

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>07/01/2011</u> and ending <u>06/30/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1975</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>10/01/1975</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>10/01/1975</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>AKERS PACKAGING SERVICE, INC.</u> <u>P.O. BOX 610</u> <u>MIDDLETOWN, OH 45042-0610</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0671096</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>513-422-6312</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>322100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0671096</u>	2c Sponsor's telephone number <u>513-422-6312</u>	2d Business code (see instructions) <u>322100</u>	
2b Employer Identification Number (EIN) <u>31-0671096</u>					
2c Sponsor's telephone number <u>513-422-6312</u>					
2d Business code (see instructions) <u>322100</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 HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>04/10/2013</u>	<u>BETH BROOKE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") AKERS PACKAGING SERVICE, INC. P.O. BOX 610 MIDDLETOWN, OH 45042-0610	3b Administrator's EIN 31-0671096 3c Administrator's telephone number 513-422-6312
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	109
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	27
b Retired or separated participants receiving benefits.....	6b	40
c Other retired or separated participants entitled to future benefits.....	6c	35
d Subtotal. Add lines 6a , 6b , and 6c	6d	102
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e	6f	106
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

▶ **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 <u>AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AKERS PACKAGING SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>31-0671096</u>
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
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>1505448</u>
b	Actuarial value 2b <u>1500981</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>44</u> <u>1409192</u>
b	For terminated vested participants 3b <u>37</u> <u>278846</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>596913</u>
(3)	Total active 3c(3) <u>28</u> <u>596913</u>
d	Total 3d <u>109</u> <u>2284951</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>5.75 %</u>
6	Target normal cost 6 <u>6000</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.

SIGN HERE	<u>03/27/2013</u>
Signature of actuary	Date
<u>HANS NIENABER</u>	<u>11-05737</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST & STRENK, INC.</u>	<u>513-985-6164</u>
Firm name	Telephone number (including area code)
<u>4555 LAKE FOREST DRIVE</u> <u>SUITE 620</u> <u>CINCINNATI, OH 45242</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) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.69</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.51</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance.....		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	65.68 %
15	Adjusted funding target attainment percentage.....	15	65.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	74.55 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	65.68 %

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
10/06/2011	27760	0	
01/05/2012	27760	0	
04/05/2012	27760	0	
07/11/2012	27760	0	
03/07/2013	62590	0	
Totals ►		18(b)	173630
		18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 164109
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 2.67%	2nd segment: 5.69%	3rd segment: 6.44 %	☐ 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	6000	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	783970		157911
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 (lines 31a - 31b + 32a + 32b - 33)...	34	163911	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	163911	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	164109	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	198	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40		

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012		
A Name of plan AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AKERS PACKAGING SERVICE, INC.	D Employer Identification Number (EIN) 31-0671096	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

DIVERSIFIED INVESTMENT ADVISORS

4333 EDGEWOOD RD NE
MAIL STOP 0001
CEDAR RAPIDS, IA 52249

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	8250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AKERS PACKAGING SERVICE, INC.	D Employer Identification Number (EIN) 31-0671096	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE TRUST

b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS

c EIN-PN 13-3689044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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)
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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)
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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)
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>07/01/2011</u> and ending <u>06/30/2012</u>		
A Name of plan <u>AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AKERS PACKAGING SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>31-0671096</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	53999	90350
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	1452907	
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		1556789
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1506906	1647139

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1506906	1647139
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	173630	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		173630
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	13520	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13520
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		80894
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		18149
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		286193

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	137710	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		137710
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4125	
(4) Other	2i(4)	4125	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8250
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		145960

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		140233
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: CLARK, SCHAEFER, & HACKETT & CO.

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan <u>AKERS PACKAGING SERVICE, INC. CHICAGO PLANT HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AKERS PACKAGING SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>31-0671096</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (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)
----------------	--

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Akers Packaging Service, Inc.
Chicago Plant Hourly Employees
Pension Plan**

Financial Statements and Supplemental Schedules
June 30, 2012 and 2011
with Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

Akers Packaging Service, Inc. Chicago Plant
Hourly Employees Pension Plan Committee:

We were engaged to audit the accompanying statements of net assets available for benefits and of accumulated plan benefits of Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan as of June 30, 2012 and 2011, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended and the supplemental schedules of (1) Schedule H, line 4i-Schedule of Assets Held (At End of Year), and (2) Schedule H, line 4j-Schedule of Reportable Transactions as of and for the year ended June 30, 2012. 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 5, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of June 30, 2012 and 2011 and for the year ended June 30, 2012, 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 these accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 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.

