78,351</b>              | 84,043                   |
| Principal SmallCap Blend Account                        | <b>136,097</b>             | 104,490                  |
| Principal Diversified International Account             | <b>185,644</b>             | 155,214                  |
|                                                         | <b>1,050,198</b>           | 903,112                  |
| Employer contribution receivable                        | <b>19,297</b>              | 16,927                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                | <b><u>\$ 1,069,495</u></b> | <b><u>\$ 920,039</u></b> |

The accompanying notes are an integral part of these statements.

**Americraft Carton, Inc. Hourly Retirement Plan**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Year ended December 31,**

|                                                      | <u>2010</u>                | <u>2009</u>              |
|------------------------------------------------------|----------------------------|--------------------------|
| Investment income                                    |                            |                          |
| Net appreciation in fair value of investments        | <u>\$ 177,504</u>          | <u>\$ 46,189</u>         |
| Net investment income                                | <u>177,504</u>             | <u>46,189</u>            |
| Employer contributions                               | <u>58,395</u>              | <u>39,917</u>            |
| Benefits paid to participants                        | <u>(75,268)</u>            | <u>(134,109)</u>         |
| Administrative expenses                              | <u>(22,520)</u>            | <u>(51,434)</u>          |
| Change in present value                              | <u>11,345</u>              | <u>(5,059)</u>           |
| NET INCREASE (DECREASE)                              | <u>149,456</u>             | <u>(104,496)</u>         |
| Net assets available for benefits, beginning of year | <u>920,039</u>             | <u>1,024,535</u>         |
| Net assets available for benefits, end of year       | <u><u>\$ 1,069,495</u></u> | <u><u>\$ 920,039</u></u> |

The accompanying notes are an integral part of these statements.

**Americraft Carton, Inc. Hourly Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2010 and 2009**

**NOTE A - DESCRIPTION OF PLAN**

The following brief description of the Americraft Carton, Inc. Hourly Retirement Plan (the Plan) is provided for general information only. Participants should refer to the Plan agreement for more complete information.

1. *General*

The Plan is a noncontributory defined benefit plan that covers substantially all hourly employees of the Lowell, Massachusetts plant of Americraft Carton, Inc. (the Company) and provides for retirement, death, and disability benefits. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Information about the Plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation (the PBGC) benefit guarantee can be obtained from the Pension Administration Committee.

2. *Payment of Benefits*

The Plan was amended effective December 31, 1994 to freeze accrual of future benefits. On and after January 1, 1995, participants' earned benefits are equal to the participants' earned benefits under the Plan as of December 31, 1994.

3. *Funding Policy*

The Company has agreed to contribute voluntarily such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's intention is to make contributions in amounts sufficient to fund the Plan's current service cost annually and the initial past service cost plus interest over a period of 30 years. The Plan has met ERISA's minimum funding requirements.

4. *Plan Administration*

Annual premiums charged by the PBGC are paid by the Company. These premiums were \$6,555 and \$5,515 for the years ended December 31, 2010 and 2009, respectively.

**Americraft Carton, Inc. Hourly Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2010 and 2009**

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. *Basis of Accounting*

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

2. *Income Recognition and Valuation of Investments*

The general investment account is valued at fair value as estimated by Principal Life Insurance Company (the insurer and trustee). Fair value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits. Each pooled separate account is stated at fair value as estimated by the insurer. Fair value represents contributions made under the contract allocated to the pooled separate accounts, less funds used to pay retirement benefits, plus or minus realized and unrealized gains and losses. Gains and losses are determined by subtracting the contract value of assets at the beginning of the Plan year from the contract value of assets at the end of the Plan year and adjusting for assets purchased or surrendered during that Plan year.

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

3. *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits (Note C) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits are based on years of credited service. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

4. *Payment of Benefits*

Benefits are recorded when paid.

**Americraft Carton, Inc. Hourly Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2010 and 2009**

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued**

5. *Use of Estimates*

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and changes in net assets during the reporting period. Actual results could differ from those estimates.

6. *Subsequent Events*

The Plan has evaluated subsequent events through October 12, 2011, the date the financial statements were available to be issued.

