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 10/01/2012 and ending 09/30/2013

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1998

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

RTS PACKAGING LLC

504 THRASHER STREET
NORCROSS, GA 30071-1967

2b Employer Identification Number (EIN)
58-2323235

2c Sponsor's telephone number
770-448-2193

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.	07/14/2014	NANCY GARNER
	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)
STEVEN MURPHY

MOORE, COLSON & COMPANY, P.C.

1640 POWERS FERRY RD, BLDG 11
MARIETTA, GA 30067

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**	713
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**	365
b	Retired or separated participants receiving benefits	**6b**	145
c	Other retired or separated participants entitled to future benefits	**6c**	199
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	709
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	10
f	Total. Add lines **6d** and **6e**	**6f**	719
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**	5
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:
1A 1G

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

▶ **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
RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RTS PACKAGING LLC

D Employer Identification Number (EIN)
58-2323235

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

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

Part I Basic Information

1	Enter the valuation date: Month 10 Day 01 Year 2012			
2	Assets:			
	a Market value	2a		29850854
	b Actuarial value	2b		29288563
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	3a	129	9577225
	b For terminated vested participants	3b	210	4337538
	c For active participants:			
	(1) Non-vested benefits	3c(1)		664096
	(2) Vested benefits	3c(2)		14676886
	(3) Total active	3c(3)	374	15340982
	d Total	3d	713	29255745
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		7.04 %
6	Target normal cost	6		616194

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

06/30/2014
Date

ANTHONY WAGMAN
Type or print name of actuary

11-07407
Most recent enrollment number

MERCER
Firm name

404-442-3100
Telephone number (including area code)

3560 LENOX ROAD, SUITE 2400
ATLANTA, GA 30326
Address of the firm

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

Part II Beginning of Year Carryover 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)		
10	Interest on line 9 using prior year's actual return of 12.33%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		659375
	b Interest on (a) using prior year's effective interest rate of 5.70% except as otherwise provided (see instructions)		37584
	c Total available at beginning of current plan year to add to prefunding balance		696959
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		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	100.11 %
15	Adjusted funding target attainment percentage	15	100.11 %
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	80.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/14/2013	138546				
04/08/2013	200000				
07/10/2013	200000				
10/11/2013	200000				
			Totals ► 18(b)	738546	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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	705195

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.54%	6.85%	7.52 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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 subject to 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**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	616194
b Excess assets, if applicable, but not greater than line 31a	**31b**	32818

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	583376

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	583376
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	705195

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	121819
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

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)	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 10/01/2012 and ending 09/30/2013

A Name of plan
RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
RTS PACKAGING LLC

D Employer Identification Number (EIN)
58-2323235

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

NORTHERN TRUST CORPORATION

36-2723087

(b) Enter name and EIN or address of person who provided you disclosure 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)

GOLDMAN SACHS

13-4019460

(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?
28	INVESTMENT MANAGEMENT	66306	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PENSION RESOURCE GROUP

58-2194059

(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?
14	ADMINISTRATOR	43088	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

13-2834414

(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?
11	ACTUARY	17628	Yes [ ] No [X]	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)

MOORE COLSON

58-1653941

(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?
10	AUDITOR	12281	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAZURSKY & CONSTANTINE

27-3547321

(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?
29	LAWYER	10739	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST

36-2723087

(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	TRUSTEE	8877	Yes [ ] No [X]	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 10/01/2012 and ending 09/30/2013

A Name of plan
RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RTS PACKAGING LLC

D Employer Identification Number (EIN)
58-2323235

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: ROCK-TENN COMPANY MASTER TRUST

b Name of sponsor of entity listed in (a): ROCK-TENN COMPANY

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)
62-0342590-499	M	30796440

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)

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

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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 10/01/2012 and ending 09/30/2013

A Name of plan
RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
RTS PACKAGING LLC

D Employer Identification Number (EIN)
58-2323235

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)	1161454	200000
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	28707445	30796440
(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)		
(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	29868899	30996440
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	26052	25649
k	Total liabilities (add all amounts in lines 1g through1j)	1k	26052	25649
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	29842847	30970791

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)	738546	
	(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)		738546
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)		
	(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)		
	(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1731740
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2470286
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1076670	
(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)		1076670
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)	42187	
(2) Contract administrator fees	2i(2)	43088	
(3) Investment advisory and management fees	2i(3)	81950	
(4) Other	2i(4)	98447	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		265672
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1342342
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1127944
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MOORE COLSON **(2)** EIN: 58-1653941

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		10000000
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		X	

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

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan
RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
RTS PACKAGING LLC

D Employer Identification Number (EIN)
58-2323235

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**

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): 36-2723087

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

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

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

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

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

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**

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

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

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

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RTS PACKAGING, LLC
CONSOLIDATED PENSION PLAN

FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITOR'S REPORT

AS OF AND FOR THE YEARS ENDED
SEPTEMBER 30, 2013 AND 2012

RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
RTS Packaging, LLC Consolidated Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of RTS Packaging, LLC Consolidated Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, 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.

Auditor's 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 5, which was certified by The Northern Trust Company, 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 September 30, 2013 and 2012, and for the years then ended, that the information provided to the Plan administrator by the Trustee is complete and accurate.

energy.
insight.
growth.

p 770.989.0028
f 770.989.0201
1640 powers ferry road
governor's ridge
building 11, suite 300
marietta, ga 30067

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. Accordingly, we do not express an opinion on these financial statements.