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
April 4, 2013

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dayton, oh 45342

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p. 937.226.0070
f. 937.226.1626

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statements of Net Assets Available for Benefits
June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets		
Investments, at fair value:		
Collective trusts	\$ -	1,452,907
Registered investment companies	<u>1,556,789</u>	<u>-</u>
	<u>1,556,789</u>	<u>1,452,907</u>
Receivables:		
Employer contributions	<u>90,350</u>	<u>53,999</u>
Net assets available for benefits	\$ <u><u>1,647,139</u></u>	<u><u>1,506,906</u></u>

See accompanying notes to financial statements.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Investment income:		
Dividends	\$ 13,520	-
Net appreciation in fair value of collective trusts	80,894	65,111
Net appreciation in fair vlaue of registered investment companies	<u>18,149</u>	<u>-</u>
	112,563	65,111
Employer contributions	<u>173,630</u>	<u>119,048</u>
Total additions	<u>286,193</u>	<u>184,159</u>
Benefits paid directly to participants	137,710	134,464
Administrative expenses	<u>8,250</u>	<u>5,941</u>
Total deductions	<u>145,960</u>	<u>140,405</u>
Net increase	140,233	43,754
Net assets available for benefits:		
Beginning of year	<u>1,506,906</u>	<u>1,463,152</u>
End of year	\$ <u><u>1,647,139</u></u>	<u><u>1,506,906</u></u>

See accompanying notes to financial statements.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statements of Accumulated Plan Benefits
June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 1,180,045	1,219,611
Other participants	<u>704,260</u>	<u>707,266</u>
Total actuarial present value of accumulated plan benefits	\$ <u>1,884,305</u>	<u>1,926,877</u>

See accompanying notes to financial statements.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Statements of Changes in Accumulated Plan Benefits
Years Ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Actuarial present value of accumulated plan benefits:		
Beginning of year	\$ <u>1,926,877</u>	<u>1,872,226</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	(44,307)	53,649
Change in discount period	139,445	135,466
Actual benefits paid	<u>(137,710)</u>	<u>(134,464)</u>
Net increase (decrease)	<u>(42,572)</u>	<u>54,651</u>
Actuarial present value of accumulated plan benefits:		
End of year	\$ <u>1,884,305</u>	<u>1,926,877</u>

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN:

The following description of the Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering hourly employees at the Chicago plant of Akers Packaging Service, Inc. (the Company) who had completed one year of service prior to March 31, 2008. The Plan was frozen on March 31, 2008. As a result, the plan is closed to new participants and no additional service is credited to employees after March 31, 2008 for purposes of determining accrued benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension benefits

An employee with 5 or more years of service is entitled to monthly pension benefits beginning at normal retirement age (65). The Plan permits early retirement at age 55, provided the employee has completed 15 or more years of service. If an employee terminates before rendering 5 years of service, they forfeit the right to receive any portion of their accumulated plan benefits. The benefit is determined by multiplying the participant's credited service by a corresponding pension factor. Unmarried participants receive the value of their accumulated plan benefits as a single life annuity. Married participants receive an actuarially equivalent qualified joint and 50% survivor annuity. A participant may elect another mode of payment of equivalent value with the consent of the Plan's Retirement Committee.