**NOTE C - ACCUMULATED PLAN BENEFITS**

An actuary from Principal Life Insurance Company estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants. The benefits are adjusted to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information was as follows as of December 31,

|                                                      | <u>2010</u>                | <u>2009</u>                |
|------------------------------------------------------|----------------------------|----------------------------|
| Actuarial present value of accumulated plan benefits |                            |                            |
| Vested benefits                                      |                            |                            |
| Participants currently receiving benefits            | \$ 229,104                 | \$ 235,954                 |
| Other participants                                   | <u>1,103,876</u>           | <u>1,086,896</u>           |
|                                                      | 1,332,980                  | 1,322,850                  |
| Nonvested benefits                                   | <u>40,007</u>              | <u>29,786</u>              |
|                                                      | <u><u>\$ 1,372,987</u></u> | <u><u>\$ 1,352,636</u></u> |

**Americraft Carton, Inc. Hourly Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2010 and 2009**

**NOTE C - ACCUMULATED PLAN BENEFITS - Continued**

The change in accumulated plan benefits for the year ended December 31, 2010 was as follows:

|                                                                                 |                     |
|---------------------------------------------------------------------------------|---------------------|
| Actuarial present value of accumulated plan benefits<br>as of December 31, 2009 | \$ 1,352,636        |
| Increase (decrease) during the year attributed to                               |                     |
| Increase for interest due to decrease in discount period                        | 105,258             |
| Benefits paid to participants                                                   | (75,268)            |
| Benefits accumulated and Plan experience                                        | (9,639)             |
| Change in assumptions                                                           | -                   |
| Net Increase                                                                    | <u>20,351</u>       |
| Actuarial present value of accumulated plan benefits<br>as of December 31, 2010 | <u>\$ 1,372,987</u> |

Significant assumptions underlying the actuarial computations made as of December 31, 2010 and 2009 were as follows:

- Assumed rate of return on investments      8.00% per annum compounded annually as of December 31, 2010 and 2009
- Retirement      Normal retirement age (65)
- Mortality tables      2011 IRS Prescribed Mortality - Optional Combined Table for Small Plans, Male and Female, as of December 31, 2010  
                                          2010 IRS Prescribed Mortality - Optional Combined Table for Small Plans, Male and Female, as of December 31, 2009

These actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**Americraft Carton, Inc. Hourly Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2010 and 2009**

**NOTE D - INVESTMENTS**

The Company has entered into a group annuity contract with the insurer. Under the group annuity contract, the insurer maintains the Plan's deposits in an unallocated insurance contract and in pooled separate investment accounts. The insurer maintains the Plan's unallocated insurance contract deposits in a fund as part of its general assets to which it adds interest at a rate based on the return on the insurer's general assets. Gains or losses are added to or subtracted from deposits held in the pooled separate investment accounts based on the investment performance of each account. Benefit payments to participants or their beneficiaries are made directly by the insurer from the funds accumulated under the contract.

The following indicates those investments that represented 5% or more of the Plan's net assets available for benefits at December 31,

|                                             | <u>2010</u>       | <u>2009</u> |
|---------------------------------------------|-------------------|-------------|
| General investment account                  | \$ <b>515,007</b> | \$ 445,265  |
| Pooled separate accounts                    |                   |             |
| Principal LargeCap Blend I Account          | <b>135,099</b>    | 114,100     |
| Principal MidCap Value III Account          | <b>78,351</b>     | 84,043      |
| Principal SmallCap Blend Account            | <b>136,097</b>    | 104,490     |
| Principal Diversified International Account | <b>185,644</b>    | 155,214     |

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

During the year ended December 31, 2010, the Plan's investments (including those investments bought, sold, and held during the year) appreciated in fair value as follows:

|                            |                   |
|----------------------------|-------------------|
| General investment account | \$ 73,029         |
| Pooled separate accounts   | 104,475           |
|                            | <u>\$ 177,504</u> |

**Americraft Carton, Inc. Hourly Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2010 and 2009**

**NOTE D - INVESTMENTS - Continued**

The Plan adopted guidance in its December 31, 2009 financial statements regarding its valuation technique for its investments. The guidance affects how the Plan measures the fair value of its investments that do not have a quoted market price but calculates net asset value (NAV) per share. As a practical expedient, the amendments permit, but do not require, the Plan to measure the fair value of an investment based upon the investee's NAV per share. As a result of applying the practical expedient, the fair values of pooled separate accounts of the Plan were determined based on the NAV at the December 31, 2009 valuation. Adoption did not have a material impact on the fair value determination of applicable investments; however, it did require additional disclosures.