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

The form and content of the information included in the financial statements, 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.

Moore, Colson + Company, P.C.

Marietta, Georgia
July 14, 2014

RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2013 AND 2012

	2013	2012
ASSETS		
ASSETS:		
Investment in Rock-Tenn Company Master Retirement Trust, at fair value	$ 30,796,440	$ 28,707,445
Employer contributions receivable	200,000	1,161,454
Total assets	30,996,440	29,868,899
LIABILITIES -		
Accrued expenses	25,649	26,052
NET ASSETS AVAILABLE FOR BENEFITS	$ 30,970,791	$ 29,842,847

See notes to financial statements.

RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012

	2013	2012
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer contributions	$ 738,546	$ 2,761,454
Plan interest in Rock-Tenn Company Master Retirement Trust investment income	1,731,740	3,112,920
Total additions	2,470,286	5,874,374
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid	1,076,670	959,347
Administrative expenses	265,672	161,920
Total deductions	1,342,342	1,121,267
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	1,127,944	4,753,107
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF THE YEAR	29,842,847	25,089,740
NET ASSETS AVAILABLE FOR BENEFITS, END OF THE YEAR	$ 30,970,791	$ 29,842,847

See notes to financial statements.

RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012

1. DESCRIPTION OF PLAN

The following description of the RTS Packaging, LLC Consolidated Pension Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description for a complete description of the Plan's provisions.

A. General

RTS Packaging, LLC (the "Company" or "Plan Sponsor") sponsors the Plan formerly known as the RTS Packaging, LLC Pension Plan for Certain Wage Hour Employees. The Plan is a non-contributory defined benefit plan covering a substantial portion of employees of the Company that are specifically listed in the Plan document. The Plan was formed on January 1, 1998 from assets and liabilities spun off from certain Rock-Tenn Company pension plans and the Retirement Plan of Sonoco Products Company pursuant to the joint venture agreement between Rock-Tenn Company and Sonoco Products Company. Eligible participants must complete one year of vested service and be at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

B. Benefits and Vesting

The Plan provides normal retirement benefits for its participants as of the first day of the month following the attainment of age 65. Early retirement benefits are provided to eligible participants as early as age 55 and extended retirement benefits are provided for those electing continued employment past normal retirement. Accrued benefits are fully vested upon completion of five years of service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles ("GAAP").

B. Investments

Effective January 1, 2013, the assets of the Rock-Tenn Company Pension Plan for Certain Salaried Employees (SSCC) and the Rock-Tenn Company Pension Plan for Certain Hourly Employees (SSCC), which were held in the Smurfit-Stone Container Corporation Defined-Benefit Master Trust ("SSCC Master Trust"), were transferred into the Rock-Tenn Company Master Retirement Trust ("Master Trust"). Total assets transferred on January 1, 2013 totaled $2,216,097,759, which included $126,233 of additional investment income earned on the transfer date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. Investments (Continued)

For the years ended September 30, 2013 and 2012, all of the Plan's assets are held in the Rock-Tenn Company Master Retirement Trust ("Master Trust"). For the year ended September 30, 2013, the Master Trust held assets on behalf of the Rock-Tenn Company Consolidated Pension Plan, the RTS Packaging, LLC Consolidated Pension Plan, the Rock-Tenn Company Pension Plan for Certain Salaried Employees (SSCC) and the Rock-Tenn Company Pension Plan for Certain Hourly Employees (SSCC). For the year ended September 30, 2012, the Master Trust held assets on behalf of the Rock-Tenn Company Consolidated Pension Plan and the RTS Packaging, LLC Consolidated Pension Plan.

Investments held by the Master Trust 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. The Company's Treasury Department determines the Plan's valuation policies utilizing information provided by its investment advisers and the Plan's Trustee. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes gains and losses on investments bought and sold as well as held during the year.

C. Contributions

Contributions to the Plan by the Company are based on what is needed to provide definitely determinable benefits to Plan participants. Actuarial assumptions and computations are required to determine such contributions. Employer contributions receivable represent those contributions remitted to the Plan after its September 30th year-end and typically consist of a) the Company's quarterly contribution due each October after its year-end, b) the Company's final contributions generally made in June following its year-end and prior to the Company's June 15th tax return deadline, and c) any additional contributions made by the Company after year-end to meet applicable funding targets.

D. Administrative Expenses

Certain expenses incurred in administration or operation of the Master Trust are paid from the assets of the Master Trust and allocated to each participating plan. Such expenses are allocated monthly either specifically to the plan they relate to or to each participating plan based on their relative net asset balances.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Payment of Benefits

Benefit payments are recorded when distributed.

F. Risks and Uncertainties

The Plan invests in various investment securities through the Master Trust. Investment securities, in general, are exposed to various risks such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

G. Actuarial Present Value of Accumulated Plan Benefits Obligation

The accumulated plan benefits obligation (Note 8) represents estimated future periodic payments, including lump-sum distributions, to be made in accordance with the Plan's provisions with respect to service which employees have rendered to the valuation date. It includes 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. The accumulated plan benefits are based on the monthly benefit amount designated by the Plan and in effect at the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. The effect of plan amendments on accumulated plan benefits is recognized in the year in which such amendments become effective.

