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).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MONDI AKROSIL, LLC 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

MONDI AKROSIL, LLC

7201 108TH STREET
PLEASANT PRAIRIE, WI 53158

2b Employer Identification Number (EIN)
20-3849624

2c Sponsor's telephone number
262-287-4780

2d Business code (see instructions)
322200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/02/2014	GAIL WASSERSTEIN
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	134
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**	101
b Retired or separated participants receiving benefits	**6b**	22
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	123
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	123
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	97
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
MONDI AKROSIL, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MONDI AKROSIL, LLC

D Employer Identification Number (EIN)
20-3849624

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ASSOCIATED TRUST COMPANY, N.A.

30-0219031

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

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

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

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

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

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

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

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

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

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

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

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

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

ASSOCIATED TRUST COMPANY, N.A.

30-0219031

(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?
15 17 24 28 37 38 50 51 64 70	NONE	32465	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
MONDI AKROSIL, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MONDI AKROSIL, LLC

D Employer Identification Number (EIN)
20-3849624

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED BALANCED LIFESTAGE FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.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)
39-6771933-001	C	517342

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOC GROWTH BALANCED LIFESTAGE FD

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.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)
39-6771934-001	C	519918

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED GROWTH LIFESTAGE FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.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)
39-6771936-001	C	251061

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED MONEY MARKET COMMON FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.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)
52-7241044-001	C	356887

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED INTERMEDIATE TERM BOND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.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)
90-0186734-001	C	414691

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
MONDI AKROSIL, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MONDI AKROSIL, LLC

D Employer Identification Number (EIN)
20-3849624

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)		
(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)	138891	146201
(9) Value of interest in common/collective trusts	1c(9)	1819114	2059899
(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)	1808208	2284041
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3766213	4490141
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3766213	4490141

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)	179166	
	(B) Participants	2a(1)(B)	393353	
	(C) Others (including rollovers)	2a(1)(C)	68398	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		640917
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)	6191	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6191
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	24727	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		24727
	(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)		
	(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		167320
(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)		266277
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1105432
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	375308	
(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)		375308
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1154
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)	30915	
(4) Other	2i(4)	1550	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		32465
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		408927
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		696505
l Transfers of assets:			
(1) To this plan	2l(1)		27423
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: SCHENCK SC **(2)** EIN: 39-1173131

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

MONDI AKROSIL, LLC 401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2012 (audited) and
December 31, 2011 (compiled)

MONDI AKROSIL, LLC 401(k) RETIREMENT PLAN

TABLE OF CONTENTS

Page

INDEPENDENT AUDITORS' REPORT……1 - 2

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits....3

Statements of Changes in Net Assets Available for Benefits....4

Notes to Financial Statements....5 - 15

SUPPLEMENTAL SCHEDULE

Schedule of Assets (Held at End of Year)....16

Note: Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable.

Schenck SC
CPAs AND SO MUCH MORE.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Mondi Akrosil, LLC 401(k) Retirement Plan
Pleasant Prairie, Wisconsin

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Mondi Akrosil, LLC 401(k) Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 3, which was certified by Associated Trust Company, N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. 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 December 31, 2012, and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2012 financial statements. Accordingly, we do not express an opinion on the 2012 financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2012 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Other Matter - Report on Compiled 2011 Financial Statements

We have compiled the accompanying statement of net assets available for benefits of Mondi Akrosil, LLC 401(k) Retirement Plan as of December 31, 2011, and the related statement of changes in net assets available for benefits for the year then ended. We have not audited or reviewed the accompanying 2011 financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist plan management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2012 financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Schenck SC

Certified Public Accountants

Milwaukee, Wisconsin
December 6, 2013

MONDI AKROSIL, LLC 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2012 and 2011

	(Audited) 2012	(Compiled) 2011
ASSETS		
Investments, at fair value:		
Mutual funds	$ 2,284,041	$ 1,808,208
Common trust funds	2,059,899	1,819,114
Total investments	4,343,940	3,627,322
Receivables:		
Accrued investment income	104	133
Notes receivable from participants	146,201	138,891
Total receivables	146,305	139,024
Net assets available for benefits	$ 4,490,245	$ 3,766,346

See accompanying notes to financial statements.