The following table presents investments valued at net asset value (NAV) by class at December 31, 2010:

|                                 | <u>Fair<br/>value</u>    | <u>Redemption<br/>frequency</u> | <u>Redemption<br/>notice<br/>period</u> |
|---------------------------------|--------------------------|---------------------------------|-----------------------------------------|
| <b>Pooled separate accounts</b> |                          |                                 |                                         |
| Large U.S. equity (a)           | \$ 135,099               | Daily                           | None                                    |
| Small/mid U.S. equity (b)       | 214,448                  | Daily                           | None                                    |
| International equity (c )       | 185,644                  | Daily                           | None                                    |
| <b>Total investments at NAV</b> | <u><u>\$ 535,191</u></u> |                                 |                                         |

The following table presents investments valued at net asset value (NAV) by class at December 31, 2009:

|                                 | <u>Fair<br/>value</u>    | <u>Redemption<br/>frequency</u> | <u>Redemption<br/>notice<br/>period</u> |
|---------------------------------|--------------------------|---------------------------------|-----------------------------------------|
| <b>Pooled separate accounts</b> |                          |                                 |                                         |
| Large U.S. equity (a)           | \$ 114,100               | Daily                           | None                                    |
| Small/mid U.S. equity (b)       | 188,532                  | Daily                           | None                                    |
| International equity (c )       | 155,214                  | Daily                           | None                                    |
| <b>Total investments at NAV</b> | <u><u>\$ 457,846</u></u> |                                 |                                         |

There were no unfunded commitments for the investments listed above at December 31, 2010 and 2009.

**Americraft Carton, Inc. Hourly Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2010 and 2009**

**NOTE D - INVESTMENTS - Continued**

- (a) Large U.S. equity fund strategies seek to provide capital appreciation through the investment in equities of large U.S. companies. There are no redemption restrictions with these funds, nor are they expected to be redeemed at anything other than NAV.
- (b) Small/mid U.S. equity fund strategies seek to provide capital appreciation through the investment in equities of small to mid-size U.S. companies. There are no redemption restrictions with these funds, nor are they expected to be redeemed at anything other than NAV.
- (c) International equity fund strategies seek to provide capital appreciation through the investment in international equities. There are no redemption restrictions with these funds, nor are they expected to be redeemed at anything other than NAV.

**NOTE E - FAIR VALUE MEASUREMENTS**

Financial assets and liabilities are measured using a framework that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below.

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**Americraft Carton, Inc. Hourly Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2010 and 2009**

**NOTE E - FAIR VALUE MEASUREMENTS - Continued**

Following is a description of the valuation methodologies used for assets measured at fair value:

General investment account - Valued at the amount plan participants or plan sponsors would receive if they were to withdraw or transfer funds within the Plan prior to their maturity.

Pooled separate accounts - Valued at the NAV per unit based on the quoted market price of the respective funds underlying investments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

|                                       | <u>Level 1</u> | <u>Level 2</u>    | <u>Level 3</u>    | <u>Total</u>       |
|---------------------------------------|----------------|-------------------|-------------------|--------------------|
| <b>Pooled separate accounts</b>       |                |                   |                   |                    |
| Large U.S. equity                     | \$ -           | \$ 135,099        | \$ -              | \$ 135,099         |
| Small/mid U.S. equity                 | -              | 214,448           | -                 | 214,448            |
| International equity                  | -              | 185,644           | -                 | 185,644            |
| <b>Total pooled separate accounts</b> | -              | 535,191           | -                 | 535,191            |
| <b>General investment account</b>     | -              | -                 | 515,007           | 515,007            |
| <b>Total assets at fair value</b>     | <u>\$ -</u>    | <u>\$ 535,191</u> | <u>\$ 515,007</u> | <u>\$1,050,198</u> |

**Americraft Carton, Inc. Hourly Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2010 and 2009**

**NOTE E - FAIR VALUE MEASUREMENTS - Continued**

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

|                                | <u>Level 1</u> | <u>Level 2</u>    | <u>Level 3</u>    | <u>Total</u>      |
|--------------------------------|----------------|-------------------|-------------------|-------------------|
| Pooled separate accounts       |                |                   |                   |                   |
| Large U.S. equity              | \$ -           | \$ 114,100        | \$ -              | \$ 114,100        |
| Small/mid U.S. equity          | -              | 188,533           | -                 | 188,533           |
| International equity           | -              | 155,214           | -                 | 155,214           |
| Total pooled separate accounts | -              | 457,847           | -                 | 457,847           |
| General investment account     | -              | -                 | 445,265           | 445,265           |
| Total assets at fair value     | <u>\$ -</u>    | <u>\$ 457,847</u> | <u>\$ 445,265</u> | <u>\$ 903,112</u> |