Death and disability benefits

If an active employee dies, the death benefit will be equal to the actuarial equivalent of the "minimum spouse's death benefit" as defined by the Plan. Active employees who become totally disabled receive disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

2. SUMMARY OF ACCOUNTING POLICIES:

The following are the significant accounting policies followed by the Plan:

Basis of accounting

The financial statements are prepared on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 7 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial present value of accumulated plan benefits

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

The actuarial present value of accumulated benefits as of July 1, 2012 and 2011, is determined by an actuary from Cuni, Rust & Strenk and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations are (a) life expectancy of the participants using the Internal Revenue Service 2012 Static Mortality Table and the 2011 Static Mortality Table was used, (b) retirement age of 65, (c) investment return of 7.00% and 7.50% for July 1, 2012 and 2011, and (d) discount rate of 4.50% and 5.50% for July 1, 2012 and 2011, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actual present value of accumulated plan benefits.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Subsequent events

The plan administrator evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The plan administrator has considered subsequent events for disclosure in the accompanying financial statements through April 4, 2013, which is the date the financial statements were available to be issued.

3. FUNDING POLICY:

The Company's funding policy is to make annual contributions as actuarially determined in order that all employees' benefits will be fully provided for by the time they retire. The Company's contribution for the years ending June 30, 2012 and 2011 met the minimum funding requirements of ERISA.

Participants are not required or permitted to make contributions to the Plan.

4. PLAN TERMINATION:

Although the Company has not indicated intention to do so, they have the right to terminate the Plan at any time subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations and the Plan document. Upon termination, it is possible that the net assets will 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 level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, at the time. Information concerning payment of benefits if the Plan terminates is available in the Plan's Summary Description.

5. INVESTMENT INFORMATION CERTIFIED BY THE TRUSTEE:

The Trustee for the Plan as of and for the years ended June 30, 2012 and 2011 was State Street Bank and Trust Company. The following is a summary of the unaudited information included in the Plan's financial statements that was prepared by the Trustee, and furnished to the Plan administrator (the Plan administrator has obtained certifications from the Trustee that such information is complete and accurate):

Investments:

	<u>2012</u>	<u>2011</u>
Market value	\$ 1,556,789	1,452,907
Investment income	112,563	65,111

6. INVESTMENTS REPRESENTING 5% OR MORE OF NET ASSETS AVAILABLE FOR BENEFITS:

As of June 30, 2012 and 2011, the Plan's investments representing 5% or more of net assets available for benefits were as follows:

	<u>2012</u>	<u>2011</u>
High Quality Bond Fund	\$ <5%	831,352
Inflation-Protected Securities Fund	<5%	621,555
BlackRock Capital Appreciation Inv A	239,963	<5%
JPMorgan Short Duration Bond Select	260,138	<5%
PIMCO All Asset All Authority A	320,802	<5%
PIMCO Real Return A	328,245	<5%
PIMCO Total Return A	163,836	<5%
T. Rowe Price Equity Income Adv	243,805	<5%

7. FAIR VALUE MEASUREMENTS:

FASB ASC 820 provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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; and
 - 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during 2012 and 2011.

Common/collective trust funds – Valued at fair value as determined by the Diversified Investment Advisors based on the net asset value of the underlying registered investment companies in which the trust accounts are invested.

Registered investment company – Valued at a daily calculated net asset value and is traded at a quoted price through the National Securities Clearing Corporation.

The carrying amount of the employer's contribution receivable approximates fair value as of June 30, 2012 and 2011 because of its relatively short maturity.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 fair value measurement at the reporting date.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
Notes to Financial Statements
Years Ended June 30, 2012 and 2011

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2012:

<u>Assets at Fair Value as of June 30, 2012</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies:				
Bond funds	\$ 752,219	-	-	752,219
Blend funds	320,802	-	-	320,802
Growth funds	239,963	-	-	239,963
Value funds	<u>243,805</u>	<u>-</u>	<u>-</u>	<u>243,805</u>
Total	\$ <u>1,556,789</u>	<u>-</u>	<u>-</u>	<u>1,556,789</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2011:

<u>Assets at Fair Value as of June 30, 2011</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
High Quality Bond Fund	\$ -	831,352	-	831,352
Inflation-Protected Securities Fund	<u>-</u>	<u>621,555</u>	<u>-</u>	<u>621,555</u>
	\$ <u>-</u>	<u>1,452,907</u>	<u>-</u>	<u>1,452,907</u>

8. RELATED PARTY TRANSACTIONS:

The Plan's investments consist of units of various funds within the Diversified Investment Advisors Collective Trust (Trust). Diversified Investment Advisors (Diversified) acts as the asset manager of the Trust and investment advisor to the Plan. Diversified is a related party of the Plan's trustees; therefore, transactions between the Plan and the Trust qualify as party-in-interest. Cuni, Rust, and Strenk, (CRS) is a party-in-interest that provided actuarial services and prepared the Form 5500 for the years ended June 30, 2012 and 2011. Fees paid to the trustees, for investment management and administrative services amounted to \$8,250 and \$5,941 for the years ended June 30, 2012 and 2011, respectively.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain plan expenses are paid by the Company. The value of such expenses is not recorded by the Plan.