MONDI AKROSIL, LLC 401(k) RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2012 and 2011

	(Audited) 2012	(Compiled) 2011
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 433,599	$ (137,007)
Interest and dividends	24,699	19,753
Total investment income (loss)	458,298	(117,254)
Interest income on notes receivable from participants	6,191	6,174
Contributions:		
Company	179,166	192,589
Participant	393,353	440,698
Rollover	68,398	393,765
Total contributions	640,917	1,027,052
Total additions	1,105,406	915,972
Deductions from net assets attributed to:		
Benefits paid to participants	376,463	503,957
Administrative expenses	32,467	26,998
Total deductions	408,930	530,955
Net asset transfers from other plans	27,423	17,667
Net increase	723,899	402,684
Net assets available for benefits:		
Beginning of year	3,766,346	3,363,662
End of year	$ 4,490,245	$ 3,766,346

See accompanying notes to financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Mondi Akrosil, LLC 401(k) Retirement Plan (the Plan) is provided for general informational purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a qualified defined contribution retirement plan which covers substantially all employees of Mondi Akrosil, LLC (the Company) who are at least 18 years of age and have completed three months of service. Eligible employees enter the Plan as of the first day of the month coinciding with or next following the date that eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Administration: The Plan Administrator is Mondi Akrosil, LLC. The Plan's Trustee, Associated Trust Company, N.A., is responsible for the management and control of a majority of the Plan's assets and has certain discretionary authority and control over such assets.

Contributions: Participants may elect pre-tax and/or Roth after-tax contributions up to 100% of their compensation to the Plan, subject to maximum amounts allowed by law. The Plan allows participants to rollover distributions from other qualified plans.

The Company makes a safe harbor matching contribution equal to 100% of each participant's elective deferrals not exceeding 3% of the participant's compensation, plus 50% of each participant's elective deferrals in excess of 3% but not in excess of 5% of the participant's compensation. The Company may additionally make a discretionary non-elective contribution to eligible participants. There were no discretionary non-elective contribution made to the Plan for the years ended December 31, 2012 and 2011.

Vesting: Participants are immediately vested in their elective deferral, safe harbor match and rollover contributions and any income or loss thereon. Vesting in the Company non-elective contributions are subject to a three year cliff vesting schedule.

Investing options: Participants may direct the investment of their account balances into various investment options offered by the Plan. Participants may change their investment options daily through an automated telephone system or via web access.

Funding: The Company remits participant and safe harbor matching contributions to the Plan when the related payroll is paid by the Company. The Company's additional discretionary non-elective contributions, if any, are remitted to the Plan on an annual basis.

Participant accounts: Individual accounts are maintained for each participant of the Plan. Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

Benefit payments: Benefits under the Plan are paid upon normal retirement (age 65), termination, death or disability. A terminated participant with an account balance of $5,000 or less will receive a lump-sum distribution. If the account balance is greater than $5,000, the terminated participant may elect to defer distribution of their account until normal retirement age or receive a lump-sum distribution immediately.

Forfeitures: Forfeitures are portions of account balances that participants surrender by terminating employment prior to becoming fully vested. Forfeited balances of terminated non-vested participant accounts are used to reduce the amount of the discretionary non-elective contribution. Forfeitures were not used to reduce the discretionary non-elective contribution in the years ended December 31, 2012 and 2011 as there was no non-elective contributions made in those years. The balance in the forfeiture account at December 31, 2012 and 2011 was $6,117 and $4,918, respectively.

Notes receivable from participants: Upon participant request, the Plan Administrator may direct the Trustee to make loans to a participant secured by the participant's account. The amount of the loan (never less than $1,000) may not exceed the lesser of 50% of the participant's vested account balance or $50,000. The repayment of any loan shall not exceed 5 years, unless the loan is made to acquire a principal residence in which case the loan may not exceed 15 years. The loans bear interest at a rate of Prime + 2.00%. As of December 31, 2012, interest rates on existing loans were 5.25%. As of December 31, 2011, interest rates on existing loans ranged from 3.25% to 7.75%.

Administrative expenses: The Plan pays all administrative expenses except where the Company elects to pay such expenses directly. Administrative expenses incurred by the Plan consist of fees paid to the Trustee.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

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

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

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (continued)

Risks and uncertainties: The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements of the Plan.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2012 or 2011. If a participant ceases to make loan repayments and the Plan Administrator deems the participant to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Investment valuation and income recognition: The Plan's investments are stated 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. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the Trustee. See Note 5 for a discussion of fair value measurements.

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of investments which consists of the realized gains and losses and the unrealized appreciation (depreciation) on those investments. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Payments of benefits: Benefits are recorded when paid.

Investment expenses: Investment related expenses are included in the net appreciation (depreciation) of the fair value of investments.