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31,

|                                                                                       | <u>General investment account</u> |                   |
|---------------------------------------------------------------------------------------|-----------------------------------|-------------------|
|                                                                                       | <u>2010</u>                       | <u>2009</u>       |
| Balance, beginning of year                                                            | \$ 445,265                        | \$ 829,026        |
| Interest credited                                                                     | 30,982                            | 41,665            |
| Unrealized gains (losses) relating to instruments<br>still held at the reporting date | 42,045                            | (60,372)          |
| Purchases, sales, issuance, and settlements (net)                                     | (3,285)                           | (365,054)         |
| Balance, end of year                                                                  | <u>\$ 515,007</u>                 | <u>\$ 445,265</u> |

**Americraft Carton, Inc. Hourly Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2010 and 2009**

**NOTE F - INCOME TAX STATUS**

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code (the IRC) and therefore is not subject to tax under present income tax law. Once qualified, the Plan is required to operate in compliance with the IRC to maintain its qualification. The Pension Administration Committee is not aware of any course of action or series of events that have taken place which might adversely affect the Plan's qualified status.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010 and 2009, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2007.

**NOTE G - INFORMATION CERTIFIED BY TRUSTEE**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Life Insurance Company, the trustee of the Plan, certifies that the following information included in the financial statements and supplemental schedules is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2010 and 2009.
- Net investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2010 and 2009.
- Schedule H, Item 4i - schedule of assets (held at end of year), December 31, 2010.
- Schedule H, Item 4j - schedule of reportable transactions for the year ended December 31, 2010.

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

**Americraft Carton, Inc. Hourly Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2010 and 2009**

**NOTE H - PLAN TERMINATION**

Should the Plan terminate at some future time, although the Company has no present intent to do so, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the assets then existing and the PBGC's benefit guarantee, while other benefits may not be provided for.

**NOTE I - RISKS AND UNCERTAINTIES**

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**NOTE J - PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are issued and managed by the trustee; therefore, transactions related to those investments qualify as party-in-interest transactions. Principal Life Insurance Company acts as the trustee of the investments. Total administrative expenses for the years ended December 31, 2010 and 2009 were \$22,520 and \$51,434, respectively.

## **SUPPLEMENTAL SCHEDULES**

**Americraft Carton, Inc. Hourly Retirement Plan**  
**SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**As of December 31, 2010**

| (A) | (B)                              | (C)                                         | (D)               | (E)                 |
|-----|----------------------------------|---------------------------------------------|-------------------|---------------------|
|     | Identity<br>of issuer            | Description<br>of investment                | Cost              | Current<br>value    |
| *   | Principal Life Insurance Company | General investment account                  | \$ 493,049        | \$ 515,007          |
|     |                                  | Pooled separate accounts                    |                   |                     |
|     |                                  | Principal LargeCap Blend I Account          | 117,923           | 135,099             |
|     |                                  | Principal MidCap Value III Account          | 63,639            | 78,351              |
|     |                                  | Principal SmallCap Blend Account            | 106,230           | 136,097             |
|     |                                  | Principal Diversified International Account | 133,016           | 185,644             |
|     |                                  |                                             | <u>\$ 913,857</u> | <u>\$ 1,050,198</u> |

\*Party-in-interest transactions.

**Americraft Carton, Inc. Hourly Retirement Plan**  
**SCHEDULE H, ITEM 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**For the year ended December 31, 2010**

| Description of asset       | (A)<br>Total<br>number of<br>purchases | (B)<br>Total<br>number of<br>sales | (C)<br>Total<br>value of<br>purchases | (D)<br>Total<br>value of<br>sales | (E)<br>Net<br>gain<br>(loss) |
|----------------------------|----------------------------------------|------------------------------------|---------------------------------------|-----------------------------------|------------------------------|
| General investment account | 5                                      | -                                  | \$ 62,487                             | \$ -                              | \$ -                         |
| General investment account | -                                      | 38                                 | -                                     | 65,774                            | -                            |