9. TAX STATUS:

The Internal Revenue Service has determined and informed the Company by a letter dated December 19, 2003 that the Plan and related trust are designated in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statement.

Accounting principles generally accepted in the United States of America require plan management to evaluate the 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 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 June 30, 2012, there are no uncertain tax 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's open audit periods are for fiscal years 2009 – 2012.

10. RISKS AND UNCERTAINTIES:

The Plan invests in various registered investment company funds. Registered investment company funds are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain registered investment company funds, it is at least reasonably possible that changes in the values of the registered investment company funds will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are 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 estimations 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.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4i - Schedule of Assets Held (At End of Year)
June 30, 2012

(a)	(b)(c)		(d)	(e)
	Description of Investment			
	Including Maturity Date, Rate of	Number		
	<u>Interest, Collateral, Par or Maturity Value</u>	<u>of Shares</u>	<u>Cost</u>	<u>Current Value</u>
Registered Investment Companies:				
	BlackRock Capital Appreciation Inv A	10,732	\$ 237,500	\$ 239,963
	JPMorgan Short Duration Bond Select	23,692	260,594	260,138
	PIMCO All Asset All Authroity A	30,640	320,641	320,802
	PIMCO Real Return A	26,730	319,832	328,245
	PIMCO Total Return A	14,499	160,406	163,836
	T. Rowe Price Equity Income Adv	9,899	<u>239,643</u>	<u>243,805</u>
			\$ <u>1,538,616</u>	\$ <u>1,556,789</u>

See independent auditors' report.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended June 30, 2012

(a) Identity of Person Involved	(b) Description of Asset Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) - Single Transactions in Excess of 5% of Net Assets</u>						
* Diversified Large Growth	Collective Trust	\$ -	120,540	111,921	120,540	8,620
* Diversified Core Bond	Collective Trust	83,000	-	83,000	83,000	-
* Diversified Core Bond	Collective Trust	-	153,671	149,872	153,671	3,799
* Diversified Large Value	Collective Trust	-	123,673	111,910	123,673	11,762
* Diversified Inflation Protected	Collective Trust	-	167,000	158,430	167,000	8,570
* Diversified Inflation-Protected	Collective Trust	-	529,413	489,719	529,413	39,693
* Diversified High Quality Bond	Collective Trust	-	207,000	206,306	207,000	694
* Diversified High Quality Bond	Collective Trust	-	598,004	590,586	598,004	7,418
PIMCO Total Return A	Registered Investment Company	152,530	-	152,530	152,530	-
T. Rowe Price Equity Income Adv	Registered Investment Company	228,795	-	228,795	228,795	-
PIMCO Real Return A	Registered Investment Company	305,060	-	305,060	305,060	-
JPMorgan Short Duration Bond Select	Registered Investment Company	305,060	-	305,060	305,060	-
PIMCO All Asset All Authority A	Registered Investment Company	305,060	-	305,060	305,060	-
BlackRock Capital Appreciation Inv A	Registered Investment Company	228,795	-	228,795	228,795	-
* Known to be a party-in-interest						

See independent auditors' report.