Subsequent events: The Plan Administrator has evaluated events and transactions for potential recognition or disclosure in the financial statements through December 6, 2013, the date on which the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

In accordance with the procedures stated in 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 audit of an independent public accountant need not extend to any statement or information prepared and certified by the Trustee. The Plan Administrator, therefore, has instructed the independent public accountants to exclude the information certified by the Trustee from the scope of their audit.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (continued)

The following is a summary of the information certified by Associated Trust Company, N.A, the Trustee of the Plan, as complete and accurate, as of and for the year ended December 31, 2012:

Statement of Net Assets Available for Benefits:	
Mutual funds	$ 2,284,041
Common trust funds	2,059,899
Accrued investment income	104
Notes receivable from participants	146,201
Statement of Changes in Net Assets Available for Benefits:	
Net appreciation (depreciation) in fair value of investments	$ 433,599
Interest and dividends	24,699
Interest income on notes receivable from participants	6,191

NOTE 4 – INVESTMENTS

The following schedule presents investments that represent 5% or more of the Plan's net assets as of December 31, 2012 and 2011:

	(Audited) 2012	(Compiled) 2011
Mutual funds, at fair value:		
Am Fds Growth Fund of America CL R6	$ 345,670	$ 307,673
Am Fds Europacific Growth Fd CL R6	298,801	243,391
Vanguard 500 Index Fund Signal	282,721	212,523
Perkins Mid Cap Value Fund CL I	264,174	272,132
Wasatch Small Cap Growth Fd	259,897	**
Goldman Sachs Growth Opportunity Instl	237,998	-
Eagle Mid Cap Stock Fd R5	-	$204,517
Common trust funds, at fair value:		
Associated Growth Balanced Lifestage Fund	519,918	520,923
Associated Balanced Lifestage Fund	517,342	387,294
Associated Intermediate Term Bond Fund	414,691	414,816
Associated Money Market Fund	356,887	278,470
Associated Growth Lifestage Fund	251,061	217,611

** Not greater than 5% of Plan Net Assets

NOTE 4 – INVESTMENTS (continued)

During the years ended December 31, 2012 and 2011, the appreciation (depreciation) in fair value of the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) are summarized as follows:

	(Audited) 2012	(Compiled) 2011
Mutual funds	$ 266,279	$ (123,666)
Common trust funds	167,320	(13,341)
Net appreciation (depreciation) in fair value of investments	$ 433,599	$ (137,007)

NOTE 5 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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;
- 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 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.

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011:

- Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

- Common trust funds – Valued at the net asset value (NAV) of units held by the Plan at year-end. The NAV, as provided by the administrator of the fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, minus its liabilities, and then divided by the number of units outstanding. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The preceding valuation methodologies 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.

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

	(Audited)			
	Level 1	Level 2	Level 3	Total
December 31, 2012				
Mutual funds:				
Large cap	$ 850,246	$ -	$ -	$ 850,246
Mid cap	569,146	-	-	569,146
Small cap	500,646	-	-	500,646
International	298,801	-	-	298,801
Fixed income	65,202	-	-	65,202
Total mutual funds	2,284,041	-	-	2,284,041
Common trust funds:				
Lifestage	-	1,288,321	-	1,288,321
Fixed income	-	771,578	-	771,578
Total common trust funds	-	2,059,899	-	2,059,899
Total	$ 2,284,041	$ 2,059,899	$ -	$ 4,343,940

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

	(Compiled)			
	Level 1	Level 2	Level 3	Total
December 31, 2011				
Mutual funds:				
Large cap	$ 667,849	$ -	$ -	$ 667,849
Mid cap	519,698	-	-	519,698
Small cap	317,369	-	-	317,369
International	243,391	-	-	243,391
Fixed income	59,901	-	-	59,901
Total mutual funds	1,808,208	-	-	1,808,208
Common trust funds:				
Lifestage	-	1,125,828	-	1,125,828
Fixed income	-	693,286	-	693,286
Total common trust funds	-	1,819,114	-	1,819,114
Total	$ 1,808,208	$ 1,819,114	$ -	$ 3,627,322

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

Fair value of investments in entities that use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2012 and 2011, respectively.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2012				
Common trust funds:				
Associated Balanced Lifestage Fund	$ 517,342	None	Daily	None
Associated Growth Balanced Lifestage Fd	519,918	None	Daily	None
Associated Growth Lifestage Fund	251,061	None	Daily	None
Associated Intermediate Term Bond Fd	414,691	None	Daily	None
Associated Money Market Fund	356,887	None	Daily	None
December 31, 2011				
Common trust funds:				
Associated Balanced Lifestage Fund	$ 387,294	None	Daily	None
Associated Growth Balanced Lifestage Fd	520,923	None	Daily	None
Associated Growth Lifestage Fund	217,611	None	Daily	None
Associated Intermediate Term Bond Fd	414,816	None	Daily	None
Associated Money Market Fund	278,470	None	Daily	None

The common trust funds' investment objectives use a strategy consistent with the investment focus listed in the above tables.