**SCHEDULE H,Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

AMERICRAFT CARTON, INC.  
HOURLY RETIREMENT PLAN  
EIN 43 1290817  
PLAN NUMBER 006  
PLAN YEAR 01/01/2010 TO 12/31/2010

| DESCRIPTION OF ASSET                                    | (A)<br>Total Number<br>of Purchases | (B)<br>Total Number<br>of Sales | (C)<br>Total Value of Purchases | (D)<br>Total Value of Sales | (E)<br>Net Gain/(Loss) |
|---------------------------------------------------------|-------------------------------------|---------------------------------|---------------------------------|-----------------------------|------------------------|
| Insurance Company General<br>GENERAL INVESTMENT ACCOUNT | 5                                   |                                 | \$62,487.39                     |                             | \$0.00                 |
| Insurance Company General<br>GENERAL INVESTMENT ACCOUNT |                                     | 38                              |                                 | \$65,773.94                 | \$0.00                 |
|                                                         |                                     |                                 |                                 |                             |                        |
|                                                         |                                     |                                 |                                 |                             |                        |
|                                                         |                                     |                                 |                                 |                             |                        |
|                                                         |                                     |                                 |                                 |                             |                        |
|                                                         |                                     |                                 |                                 |                             |                        |
|                                                         |                                     |                                 |                                 |                             |                        |
|                                                         |                                     |                                 |                                 |                             |                        |
|                                                         |                                     |                                 |                                 |                             |                        |
|                                                         |                                     |                                 |                                 |                             |                        |
|                                                         |                                     |                                 |                                 |                             |                        |
|                                                         |                                     |                                 |                                 |                             |                        |

\* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

**SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

**SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

AMERICRAFT CARTON, INC.  
HOURLY RETIREMENT PLAN  
EIN 43 1290817  
PLAN NUMBER 006  
PLAN YEAR 01/01/2010 TO 12/31/2010

[illegible]



Schedule SB, Line 2a - Explanation of Assets  
AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN  
EIN 431290817 Plan No. 006

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$16,927 contributions received after the plan year end with a discounted value of \$16,654.

Line 2a includes assets allocated for retirees' guaranteed benefits of \$340,418.

Schedule SB, Line 26 - Schedule of Active Participant Data  
 AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN  
 EIN 431290817 Plan No. 006

| Form 5500 - Schedule of Active Participation Data |          |            |          |            |          | Valuation Date 01/01/2010 |          |            |          |            |          |            |          |            |          |            |          |            |          |            |
|---------------------------------------------------|----------|------------|----------|------------|----------|---------------------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|
| YEARS OF CREDITED SERVICE                         |          |            |          |            |          |                           |          |            |          |            |          |            |          |            |          |            |          |            |          |            |
|                                                   | Under 1  |            | 1 to 4   |            | 5 to 9   |                           | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            | 30 to 34 |            | 35 to 39 |            | 40 & up  |            |
| Attained Age                                      | Avg. No. | Avg. Comp. | Avg. No. | Avg. Comp. | Avg. No. | Avg. Comp.                | Avg. No. | Avg. Comp. | Avg. No. | Avg. Comp. | Avg. No. | Avg. Comp. | Avg. No. | Avg. Comp. | Avg. No. | Avg. Comp. | Avg. No. | Avg. Comp. | Avg. No. | Avg. Comp. |
| Under 25                                          | 0        |            | 0        |            | 0        |                           | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 25 to 29                                          | 0        |            | 0        |            | 0        |                           | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 30 to 34                                          | 0        |            | 0        |            | 0        |                           | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 35 to 39                                          | 0        |            | 0        |            | 0        |                           | 0        |            | 1        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 40 to 44                                          | 0        |            | 0        |            | 0        |                           | 0        |            | 1        |            | 3        |            | 1        |            | 0        |            | 0        |            | 0        |            |
| 45 to 49                                          | 0        |            | 0        |            | 0        |                           | 0        |            | 0        |            | 2        |            | 3        |            | 0        |            | 0        |            | 0        |            |
| 50 to 54                                          | 0        |            | 0        |            | 0        |                           | 0        |            | 0        |            | 0        |            | 4        |            | 3        |            | 0        |            | 0        |            |
| 55 to 59                                          | 0        |            | 0        |            | 0        |                           | 0        |            | 0        |            | 0        |            | 2        |            | 3        |            | 3        |            | 0        |            |
| 60 to 64                                          | 0        |            | 0        |            | 0        |                           | 0        |            | 1        |            | 4        |            | 0        |            | 0        |            | 2        |            | 0        |            |
| 65 to 69                                          | 0        |            | 0        |            | 0        |                           | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 70 & up                                           | 0        |            | 0        |            | 0        |                           | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
 AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN  
 EIN 431290817 Plan No. 006