Akers Packaging Service, Inc.
Chicago Plant Hourly Eemployees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4j - Schedule of Reportable Transactions - continued
For the Year Ended June 30, 2012

(a) Identity of Person Involved	(b) Description of Asset Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (iii) - Series of Transactions in Excess of 5% of Net Assets</u>						
* Diversified Large Growth	Collective Trust	112,000	120,623	112,000	120,623	8,623
* Diversified Core Bond	Collective Trust	150,000	153,802	150,000	153,802	3,802
* Diversified Large Value	Collective Trust	112,000	123,770	112,000	123,770	11,770
* Diversified Inflation-Protected	Collective Trust	648,577	696,873	648,577	696,873	48,296
* Diversified High Quality Bond	Collective Trust	883,555	891,959	883,555	891,959	8,404
PIMCO Total Return A	Registered Investment Company	160,646	-	160,646	160,646	-
T. Rowe Price Equity Income Adv	Registered Investment Company	319,037	-	319,037	319,037	-
PIMCO Real Return A	Registered Investment Company	320,309	-	320,309	320,309	-
JPMorgan Short Duration Bond Select	Registered Investment Company	319,037	-	319,037	319,037	-
PIMCO All Asset All Authroity A	Registered Investment Company	321,121	-	321,121	321,121	-
BlackRock Capital Appreciation Inv A	Registered Investment Company	237,807	-	237,807	237,807	-

* Known to be a party-in-interest

See independent auditors' report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2011</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For the calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here ☒

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Part II Basic Plan Information --- enter all requested information.

1a Name of plan Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan	1b Three-digit plan number (PN) ▶ <u>002</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) Akers Packaging Service, Inc. P.O. Box 610 US Middletown OH 45042-0610	1c Effective date of plan 10/01/1975 2b Employer Identification Number (EIN) 31-0671096 2c Sponsor's telephone number (513) 422-6312 2d Business code (see instructions) 322100

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

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

SIGN HERE		<u>4-5-2013</u>	KENNETH J. KNIGHT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>4-5-2013</u>	KENNETH J. KNIGHT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Same		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	109
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants	6a	27
b Retired or separated participants receiving benefits	6b	40
c Other retired or separated participants entitled to future benefits	6c	35
d Subtotal. Add lines 6a , 6b , and 6c	6d	102
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	4
f Total. Add lines 6d and 6e	6f	106
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item) . . .		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B 1G 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:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ 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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

2011 Schedule SB, line 19 – Discounted Employer Contributions.

Plan Name: Akers Packaging Service, Inc. Chicago Plant Hourly Employees' Pension Pl

EIN: 31-0671096

PN: 002

Valuation Interest Rate: 5.75%

Valdate for contributions: 7/1/2011

	<u>Date</u>	<u>Amount</u>	<u># Days to 7/1/2011</u>	<u>Discounted Contributions</u>
	10/6/2011	\$27,760	97	\$27,352
	1/5/2012	\$27,760	188	\$26,974
	4/5/2012	\$27,760	279	\$26,602
	7/13/2012	\$27,760	378	\$26,203
	3/7/2013	\$62,590	615	\$56,978
TOTAL		<u>\$173,630</u>		<u>\$164,109</u>

2011 Schedule SB, Line 22--Description of Weighted Average Retirement Age**Plan Name: Akers Packaging Service, Inc. Chicago Plant Hourly Employees' Pension Plan****EIN: 31-0671096****PN: 002**

(A)	(B)	(C)	(D)	(E)
Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age
55	0.00%	1.00000	0.00%	0.00000
56	0.00%	1.00000	0.00%	0.00000
57	0.00%	1.00000	0.00%	0.00000
58	0.00%	1.00000	0.00%	0.00000
59	0.00%	1.00000	0.00%	0.00000
60	0.00%	1.00000	0.00%	0.00000
61	0.00%	1.00000	0.00%	0.00000
62	0.00%	1.00000	0.00%	0.00000
63	0.00%	1.00000	0.00%	0.00000
64	0.00%	1.00000	0.00%	0.00000
65	100.00%	0.00000	100.00%	65.00000

Weighted Average Retirement Age**65.0**

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

2011 Schedule SB, Line 32 --Schedule of Amortization Bases

Plan Name: Akers Packaging Service, Inc. Chicago Plant Hourly Employees' Pension Plan

EIN: 31-0671096

PN: 002

<u>Type</u>	Present Value of Remaining <u>Installments</u>	Date <u>Established</u>	Rem. <u>Years</u>	Amortization <u>Installment</u>
Shortfall	\$ 328,979	07/01/2011	7	\$ 52,870
Shortfall	\$ 133,819	07/01/2010	6	\$ 24,309
Shortfall	\$ 56,034	07/01/2009	5	\$ 11,805
Shortfall	<u>\$ 265,138</u>	07/01/2008	4	<u>\$ 68,927</u>
	\$ 783,970			\$ 157,911

2011 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan

EIN: 31-0671096

PN: 002

1. Effective Date: October 1, 1975. Accrued benefits and participation are frozen effective March 31, 2008.
2. Plan Year: July 1st through June 30th.
3. Covered Employees: Hourly Employees of the Chicago Plant.
4. Eligibility:

Participants enter the Plan on the first day of the calendar year quarter following one year of service.