The actuarial present value of the accumulated plan benefits obligation is determined by an independent actuary and represents the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits obligation to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Actuarial Present Value of Accumulated Plan Benefits Obligation (Continued)

The significant actuarial assumptions used in the valuations as of October 1, 2012 and 2011 were as follows:

	2012	2011
Interest Rate	4.22%	5.27%
Mortality Table	• RP - 2000 with White Collar Adjustment projected with Scale AA to 2018 for salaried participants • RP - 2000 with Blue Collar Adjustment projected with Scale AA to 2018 for hourly participants	• RP - 2000 with White Collar Adjustment projected with Scale AA to 2018 for salaried participants • RP - 2000 with Blue Collar Adjustment projected with Scale AA to 2018 for hourly participants
Employee Turnover	A moderate scale consistent with the Company's experience	
Retirement Age	Active participants - Ages 55 to 70, at specific percentage rates from 5% to 100% Terminated vested participants - Age 62	Active participants - Ages 55 to 70, at specific percentage rates from 5% to 100% Terminated vested participants - Age 62

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 actuarial present value of accumulated plan benefits.

H. Use of Estimates

The preparation of financial statements in conformity with GAAP requires Plan 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.

3. INVESTMENT IN ROCK-TENN COMPANY MASTER RETIREMENT TRUST

The Plan assets are held in the Master Trust under the terms of a trust agreement. The Northern Trust Company is the Trustee of the Plan for the years ended September 30, 2013 and 2012. The value of the Plan's share of assets is presented as a single asset and the net investment experience of the Master Trust is presented as a single addition to or deduction from net assets in the accompanying financial statements. Each participating plan has an undivided interest in the Master Trust. The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trusts, income (loss) and expenses resulting from the collective investment of the assets of the Master Trusts. The Plan's pro-rata share of the net assets available for benefits under the Master Trust is 1.14% and 7.22% at September 30, 2013 and 2012, respectively. The condensed statements of net assets and statements of changes in net assets of the Master Trust are presented in Note 10.

4. FAIR VALUE MEASUREMENTS

The FASB has established a framework for measuring fair value. The 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 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

4. FAIR VALUE MEASUREMENTS (Continued)

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. There have been no changes in the valuation methodologies used at September 30, 2013 and 2012.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets carried at fair value as of September 30, 2013:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Equity securities:				
U.S. equities [(a)]	$ 133,727,352	$ 184,307,975	$ -	$ 318,035,327
Non-U.S. equities [(a)]	58,122,737	543,164,562	-	601,287,299
Hedged equity [(a)]	-	219,130,433	-	219,130,433
Fixed income securities:				
U.S. government securities [(b)]	-	127,787,020	-	127,787,020
Non-U.S. government securities [(c)]	-	15,039,513	-	15,039,513
U.S. corporate bonds [(c)]	106,344,217	567,439,710	-	673,783,927
Non-U.S. corporate bonds [(c)]	170,766,640	117,263,454	-	288,030,094
Mortgage-backed securities [(c)]	-	49,205,141	-	49,205,141
Other fixed income [(d)]	-	28,049,925	-	28,049,925
Short-term investments [(e)]	95,719,920	-	-	95,719,920
Other investments:				
Alternative investments [(f)]	-	243,686,490	39,643,552	283,330,042
Total assets at fair value	$ 564,680,866	$ 2,095,074,223	$ 39,643,552	$ 2,699,398,641

4. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets carried at fair value as of September 30, 2012:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Equity securities:				
U.S. equities [(a)]	$ 16,116,763	$ 27,596,852	$ -	$ 43,713,615
Non-U.S. equities [(a)]	8,703,558	83,730,277	-	92,433,835
Hedged equity [(a)]	-	35,344,680	-	35,344,680
Fixed income securities:				
U.S. government securities [(b)]	-	35,067,141	-	35,067,141
Non-U.S. government securities [(c)]	-	5,414,428	-	5,414,428
U.S. corporate bonds [(c)]	14,492,290	29,419,829	-	43,912,119
Non-U.S. corporate bonds [(c)]	29,801,987	16,767,633	-	46,569,620
Mortgage-backed securities [(c)]	-	44,712,037	-	44,712,037
Other fixed income [(d)]	-	1,594,268	-	1,594,268
Short-term investments [(e)]	12,202,696	-	-	12,202,696
Other investments:				
Alternative investments [(f)]	-	36,464,486	209,132	36,673,618
Total assets at fair value	$ 81,317,294	$ 316,111,631	$ 209,132	$ 397,638,057

(a) Equity securities are comprised of the following investment types: (i) common stock; (ii) preferred stock; (iii) equity exchange traded funds; (iv) hedged equity investments; and (v) commingled equity funds. Investments in common and preferred stocks are valued using quoted market prices multiplied by the number of shares owned. The investment in exchange traded funds are valued at the net asset value per share multiplied by the number of shares held as of the measurement date. The hedged equity investment is a commingled fund that consists primarily of equity indexed investments which are hedged by options and also holds collateral in the form of short-term treasury securities. The commingled funds investments are valued at the net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled funds includes market pricing of the underlying assets as well as broker quotes and other valuation techniques.

(b) U.S. government securities include treasury and agency debt. These investments are valued using a broker quote in an active market.