| Assumptions Prescribed by Law    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mortality</b>                 | <p><u>During Benefit Payment Period</u><br/>           IRS Prescribed Mortality-Optional Combined Table for Small Plans, male and female.</p> <p><u>Before Benefit Payment Period</u><br/>           IRS Prescribed Mortality-Optional Combined Table for Small Plans, male and female.</p>                                                                                                                                                                          |
| Assumptions Selected by Actuary  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Retirement Age</b>            | Normal Retirement Age as defined in <a href="#">Plan Provisions</a>                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Expected Expense</b>          | \$21,864 included in Target Normal Cost.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Disability</b>                | 1987 Commissioner's Group Disability Table, six month elimination period, male and female.                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Marriage</b>                  | 75% married; husbands are 3 years older than wives.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Withdrawal</b>                | 2003 Society of Actuaries Small Plan Age Table, multiplied by 1.10.                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Form of Benefit and Basis</b> | <p>80% of active participants will elect a benefit paid in a lump sum at the assumed retirement age based on the applicable mortality and the plan's funding target interest rates. The remaining active participants will elect a monthly annuity on the normal form at the assumed retirement age.</p> <p>Participants who are already terminated on the valuation date are assumed to receive their benefit on the normal form at the assumed retirement age.</p> |
| Methods Prescribed by Law        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Liability Measure</b>         | Funding target is the present value of the benefits accrued on the valuation date. Target Normal Cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.                                                                                                                                                                                                                                   |

| Methods Selected by Plan Sponsor        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Asset Measure</b>                    | <p>The asset valuation method is prescribed by law for plans that elect to use a value other than market value.</p> <p>For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.</p> <p>The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the Maximum Allowable Rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.</p> <p>When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.</p> |
| <b>Segment Rates</b>                    | 24 month average with no weighting to prior law basis. Use rates where August is the last month included in the average.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>PBGC Premium Basis</b>               | Premiums are calculated using the special segment rates (no 24-month averaging) in effect on the valuation date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Methods Elected by Actuary              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Retirees</b>                         | Assets and liabilities for current and future retirees are included.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>HCE Benefit Payment Restrictions</b> | <p>A ratio of the market value of assets and funding target is used to determine if restrictions apply. Assets and Funding Target are as of the valuation date and are reduced by:</p> <ul style="list-style-type: none"> <li>• any retiree benefit index or floor</li> <li>• amounts for HCEs who were previously restricted</li> <li>• an amount for the retiring HCE</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Vested Benefits</b>                  | <p>A benefit is included in vested benefits when the participant will meet age and service eligibility requirements at the valuation date. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.</p> <p>The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, and pre-retirement death benefits in excess of the Survivor Annuity Death Benefit except as noted in the Plan Provisions.</p>                                                                                                                                                                                                                                                                                                                                                                                       |

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN  
EIN 431290817 Plan No. 006

| Assumptions and Methods Elected by Actuary<br>Plan Accounting (formerly known as SFAS No. 35)                                                               |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular Funding Target and Target Normal Cost. |       |
| Interest Rate Used to Value Liabilities                                                                                                                     | 8.00% |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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

**2010****This Form is Open to Public  
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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  
AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN**B** Three-digit  
plan number (PN) ▶ 006**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  
AMERICRAFT CARTON, INC.**D** Employer Identification Number (EIN)  
43-1290817**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information**

|                                                                                                                                                                                                       |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>                                                                                                                     |                        |
| <b>2</b> Assets:                                                                                                                                                                                      |                        |
| <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b> 1260184      |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b> 1386202      |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                   |                        |
| <b>(1) Number of participants</b>                                                                                                                                                                     |                        |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b> 23           |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b> 69           |
| <b>(2) Funding Target</b>                                                                                                                                                                             |                        |
| <b>c</b> For active participants:                                                                                                                                                                     |                        |
| (1) Non-vested benefits .....                                                                                                                                                                         | <b>3c(1)</b> 21352     |
| (2) Vested benefits .....                                                                                                                                                                             | <b>3c(2)</b> 329203    |
| (3) Total active .....                                                                                                                                                                                | <b>3c(3)</b> 33 350555 |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b> 125 1561032  |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                                |                        |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>              |
| <b>b</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 ..... | <b>4b</b>              |
| <b>5</b> Effective interest rate .....                                                                                                                                                                | <b>5</b> 6.70 %        |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b> 21864         |

**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**

GG

Signature of actuary

Gregory W. Gosselink

Type or print name of actuary

Principal Financial Group

Firm name

PO Box 9394 Des Moines, IA 50306-9394

Address of the firm

7/18/2011

Date

1104929

Most recent enrollment number

515-248-2293

Telephone number (including area code)

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 ☐

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

Schedule SB (Form 5500) 201  
v.092308

Liquidity shortfall as of end of Quarter of this plan year

**Part V Assumptions used to determine funding target and target normal cost****21** Discount rate:**a** Segment rates:1st segment:  
5.03 %2nd segment:  
6.73 %3rd segment:  
6.82 %☐ 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** 21864**32** Amortization installments:**a** Net shortfall amortization installment .....