Plan participation is frozen effective March 31, 2008. No new participants will enter the Plan after that date.
5. Years of Service: One Year of Service for each plan year for which 1,000 Hours of Work are performed.

2011 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan

EIN: 31-0671096

PN: 002

6. Normal Retirement:

a. Eligibility	Age 65.	
b. Monthly Benefit	Period of Service	Amount
	Prior to 10/01/1994	\$12.75
	10/01/1994 to 09/30/1995	\$13.00
	10/01/1995 to 09/30/1996	\$13.25
	10/01/1996 to 09/30/1997	\$13.50
	10/01/1997 to 09/30/1998	\$13.75
	10/01/1998 to 09/30/1999	\$14.25
	10/01/1999 to 09/30/2000	\$14.75
	10/01/2000 to 09/30/2001	\$15.25
	10/01/2001 to 09/30/2002	\$15.75
	10/01/2002 to 09/30/2003	\$18.00
	10/01/2003 to 09/30/2004	\$18.25
	10/01/2004 to 09/30/2005	\$18.50
	10/01/2005 to 09/30/2006	\$18.75
	10/01/2006 to 09/30/2007	\$19.00
	10/01/2007 to 03/31/2008	\$20.00

Accrued benefits under the Plan are frozen effective March 31, 2008.

7. Early Retirement:

a. Eligibility	Age 55 and 15 Years of Service.
b. Monthly Benefit	Accrued retirement benefit reduced actuarially for early payment.

2011 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan

EIN: 31-0671096

PN: 002

8. Vested Retirement:

- | | |
|--------------------|--|
| a. Eligibility | 5 Years of Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement. Participants who have at least 15 Years of Service may elect to receive the benefit anytime after age 55 but reduced as for Early Retirement. |

9. Disability Retirement:

- | | |
|--------------------|--|
| a. Eligibility | 10 Years of Service and Total Disability as judged by the Committee, based on medical reports and other evidences satisfactory. |
| b. Monthly Benefit | An immediate benefit calculated as for Normal Retirement payable until the earliest of the participant's recovery from disability, the participant's Normal Retirement Date, or the participant's death. |

10. Pre-Retirement Death:

- | | |
|--------------------|---|
| a. Eligibility | Participant with vested benefit. |
| b. Monthly Benefit | Spouse receives the qualified preretirement survivor annuity payable as a surviving spouse annuity. |

11. Normal Payment Forms:

Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants.

Optional forms of payment include 5 or 10 Year Certain and Life Annuity, and 50%, 66^{2/3}%, 75%, and 100% Joint & Survivor Annuity.

2011 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan

EIN: 31-0671096

PN: 002

12. Actuarial Equivalency:

a. Other than Lump Sums

1971 GAM-male projected to 1990 by Scale D, setback one year for the participant, and five years for any Spouse or Beneficiary and 7.00% interest.

b. Lump Sums

IRS applicable mortality table and IRS applicable interest rates for the second month prior to the Plan Year.

13. Maximum Annual Benefit:

\$195,000 for participants retiring at age 62 during 2011.

14. Changes Since Last Year:

None.

**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

2011**This Form is Open to Public
Inspection**For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012▶ **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**Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pen****B** Three-digit

plan number (PN) ▶

002**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**Akers Packaging Service, Inc.****D** Employer Identification Number (EIN)**31-0671096****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****1** Enter the valuation date: Month 07 Day 01 Year 2011**2** Assets:

	2a	
a Market value	1,505,448	
b Actuarial value	1,500,981	

3 Funding target/participant count breakdown

(1) Number of participants (2) Funding Target

	3a	3b	3c(1)	3c(2)	3c(3)	3d
a For retired participants and beneficiaries receiving payment	44					
b For terminated vested participants	37					
c For active participants:						
(1) Non-vested benefits						0
(2) Vested benefits						596,913
(3) Total active	28					596,913
d Total	109					2,284,951

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor		

5 Effective interest rate **5** **5.75****6** Target normal cost **6** **6,000****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***HN*

Signature of actuary

Hans Nienaber

Type or print name of actuary

Cuni, Rust & Strenk, Inc.