(c) These investments are valued utilizing a market approach that includes various valuation techniques and sources such as value generation models, broker quotes in active and non-active markets, benchmark yields and securities, reported trades, issuer spreads, and/or other applicable reference data. The U.S. corporate bonds category is primarily comprised of U.S. dollar denominated investment grade securities. Commingled debt funds are valued at their net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled funds includes market pricing of the underlying assets as well as broker quotes and other valuation techniques.

4. FAIR VALUE MEASUREMENTS (Continued)

(d) Other fixed income is comprised of municipal and asset-backed securities. Investments are valued utilizing a market approach that includes various valuation techniques and sources such as, broker quotes in active and non-active markets, benchmark yields and securities, reported trades, issuer spreads, and/or other applicable reference data.

(e) Short-term investments are valued at $1.00/unit, which approximates fair value. Amounts are generally invested in interest-bearing accounts.

(f) The alternative investments are diversified across multiple asset managers and several types of asset classes including hedge funds (level 2) and a private equity partnership (level 3). The hedge funds are valued at net asset value. Fair value of the private equity partnerships is determined based on discounted cash flow analysis that utilizes unobservable inputs such as weighted average cost of capital ranging from 8.8% to 16.1% for 2013 and 7.3% to 20% for 2012, residual growth rate assumptions ranging from 1.0% to 4.0% for 2013 and 1.5% to 4.0% for 2012; revenue growth rates ranging from 2.2% to 6.6% for 2013 and 1.6% to 9.1% for 2012;and EBITDA of market comparable companies with multiples ranging from 7.0 to 13.2 for 2013 and 4.8 to 14.5 for 2012. The fair value of our real estate funds is based on the utilization of various unobservable inputs including but not limited to rental rate factors ranging from 0% to 25% for 2013 and 2012; capitalization rates ranging from 5% to 8% for 2013 and 2012; discount rates ranging from 7% to 9% for 2013 and 2012; and inflation rates ranging from 0% to 5% for 2013 and 2012. Future funding commitments related to the private equity partnerships approximated $11,287,000 at September 30, 2013.

In estimating fair value of investments in level 3, the Company's Treasury Department may use information provided by its investment advisors and the Plan's Trustee. In substantiating the reasonableness of the data provided by third parties, the Treasury Department evaluates a variety of factors including review of methods and assumptions used by the trustee as well as industry and market developments.

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of investments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following tables set forth a summary of changes in the fair value of the Master Trust's level 3 assets for the years ended September 30, 2013 and 2012.

	2013	2012
Fair Value, beginning of year	$ 209,132	$ 286,569
Transfer from SSCC Master Trust	33,797,765	-
Unrealized Gains (Losses) relating to investments still held at year end	4,028,101	(77,437)
Realized Gains	1,229,364	-
Purchases	3,467,817	-
Sales	(3,088,627)	-
Fair Value, end of year	$ 39,643,552	$ 209,132

4. FAIR VALUE MEASUREMENTS (Continued)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes the Master Trust's investments measured at fair value based on net asset value (NAVs) per share as of September 30, 2013:

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
U. S. equities:				
US Equity Managers: Portfolio 1 (ERISA) - Class 1	$ 172,732,741	$ -	Monthly	5 days
SSgA Russell 1000 Index Fund	11,569,134	-	Daily	2 days
	184,301,875			
Non-U.S. equities:				
Emerging Markets Equity Managers: Portfolio 1 (ERISA) - Class 1	198,386,284	-	Monthly	5 days
SSgA MSCI EAFE Small Cap Index Fund	50,600,014	-	Semi-monthly	2 days
Laudus Mondrian International Equity Fund Class Institutional	29,511,034	-	Monthly	15 days
William Blair International Small Cap Growth Fund	26,480,054	-	Daily	10 days
SSgA MSCI EAFE Index Fund	54,301,473	-	Semi-monthly	2 days
Goldman Sachs Non-US Equity Managers: Portfolio 1 (ERISA) - Class 1	183,885,702	-	Monthly	5 days
	543,164,561			
Hedged equity:				
Goldman Sachs Global Lower Beta Equity Fund Class IO Shares	219,130,433	-	Weekly	5 days
U.S. corporate bonds:				
Primus High Yield Bond Fund	55,419,186	-	Monthly	10 days
SSgA Long U.S. Credit Index NL Fund	176,486,922	-	Daily	2 days
	231,906,108			
Non-U.S. corporate bonds:				
Wellington Emerging Market Debt Local	41,076,058	-	Monthly	22nd calendar day of month prior to trade
Alternative investments:				
Goldman Sachs Multi-Strategy Portfolio Rock-Tenn, Ltd.- Class A	243,456,150	-	Monthly	5 days
Total	$ 1,463,035,185			

4. FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes the Master Trust's investments measured at fair value based on net asset value (NAVs) per share as of September 30, 2012:

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
U. S. equities:				
US Equity Managers: Portfolio 1 (ERISA) - Class 1	$ 25,786,279	$ -	Monthly	5 days
SSgA Russell 1000 Index Fund	1,810,573	-	Daily	2 days
	27,596,852			
Non-U.S. equities:				
Emerging Markets Equity Managers: Portfolio 1 (ERISA) - Class 1	31,735,541	-	Monthly	5 days
SSgA MSCI EAFE Small Cap Index Fund	6,715,410	-	Semi-monthly	2 days
Laudus Mondrian International Equity Fund Class Institutional	3,966,027	-	Monthly	15 days
William Blair International Small Cap Growth Fund	4,127,283	-	Daily	1 day
SSgA MSCI EAFE Index Fund	7,886,471	-	Semi-monthly	2 days
Goldman Sachs Non-US Equity Managers: Portfolio 1 (ERISA) - Class 1	29,299,545	-	Monthly	5 days
	83,730,277			
Hedged equity:				
Goldman Sachs Global Lower Beta Equity Fund Class IO Shares	35,344,680	-	Weekly	5 days
U.S. corporate bonds:				
Primus High Yield Bond Fund	7,768,475	-	Monthly	10 days
Non-U.S. corporate bonds:				
Wellington Emerging Market Debt Local	6,728,844	-	Monthly	10 days
Alternative investments:				
Goldman Sachs Multi-Strategy Portfolio Rock-Tenn, Ltd.- Class A	35,483,088	-	Monthly	5 days
Total	$ 196,652,216			

5. INFORMATION CERTIFIED BY TRUSTEE

For the years ended September 30, 2013 and 2012, the Plan administrator elected, as permitted by Section 2520.103 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, to have certain financial information certified by the Trustee, The Northern Trust Company. The following information included in the Master Trust's September 30, 2013 and 2012 financial statements was prepared by the Trustee and furnished to the Plan administrator.

	September 30, 2013	September 30, 2012
Statements of Net Assets Available for Benefits:		
Investments:		
Equity securities	$ 246,157,663	$ 171,492,130
Fixed income securities	902,270,478	177,269,613
Short-term investments	95,719,920	12,202,696
Other investments	229,400	36,673,618
Total certified investments	$ 1,244,377,461	$ 397,638,057
Statements of Changes in Net Assets Available for Benefits:		
Net appreciation (depreciation) of certified investments:		
Equity securities	$ 48,691,530	$ 26,124,003
Fixed income securities	(79,034,208)	10,932,417
Other investments	-	578,712
Total net appreciation (depreciation) of investments from certified investments	$ (30,342,678)	$ 37,635,132
Dividends and interest from certified investments	$ 29,570,852	$ 6,040,951

Additionally, the information in Note 10 was prepared by the Trustee and furnished to the Plan administrator. The Plan administrator has obtained a certification from the Trustee that the above information as of and for the years ended September 30, 2013 and 2012 is complete and accurate.

6. FUNDING POLICY

The Company's funding policy is to make contributions to the Plan in amounts sufficient to provide for the participants' benefits and to satisfy the minimum funding standards of ERISA. The Plan has met the minimum funding requirements of ERISA for the years ended September 30, 2013 and 2012.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Should the Plan terminate at some future time, its net assets generally may not be available to provide full benefits to all participants. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. For further description regarding the priority of participants' claims to the assets of the Plan upon Plan termination and benefits guaranteed by the PBGC, reference is made to the information included in the Summary Plan Description provided to all participants.

8. ACCUMULATED BENEFITS OBLIGATION

The present value of accumulated benefits obligation as determined by the actuary as of October 1, 2012 and 2011 is as follows:

	October 1, 2012	October 1, 2011
Vested benefits:		
Active participants	$ 21,889,408	$ 18,774,693
Inactive participants with deferred benefits	6,933,737	5,426,563
Inactive participants receiving benefits	11,590,048	9,105,805
	40,413,193	33,307,061
Nonvested benefits	1,004,829	555,287
Total actuarial present value of accumulated benefits obligation	$ 41,418,022	$ 33,862,348

Changes in the actuarial present value of accumulated benefits obligation are as follows:

Actuarial present value of accumulated benefits obligation at October 1, 2011	$ 33,862,348
Assumption changes (primarily discount rate change)	5,429,506
Interest due as a result of the decrease in the discount period	1,760,268
Benefits paid	(959,347)
Plan amendments	17,750
Benefits accumulated and (gains) losses	1,307,497
Actuarial present value of accumulated benefits obligation at October 1, 2012	$ 41,418,022

9. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated September 17, 2013, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. The Plan has not been amended and restated since receiving the determination letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and has no income subject to business income tax and, therefore, believes that the Plan, as amended and restated, is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 30, 2013, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. 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 by tax authorities for years prior to September 30, 2010.

10. MASTER TRUST STATEMENTS

The condensed statements of net assets for the Master Trust as of September 30, 2013 and 2012 are as follows:

	2013	2012
Investments, at fair value:		
Equity securities	$ 1,138,453,059	$ 171,492,130
Fixed income securities	1,181,895,620	177,269,613
Short-term investments	95,719,920	12,202,696
Other investments	283,330,042	36,673,618
Net assets	$ 2,699,398,641	$ 397,638,057

10. MASTER TRUST STATEMENTS (Continued)

The condensed statements of changes in net assets for the Master Trust for the years ended September 30, 2013 and 2012 are as follows:

	2013	2012
Investment income:		
Interest	$ 27,718,408	$ 4,702,985
Dividends	5,217,273	1,337,966
Net appreciation (depreciation) in fair value of investments:		
Equity securities	141,842,780	26,124,003
Fixed income securities	(95,736,204)	10,932,417
Other investments	17,792,012	578,712
Administrative expenses	(14,780,769)	(2,844,227)
Contribution received by Master Trust	146,261,000	64,800,000
Benefits paid from Master Trust	(142,651,675)	(18,615,950)
Increase in net assets	85,662,825	87,015,906
Net assets at beginning of year	397,638,057	310,622,151
Transfer from SSCC Master Trust	2,216,097,759	-
Net assets at end of year	$ 2,699,398,641	$ 397,638,057

For the years ended September 30, 2013 and 2012 net appreciation (depreciation) in fair value of investments consisted of the following:

	2013		
	Fair Value Hierarchy		
	Level 1	Level 2 and 3	Total
Equity securities	$ 36,595,151	$ 105,247,629	$ 141,842,780
Fixed income securities	(19,279,906)	(76,456,298)	(95,736,204)
Other investments	185,184	17,606,828	17,792,012
	$ 17,500,429	$ 46,398,159	$ 63,898,588

10. MASTER TRUST STATEMENTS (Continued)

	2012		
	Fair Value Hierarchy		
	Level 1	Level 2 and 3	Total
Equity securities	$ 9,741,924	$ 16,382,079	$ 26,124,003
Fixed income securities	3,858,111	7,074,306	10,932,417
Other investments	2,579	576,133	578,712
	$ 13,602,614	$ 24,032,518	$ 37,635,132

11. SUBSEQUENT EVENTS

Effective September 1, 2014, the Company will amend the Plan to permit a participant whose employment had terminated prior to January 1, 2014, but whose pension had not yet commenced, to elect to receive either a single, lump sum payment of their accrued pension, or an immediate monthly annuity. Participants who do not elect either option will defer receiving payment of their monthly pension until normal retirement age. Participants who elect either the lump sum of their accrued pension or the immediate monthly annuity must do so no later than August 2014. Lump sum payments elected under this program will be made during September 2014, and immediate monthly annuities elected will commence as of September 1, 2014.

The Plan has evaluated subsequent events through July 14, 2014, the date which the financial statements were available to be issued, and there are no additional disclosable events.

Schedule SB, Part V – Summary of Plan Provisions

Effective September 30, 2010, the RTS Packaging, LLC Pension Plan was merged into the RTS Packaging, LLC Pension Plan for Certain Wage Hour Employees and the name of the merged plan was changed to the RTS Packaging, LLC Consolidated Pension Plan.

After the plan merger, current and future plan participants will accrue benefits under the component plan in which they participated or would have participated prior to the merger. Shown below is a summary of the major plan provisions of each component plan.

RTS Packaging, LLC Pension Plan for Certain Wage Hour Employees

Effective date and plan year	October 1, 2010 Plan year: October 1 through September 30
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None.
Definitions	
▪ Covered employees	Dallas: Hourly paid members of the United Paperworkers International Union Local No. 895, or, effective 5/1/2006, USW Local No. 13-0895, employed at the Dallas plant in Texas. Hillside: Hourly paid members of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen & Helpers of America Local No. 777 employed at the Hillside Plant in Illinois. Downington: This location is no longer actively participating in the plan.
▪ Participation	All employees are eligible on the first of the month following the later of a) the attainment of age 21; b) the completion of one year of service and c) the date he or she becomes a covered employee.
▪ Vesting service	Service from date of hire calculated by the number of days worked.
▪ Credited service	Dallas: All months of service worked from the later of date of hire or March 31, 1981. Hillside: All months of service worked from the later of date or hire or January 1, 1985.

Schedule SB, Part V – Summary of Plan Provisions

▪ Accrued benefit	Benefit unit at the time of termination multiplied by years of credited service. Benefit units are listed below and are different for each location.

Dallas:

Date of termination	Benefit multiplier
3/31/2003 – 3/30/2004	$19.50
3/31/2004 – 4/30/2006	$21.50
5/01/2006 – 3/30/2008	$22.50
3/31/2008 – 3/31/2012	$23.50
4/01/2012 – 3/31/2013	$24.00
4/01/2013 – 3/31/2014	$24.50
After 4/01/2014	$25.00

Hillside:

Date of termination	Benefit multiplier
2/01/2003 – 1/31/2004	$21.00
2/01/2004 – 1/31/2005	$22.00
2/01/2005 – 1/31/2006	$23.00
2/01/2006 – 1/31/2007	$24.00
2/01/2007 – 1/31/2008	$25.00
2/01/2008 – 1/31/2009	$26.00
2/01/2009 – 1/31/2010	$27.00
2/01/2010 – 1/31/2011	$28.00
2/01/2011 – 1/31/2012	$29.00
After 1/31/2012	$29.75

▪ Actuarial equivalence for non-lump sum forms of payment	Dallas: Based on an interest rate of 5% and the 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries. Hillside: Based on an interest rate of 9% and the 1984 UP mortality table, with no set-back for participants and set-back 3 years for beneficiaries.
▪ Actuarial equivalence for lump sum forms of payment	Based on Section 417(e) of the Code.
Normal retirement	
▪ Eligibility	Retirement from active service at age 65.
▪ Benefit	Accrued benefit at date of retirement.