Outstanding Balance

Installment

174830

33833

**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** 55697

|                                                             | Carryover balance | Prefunding balance | Total balance |
|-------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances used to offset funding requirement ..... | 0                 | 0                  | 0             |

**36** Additional cash requirement (item 34 minus item 35) ..... **36** 55697**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) ..... **37** 55700**38** Interest-adjusted excess contributions for current year (see instructions) ..... **38** 3**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 SB, Line 2a - Explanation of Assets  
AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN  
EIN 431290817 Plan No. 006

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$16,927 contributions received after the plan year end with a discounted value of \$16,654.

Line 2a includes assets allocated for retirees' guaranteed benefits of \$340,418.

Schedule SB, Part V - Summary of Plan Provisions  
 AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN  
 EIN 431290817 Plan No. 006

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan signed 09/06/2007 (up through the PPA Interim Amendment signed 12/29/2009).

| Plan Eligibility |                                                |  |
|------------------|------------------------------------------------|--|
| Class            | Hourly paid employee of the packaging division |  |

| Normal Retirement Benefit                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--------------------|-------------|------|---------------------------|-------|---------------------------|-------|---------------------------|-------|---------------------------|-------|---------------------------|-------|---------------------------|--------|---------------------------|--------|---------------------------|--------|----------------------------|--------|-----------------------------|--------|-----------------------------|--------|-----------------------------|--------|-----------------------------|--------|------------|--------|
| Age                                                                                                    | Attained age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| Form                                                                                                   | Monthly annuity payable for life (optional forms may be elected in advance of retirement).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| Amount<br>(accrued benefit)                                                                            | <table><tr><td>Number of years of his accrual service<br/>determined as of the date the<br/><u>contribution is made</u></td><td>Monthly<br/>Benefit</td></tr><tr><td>Less than 1</td><td>\$ 0</td></tr><tr><td>1 or more but less than 2</td><td>18.50</td></tr><tr><td>2 or more but less than 3</td><td>37.00</td></tr><tr><td>3 or more but less than 4</td><td>55.50</td></tr><tr><td>4 or more but less than 5</td><td>74.00</td></tr><tr><td>5 or more but less than 6</td><td>92.50</td></tr><tr><td>6 or more but less than 7</td><td>111.00</td></tr><tr><td>7 or more but less than 8</td><td>129.50</td></tr><tr><td>8 or more but less than 9</td><td>148.00</td></tr><tr><td>9 or more but less than 10</td><td>166.50</td></tr><tr><td>10 or more but less than 15</td><td>185.00</td></tr><tr><td>15 or more but less than 20</td><td>190.00</td></tr><tr><td>20 or more but less than 25</td><td>195.00</td></tr><tr><td>25 or more but less than 30</td><td>200.00</td></tr><tr><td>30 or more</td><td>205.00</td></tr></table> |  | Number of years of his accrual service<br>determined as of the date the<br><u>contribution is made</u> | Monthly<br>Benefit | Less than 1 | \$ 0 | 1 or more but less than 2 | 18.50 | 2 or more but less than 3 | 37.00 | 3 or more but less than 4 | 55.50 | 4 or more but less than 5 | 74.00 | 5 or more but less than 6 | 92.50 | 6 or more but less than 7 | 111.00 | 7 or more but less than 8 | 129.50 | 8 or more but less than 9 | 148.00 | 9 or more but less than 10 | 166.50 | 10 or more but less than 15 | 185.00 | 15 or more but less than 20 | 190.00 | 20 or more but less than 25 | 195.00 | 25 or more but less than 30 | 200.00 | 30 or more | 205.00 |
| Number of years of his accrual service<br>determined as of the date the<br><u>contribution is made</u> | Monthly<br>Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| Less than 1                                                                                            | \$ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 1 or more but less than 2                                                                              | 18.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 2 or more but less than 3                                                                              | 37.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 3 or more but less than 4                                                                              | 55.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 4 or more but less than 5                                                                              | 74.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 5 or more but less than 6                                                                              | 92.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 6 or more but less than 7                                                                              | 111.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 7 or more but less than 8                                                                              | 129.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 8 or more but less than 9                                                                              | 148.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 9 or more but less than 10                                                                             | 166.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 10 or more but less than 15                                                                            | 185.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 15 or more but less than 20                                                                            | 190.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 20 or more but less than 25                                                                            | 195.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 25 or more but less than 30                                                                            | 200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
| 30 or more                                                                                             | 205.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |
|                                                                                                        | Benefits were frozen on December 31, 1994.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                        |                    |             |      |                           |       |                           |       |                           |       |                           |       |                           |       |                           |        |                           |        |                           |        |                            |        |                             |        |                             |        |                             |        |                             |        |            |        |