NOTE 6 - PLAN TERMINATION

Although the Company has not expressed any intent to do so at the present time, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, each participant is one hundred percent vested.

NOTE 7 - INCOME TAX STATUS

The Plan adopted the Prototype Non-Standardized Profit Sharing Plan (Prototype) administered by the Trustee. The internal Revenue Service (IRS) determined and informed the Trustee by its opinion letter dated March 31, 2008 that the Prototype was designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan Administrator has not requested a separate opinion letter from the IRS for the Plan. The Plan Administrator believes the Plan is currently designed and is being operated in accordance with applicable requirements of the IRC.

NOTE 7 - INCOME TAX STATUS (continued)

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

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Transactions involving the accounts administered by the Trustee qualify as party-in-interest transactions. Administrative fees paid to the Trustee were $32,467 and $26,998 during the years ended December 31, 2012 and 2011. The Plan allows participants to obtain loans from the Plan, which are also considered party-in-interest transactions. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are not, however, considered prohibited transactions under Section 408(b) of the ERISA regulations.

NOTE 9 - RECONCILIATION BETWEEN FINANCIAL AND TAX REPORTING

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2012 and 2011:

	(Audited) 2012	(Compiled) 2011
Net assets available for benefits per the financial statements	$ 4,490,245	$ 3,766,346
Less: accrued investment income	(104)	(133)
Net assets available for benefits per the Form 5500	$ 4,490,141	$ 3,766,213

NOTE 9 - RECONCILIATION BETWEEN FINANCIAL AND TAX REPORTING (continued)

The following is a reconciliation of the net increase (decrease) in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2012 and 2011:

	(Audited) 2012	(Compiled) 2011
Net increase in net assets available for benefits per the financial statements	$ 723,899	$ 402,684
Less: current year accrued investment income	(104)	(133)
Add: prior year accrued investment income	133	-
Less: net asset transfers from other plans	(27,423)	(17,667)
Net income per the Form 5500	$ 696,505	$ 384,884

MONDI AKROSIL, LLC 401(k) RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2012

Plan Sponsor: Mondi Akrosil, LLC
Plan Sponsor EIN: 20-3849624
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investments (Number of Shares)	(d) Cost	(e) Current Value
	Mutual funds			
	Am Fds Europacific Growth Fd CL R6	7,256 Shares	**	$ 298,801
	Goldman Sachs Growth Opportunity Instl	9,632 Shares	**	237,998
	Am Fds Growth Fund of America CL R6	10,066 Shares	**	345,670
	Perkins Mid Cap Value Fund CL I	12,379 Shares	**	264,174
	Royce Fds Pennsylvania Mutual Fd	13,652 Shares	**	156,995
	Sound Shore Fund	6,355 Shares	**	221,855
	Vanguard Small Cap Index Signal	2,398 Shares	**	83,754
	Vanguard Mid Cap Index Signal	2,081 Shares	**	66,974
	Vanguard 500 Index Fund Signal	2,605 Shares	**	282,721
	Wasatch Small Cap Growth Fd	6,294 Shares	**	259,897
	Vanguard Short Term Inv Grade Fd	6,021 Shares	**	65,202
	Total mutual funds			2,284,041
	Common trust funds			
*	Associated Balanced Lifestage Fund	26,373 Shares	**	517,342
*	Associated Growth Balanced Lifestage Fund	25,752 Shares	**	519,918
*	Associated Growth Lifestage Fund	12,186 Shares	**	251,061
*	Associated Intermediate Term Bond Fd	9,989 Shares	**	414,691
*	Associated Money Market Fund	242,136 Shares	**	356,887
	Total common trust funds			2,059,899
	Participant loans			
*	Notes receivable from participants	Promissory notes, interest rates at 5.25%	**	146,201
			Total	$ 4,490,141

* Represents a party-in-interest to the Plan.
** Cost omitted for participant directed investments.