Firm name

**4555 Lake Forest Drive
Suite 620****US Cincinnati OH 45242**

Address of the firm

03/27/2013

Date

11-05737

Most recent enrollment number

(513) 985-6164

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) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected to use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>4.69%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.51</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance..		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	65.68 %
15 Adjusted funding target attainment percentage	15	65.68 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	74.55 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	65.68 %

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/06/2011	27,760				
01/05/2012	27,760				
04/05/2012	27,760				
07/11/2012	27,760				
03/07/2013	62,590				
Totals ▶ 18(b)				173,630	18(c)

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..	19c	164,109

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 2.67 %	2nd segment: 5.69 %	3rd segment: 6.44 %
			☐ 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 (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)			
a Target normal cost (line 6)	31a	6,000	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance		
a Net shortfall amortization installment	783,970	Installment 157,911	
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 (lines 31a - 31b + 32a + 32b - 33)	34	163,911	
	Carryover balance	Prefunding Balance	Total balance
35 Balances elected to use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	163,911	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	164,109	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	198	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		
40 Unpaid minimum required contribution for all years	40		

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

2011 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan
EIN: 31-0671096
PN: 002

1. Interest Rates:

a. Funding/Target Liability	IRS tiered segment rates as of the fourth month prior to the valuation date.
i. Tier 1 – Years 0-5	2.67% per year.
ii. Tier 2 – Years 5-20	5.69% per year.
iii. Tier 3 – Years 20+	6.44% per year.
b. FAS 35	7.50% per year.
b. FAS87/158	
i. Discount Rate	5.50% per year.
ii. Return-on-Assets	7.00% per year.

2. Mortality Rates: IRS 2011 Static Mortality Table.

3. Termination Rates: Table T-7 less GA51 Male

<u>Age</u>	<u>Rate</u>
20	0.0994
25	0.0968
30	0.0931
35	0.0872
40	0.0777
45	0.0638
50	0.0425
55	0.0157

4. Disability Rates: Wyatt Disability Table – Occupational Class 3

<u>Age</u>	<u>Male Rate</u>	<u>Female Rate</u>
20	0.15%	0.89%
30	0.31%	0.25%
40	0.60%	0.55%
50	1.22%	1.20%

2011 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan

EIN: 31-0671096

PN: 002

- | | |
|---|--|
| 5. <u>Retirement Age:</u> | 100% at Age 65. |
| | |
| 6. <u>Expense Load:</u> | Based on prior year's actual administrative expenses. |
| | |
| 7. <u>Assumed Form of Benefit Election:</u> | It is assumed that participants will elect to receive the normal form of payment at retirement. |
| | |
| 8. <u>Percent Married/Spousal Age:</u> | 80% of male participants assumed to be married and 50% of female participants are assumed to be married. Spouses assumed to be same age. |
| | |
| 9. <u>Actuarial Cost Method:</u> | |
| a. Funding/Target Liability | PPA Funding Method. |
| b. FAS87/158 | Projected Unit Credit. |

2011 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: Akers Packaging Service, Inc. Chicago Plant Hourly Employees Pension Plan
EIN: 31-0671096
PN: 002

10. Actuarial Value of Assets:

a. Funding/Target Liability

Three-year Smoothed Market Value. Under this method, each year, an actuarial gain/(loss) is calculated by determining the difference between expected market value and actual market value. Expected market value is equal to the prior year's market value brought forward with actual contributions, expenses and distributions and an actuarially assumed rate-of-return.

Actuarial Value of Assets is equal to market value less $\frac{2}{3}$ of the prior year's gain/(loss) less $\frac{1}{3}$ of second prior year's gain/(loss). The final Actuarial Value of Assets will be adjusted to be no less than 90% or no more than 110% of market value of assets.

b. FAS87/158

Market Value.