Schedule SB, Part V – Summary of Plan Provisions

Early retirement	
▪ Eligibility	Dallas: Age 55 and 20 years of vesting service. Hillside: Age 55.
▪ Benefit	Dallas: Accrued benefit at date of retirement reduced 0.4% for each month prior to age 65. Hillside: Accrued benefit at date of retirement reduced 0.3% for each month prior to age 65.
Late retirement	
▪ Eligibility	Retirement from active service after age 65.
▪ Benefit	Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.
Deferred vested	
▪ Eligibility	Dallas: The earlier of the completion of 5 years of vesting service or the attainment of age 65. Hillside: The earlier of the completion of 5 years of vesting service or the attainment of age 55.
▪ Benefit	Accrued benefit at date of termination payable at normal retirement date. Participants may elect earlier payment under the same terms that apply for early retirement.
Disability	
▪ Eligibility	Dallas: Immediate upon disability. Hillside: Disabled after attaining age 50 and 15 years of vesting service.
▪ Benefit	Accrued benefit at date of disability payable immediately.
Pre-retirement death	
▪ Eligibility	Eligible for vested termination benefits.
▪ Benefit	50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at age 65. The surviving spouse may elect earlier payment under the same terms that would have applied to the participant.

Schedule SB, Part V – Summary of Plan Provisions

Form of benefits	
▪ Automatic form for unmarried participants	Single life annuity.
▪ Automatic form for married participants	Joint and 50% survivor annuity.
▪ Optional forms	Dallas: Ten year certain and continuous annuity, single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, five or ten year installment annuity, social security level income annuity. Hillside: Single life annuity, joint and 50%, 66-2/3%, 75% or 100% annuity.
▪ Optional form conversion factors	All optional forms are the actuarial equivalent of the single life annuity option. See above for actuarial equivalence definitions.
Miscellaneous	
▪ Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2012, the limit is $200,000.

Schedule SB, Part V – Summary of Plan Provisions

RTS Packaging, LLC Pension Plan

Effective date and plan year	Original plan: January 1, 1998 Restated plan: October 1, 2001 Plan year: October 1 through September 30
Status of the plan	The plan has ongoing benefit accruals for certain groups of employees. Those who have opted out of the plan and employees hired or rehired after January 1, 2005 are not eligible to participate in the plan.
Significant events that occurred during the year	None.
Definitions	
▪ Covered employees	Nonunion employees of RTS Packaging LLC who: – Are not eligible to participate in any other pension plan maintained by an affiliate, and – Satisfied the eligibility for participation conditions below by December 31, 2004. All benefit accruals under this plan were frozen effective December 31, 2004 for Covered Employees who were under age 35 or had less than 5 years of Vesting Service as of December 31, 2004, unless covered by a bargaining agreement. Periodically, all other covered employees have been given the choice to stop benefit accruals under this plan in order to participate in an alternative retirement program.
▪ Participation	Covered employees are eligible on the entry date following attainment of age 21 and completion of one year of service. Entry dates are October 1, January 1, April 1 and July 1. Employees who hired or rehired after January 1, 2005 are not eligible to participate in the plan.
▪ Vesting service	Completed months from date of hire.
▪ Credited service	Service while a covered employee.
▪ Pensionable earnings	Hourly participants: total wages paid in the calendar year. Salaried participants: base salary.
▪ Primary social security benefit	The estimated monthly social security benefit payable at age 65 assuming level future earnings after termination.
▪ Average compensation	The highest average monthly compensation for any five years out of the last ten year of employment.
▪ Grandfathered employees	Covered employees who attained age 55 and completed at least 10 years of vesting service as of January 1, 1998.

Schedule SB, Part V – Summary of Plan Provisions

▪ Accrued benefit	For grandfathered employees, the greater of the new benefit formula or the old benefit formula described below. For all other covered employees, only the new benefit formula applies. In all cases, the accrued benefit is frozen for covered employees who have ceased benefit accruals under the plan.
▪ New benefit formula	The sum of a, b, and c as follows: a. The old benefit formula frozen as of December 31, 1997 or the frozen Sonoco accrued benefit, if applicable. b. 1.2% of pensionable earnings for each year after 1997 until March 1, 2005 and 1.0% of compensation for each year after March 1, 2005. c. 0.5% of pensionable earnings in excess of 50% of the social security wage base (if any) for each year after 1997 until March 1, 2005. The (c) portion does not apply to service after March 1, 2005.
▪ Old benefit formula	The greater of: a. 0.75% of average compensation times benefit service. b. $12.00 per month per year of benefit service. c. The product of: i) 50% of average compensation minus 50% of the primary social security benefit, and ii) Benefit service up to 25 years divided by 25. d. Accrued benefit as of September 30, 1985 under the Rock-Tenn Pension Plan.
▪ Actuarial equivalence for non lump sum payments	Based on an interest rate of 7% and the 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries.
▪ Actuarial equivalence for lump sum forms of payment	Based on Section 417(e) of the Code.
Normal retirement	
▪ Eligibility	Retirement from active service at age 65.
▪ Benefit	Accrued benefit at date of retirement.
Early retirement	
▪ Eligibility	Age 55 and 10 years of vesting service.
▪ Benefit	Accrued benefit reduced by 1/180 for each of the first 60 months prior to age 65 and 1/360 for each of the next 60 months prior to age 65.