Schedule SB, Part V - Summary of Plan Provisions  
 AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN  
 EIN 431290817 Plan No. 006

| Early Retirement Benefit |                                                                                                                                                     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Age</b>               | Attained age 60.                                                                                                                                    |
| <b>Service</b>           | Fifteen years of vesting service.                                                                                                                   |
| <b>Form</b>              | Same as normal retirement benefit.                                                                                                                  |
| <b>Amount</b>            | Accrued benefit on early retirement date reduced by 6 2/3% for each year up to five that the early retirement date precedes normal retirement date. |

| Late Retirement Benefit |                                          |
|-------------------------|------------------------------------------|
| <b>Age</b>              | No maximum age.                          |
| <b>Form</b>             | Same as normal retirement benefit.       |
| <b>Amount</b>           | Accrued benefit on late retirement date. |

| Termination Benefit       |                                                                                      |
|---------------------------|--------------------------------------------------------------------------------------|
| <b>Vesting Percentage</b> | 100% subsequent to five years of vesting service.                                    |
| <b>Form</b>               | Same as normal retirement benefit with income deferred until normal retirement date. |
| <b>Amount</b>             | Accrued benefit on date of termination multiplied by the vesting percentage.         |

| Disability Benefit |                                                                                                                                  |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>Age</b>         | Attained age 60.                                                                                                                 |
| <b>Service</b>     | Fifteen years of vesting service.                                                                                                |
| <b>Form</b>        | Monthly income payable until normal retirement, death, or recovery and a deferred annuity payable at the normal retirement date. |
| <b>Amount</b>      | Accrued benefit on date of disability actuarially reduced for the number of years prior to normal retirement date.               |

| Death Benefit      |                                                                                                                                                                                                                                                                                                                      |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b> | Qualified married participant fully or partially vested in an accrued benefit.                                                                                                                                                                                                                                       |
| <b>Form</b>        | Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.                                                                                                                                                                                               |
| <b>Amount</b>      | If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day. |

| Definitions                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Optional Forms of Benefit Payments</b> | <p>The optional forms of benefit payments are:</p> <ul style="list-style-type: none"> <li>• Monthly annuity payable for life, or 5, 10, or 15 years certain and life</li> <li>• Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, 75, or 100</li> <li>• Single sum payment equal to the present value of the retirement benefit</li> </ul> <p>The optional form conversion basis uses the interest and mortality (weighted .65 male and .35 female) used by the PBGC for a trustee single employer plan to value a lump sum upon termination of an insufficient trustee single employer plan. The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the first calendar month preceding the first day of the stability period which is the calendar month that contains the annuity start date.</p> |

### Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

### Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Schedule SB, Line 32 - Schedule of Amortization Bases  
 AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN  
 EIN 431290817 Plan No. 006

| Shortfall    |               |                 |               |
|--------------|---------------|-----------------|---------------|
| Date Created | Present Value | Remaining Years | Annual Charge |
| 01/01/2010   | \$(432)       | 7               | \$(73)        |
| 01/01/2009   | 154,675       | 6               | 29,375        |
| 01/01/2008   | 20,587        | 5               | 4,531         |
| Total        | \$174,830     |                 | \$33,833      |

Last year's total shortfall annual charge was \$33,906.

The total annual charge used in calculating your Annual Cost cannot be less than zero.

| Waiver       |               |                 |               |
|--------------|---------------|-----------------|---------------|
| Date Created | Present Value | Remaining Years | Annual Charge |
| N/A          | N/A           | N/A             | N/A           |

There are no waiver bases for the current year.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age  
AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN  
EIN 431290817 Plan No. 006

All active participants are expected to retire at the plan's assumed retirement age.