11. Changes Since Last Year:

None.

PN: 002

[illegible]

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4i - Schedule of Assets Held (At End of Year)
June 30, 2012

(a)	(b)(c)		(d)	(e)
	Description of Investment			
	Including Maturity Date, Rate of	Number		
	<u>Interest, Collateral, Par or Maturity Value</u>	<u>of Shares</u>	<u>Cost</u>	<u>Current Value</u>
Registered Investment Companies:				
	BlackRock Capital Appreciation Inv A	10,732	\$ 237,500	\$ 239,963
	JPMorgan Short Duration Bond Select	23,692	260,594	260,138
	PIMCO All Asset All Authroity A	30,640	320,641	320,802
	PIMCO Real Return A	26,730	319,832	328,245
	PIMCO Total Return A	14,499	160,406	163,836
	T. Rowe Price Equity Income Adv	9,899	<u>239,643</u>	<u>243,805</u>
			\$ <u>1,538,616</u>	\$ <u>1,556,789</u>

See independent auditors' report.

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended June 30, 2012

(a) Identity of Person Involved	(b) Description of Asset Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) - Single Transactions in Excess of 5% of Net Assets</u>						
* Diversified Large Growth	Collective Trust	\$ -	120,540	111,921	120,540	8,620
* Diversified Core Bond	Collective Trust	83,000	-	83,000	83,000	-
* Diversified Core Bond	Collective Trust	-	153,671	149,872	153,671	3,799
* Diversified Large Value	Collective Trust	-	123,673	111,910	123,673	11,762
* Diversified Inflation Protected	Collective Trust	-	167,000	158,430	167,000	8,570
* Diversified Inflation-Protected	Collective Trust	-	529,413	489,719	529,413	39,693
* Diversified High Quality Bond	Collective Trust	-	207,000	206,306	207,000	694
* Diversified High Quality Bond	Collective Trust	-	598,004	590,586	598,004	7,418
PIMCO Total Return A	Registered Investment Company	152,530	-	152,530	152,530	-
T. Rowe Price Equity Income Adv	Registered Investment Company	228,795	-	228,795	228,795	-
PIMCO Real Return A	Registered Investment Company	305,060	-	305,060	305,060	-
JPMorgan Short Duration Bond Select	Registered Investment Company	305,060	-	305,060	305,060	-
PIMCO All Asset All Authority A	Registered Investment Company	305,060	-	305,060	305,060	-
BlackRock Capital Appreciation Inv A	Registered Investment Company	228,795	-	228,795	228,795	-

* Known to be a party-in-interest

Akers Packaging Service, Inc.
Chicago Plant Hourly Employees Pension Plan
E.I.N. 31-0671096 Plan # 001
Schedule H, Line 4j - Schedule of Reportable Transactions - continued
For the Year Ended June 30, 2012

(a) Identity of Person Involved	(b) Description of Asset Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (iii) - Series of Transactions in Excess of 5% of Net Assets</u>						
* Diversified Large Growth	Collective Trust	112,000	120,623	112,000	120,623	8,623
* Diversified Core Bond	Collective Trust	150,000	153,802	150,000	153,802	3,802
* Diversified Large Value	Collective Trust	112,000	123,770	112,000	123,770	11,770
* Diversified Inflation-Protected	Collective Trust	648,577	696,873	648,577	696,873	48,296
* Diversified High Quality Bond	Collective Trust	883,555	891,959	883,555	891,959	8,404
PIMCO Total Return A	Registered Investment Company	160,646	-	160,646	160,646	-
T. Rowe Price Equity Income Adv	Registered Investment Company	319,037	-	319,037	319,037	-
PIMCO Real Return A	Registered Investment Company	320,309	-	320,309	320,309	-
JPMorgan Short Duration Bond Select	Registered Investment Company	319,037	-	319,037	319,037	-
PIMCO All Asset All Authority A	Registered Investment Company	321,121	-	321,121	321,121	-
BlackRock Capital Appreciation Inv A	Registered Investment Company	237,807	-	237,807	237,807	-

* Known to be a party-in-interest