Attachment to Schedule H, Line 4i – Schedule of Assets Held at Year End

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/12 PAGE 4

ACCOUNT NO. MONDI AKROSIL LLC
401K RETIREMENT PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
CASH AND EQUIVALENTS							
	0	CASH	.00 .000	.00 .000		0	0.00
		TOTAL CASH AND EQUIVALENTS	.00	.00	.00	0	0.00
EQUITIES							
EQUITY COMMON TRUST FUNDS							
999999-34-5	26,373.327	BALANCED LIFESTAGE FUND	457,174.36 17.335	517,342.06 19.616	11.52	11,132	2.15
999999-35-2	25,751.637	GROWTH BALANCED LIFESTAGE FUND	444,999.44 17.280	519,917.55 20.189	11.58	10,093	1.94
999999-38-6	12,185.959	GROWTH LIFESTAGE FUND	205,987.40 16.904	251,061.49 20.602	5.59	3,959	1.58
		TOTAL EQUITY COMMON TRUST FUNDS	1,108,161.20	1,288,321.10	28.69	25,184	1.95
EQUITY MUTUAL FUNDS							
298706-82-1	7,255.977	AM FDS EUROPACIFIC GROWTH FD CL R6	278,501.38 38.382	298,801.13 41.180	6.65	6,116	2.05
38142Y-40-1	9,631.632	GOLDMAN SACHS GROWTH OPPORT INSTL	235,298.58 24.430	237,997.63 24.710	5.30	0	0.00
399874-81-7	10,066.107	AM FDS GROWTH FD OF AMERICA CL R6	288,443.56 28.655	345,670.11 34.340	7.70	4,106	1.19
47103C-24-1	12,379.276	PERKINS MID CAP VALUE FUND CL I	258,613.61 20.891	264,173.75 21.340	5.88	2,054	0.78

Attachment to Schedule H, Line 4i – Schedule of Assets Held at Year End

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/12 PAGE 5

ACCOUNT NO. MONDI AKROSIL LLC
401K RETIREMENT PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
780905-84-0	13,651.697	ROYCE FDS PENNSYLVANIA MUTUAL FD	149,280.35 10.935	156,994.52 11.500	3.50	1,556	0.99
836083-10-5	6,355.053	SOUND SHORE FUND	200,971.90 31.624	221,854.90 34.910	4.94	2,294	1.03
922908-42-1	2,398.456	VANGUARD SMALL CAP INDEX SIGNAL	77,806.96 32.440	83,754.08 34.920	1.87	1,556	1.86
922908-44-7	2,081.242	VANGUARD MID CAP INDEX SIGNAL	64,475.03 30.979	66,974.37 32.180	1.49	949	1.42
922908-49-6	2,605.247	VANGUARD 500 INDEX FUND SIGNAL	265,366.35 101.858	282,721.40 108.520	6.30	6,145	2.17
936772-10-2	6,294.420	WASATCH SMALL CAP GROWTH FD	244,375.30 38.824	259,896.60 41.290	5.79	0	0.00
		TOTAL EQUITY MUTUAL FUNDS	2,063,133.02	2,218,838.49	49.41	24,776	1.12
		TOTAL EQUITIES	3,171,294.22	3,507,159.59	78.11	49,960	1.42
		FIXED INCOME SECURITIES					
		FIXED INCOME COMMON TRUST FUNDS					
999999-03-0	9,988.897	ASSOCIATED INTERMEDIATE TERM BOND FD	385,589.37 38.602	414,691.40 41.515	9.24	16,138	3.89
999999-19-6	242,135.750	MONEY MARKET FUND	353,582.18 1.460	356,886.52 1.473	7.95	0	0.00
		TOTAL FIXED INCOME COMMON TRUST FUNDS	739,171.55	771,577.92	17.18	16,138	2.09

Attachment to Schedule H, Line 4i – Schedule of Assets Held at Year End

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/12 PAGE 6

ACCOUNT NO. MONDI AKROSIL LLC
401K RETIREMENT PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
	FIXED INC MUT/ETF FD						
922031-40-6	6,020.542	VANGUARD SHORT TERM INV GRADE FD 103.87	64,308.93 10.682	65,202.47 10.830	1.45	1,205	1.85
		TOTAL FIXED INCOME MUTUAL/ETF FUNDS	64,308.93	65,202.47	1.45	1,205	1.85
		TOTAL FIXED INCOME SECURITIES	803,480.48	836,780.39	18.64	17,343	2.07
	MISCELLANEOUS						
MS1029-78-9	146,200.720	MASTER LOAN 1.000	146,200.72 1.000	146,200.72 1.000	3.26	0	0.00
		TOTAL MISCELLANEOUS	146,200.72	146,200.72	3.26	0	0.00
		TOTAL ASSETS	4,120,975.42	4,490,140.70			
	ACCRUED INCOME						
		INTEREST	103.87	103.87	.00		
		TOTAL ACCRUED INCOME	103.87	103.87	.00		
		TOTAL ASSETS PLUS ACCRUED INCOME	4,121,079.29	4,490,244.57			