Schedule SB, Part V – Summary of Plan Provisions

Late retirement	
▪ Eligibility	Retirement from active service after age 65.
▪ Benefit	Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.
Deferred vested	
▪ Eligibility	The earlier of five years of vesting service or the attainment of age 65.
▪ Benefit	Accrued benefit at date of termination payable at normal retirement date. A participant with ten or more years of vesting service at termination may elect to begin payment of his benefit as early as age 55, in which case the benefit payable will be the actuarial equivalent of the benefit payable at normal retirement date.
Disability	
▪ Eligibility	Upon permanent disability for covered employees who have opted to continue accruals under the plan.
▪ Benefit	Benefit accruals continue during the period of disability until age 65 at the rate of compensation in effect at the time of disability.
Pre-retirement death	
▪ Eligibility	Eligible for vested termination benefits.
▪ Benefit	50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at age 65. The surviving spouse may elect earlier payment under the same terms that would have applied to the participant.
Form of benefits	
▪ Automatic form for unmarried participants	Single life annuity
▪ Automatic form for married participants	Joint and 50% survivor annuity
▪ Optional forms	Ten year certain and continuous annuity, single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, social security level income annuity.
▪ Optional form conversion factors	All optional forms are the actuarial equivalent of the single life annuity option. See above for actuarial equivalence definitions.

Schedule SB, Part V – Summary of Plan Provisions

Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2012, the limit is $250,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2012, the limit is $200,000.

Schedule SB, Part V – Summary of Plan Provisions

Plan provision changes since prior valuation

- RTS Packaging, LLC Pension Plan for Certain Wage Hour Employees
  - Maximum benefits were updated from 2011 to 2012.
- RTS Packaging, LLC Pension Plan
  - Maximum compensation and maximum benefits were updated from 2011 to 2012.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #1, are included in this valuation.

- **Most recent plan amendment included:** Amendment #1 to the RTS Packaging, LLC Consolidated Pension Plan, adopted May 31, 2011.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* Participants over normal retirement age are valued with the larger of the accrued benefit at valuation date or the benefit at normal retirement age actuarially increased to the valuation date.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

Schedule SB, Part V – Summary of Plan Provisions

- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Line 26 — Schedule of Active Participant Data

Distribution of active participants[1] as of October 1, 2012

Attained age	Years of credited service										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up	Total
Under 25		6									6
25–29		4	3	2							9
30–34		6	3	13							22
35–39		7	2	14	3						26
40–44		9	5	18	13	6					51
45–49		9	9	15	18	10	9	1			71
50–54		9	5	13	22	14	14	7			84
55–59		1	4	13	9	14	9	7	2	1	60
60–64				8	4	8	3	2	2		27
65–69			1	1	2	1	4	4	1		14
70+				1		1	1			1	4
Total	0	51	32	98	71	54	40	21	5	2	374

In each cell, the number shown is the count of active participants for each age/service combination.
Average pay is not shown for plans with fewer than 1,000 active participants.

[1] This exhibit includes 7 disabled participants who are included in our active counts.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions

Discount rate sponsor elections

• Segment rates or full yield curve	Segment rates	
• Look-back months	4	
• Use stabilized rates – funding	Yes	
• Use stabilized rates – Section 436 benefit restrictions	Yes	
	Stabilized rates	Nonstabilized rates
• First 5 years	5.54%	1.84%
• Next 15 years	6.85%	4.79%
• Over 20 years	7.52%	5.90%

Mortality sponsor elections

▪ Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
▪ Disabled participants	Revenue Ruling 96-7 table for participants who became disabled after 1994.

Other economic assumptions

▪ Salary increases		
– Certain Wage Hour Employees	Not applicable.	
– Nonunion employees	2012	2.50% per year
	2013 and later	3.30% per year
▪ Social Security wage base		
– Certain Wage Hour Employees	Not applicable.	
– Nonunion employees	3.50% per year.	
▪ Expected investment return	7.50% per year.	
▪ Inflation		
– Certain Wage Hour Employees	Not applicable.	
– Nonunion employees	2.75% per year.	
▪ Expenses	Prior year administrative expenses adjusted to reflect differences in PBGC premiums between the current year and prior year.	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Demographic assumptions

Withdrawal: See table of sample rates.

Disability incidence: See table of sample rates.

Retirement age

	Percentage	
Attained age	Certain Wage Hour Employees	Nonunion employees
55	5.00%	10.00%
56	5.00%	7.50%
57	5.00%	7.50%
58	10.00%	7.50%
59	10.00%	7.50%
60	10.00%	10.00%
61	10.00%	15.00%
62	20.00%	20.00%
63	10.00%	20.00%
64	10.00%	25.00%
65	60.00%	50.00%
66	30.00%	20.00%
67	20.00%	20.00%
68	20.00%	30.00%
69	20.00%	30.00%
70+	100.00%	100.00%

Benefit commencement age for

- Future vested deferred
  - Certain Wage Hour Employees: 61
  - Nonunion employees: 62
- Current vested deferred
  - Certain Wage Hour Employees: 61
  - Nonunion employees: 62

Spouse assumptions	Male participants	Female participants
▪ Percentage married		
– Certain Wage Hour Employees	100%	100%
– Nonunion employees	80%	80%
▪ Spouse age difference	3 years younger	3 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Form of payment – males

▪ Certain Wage Hour Employees	Life annuity	50% J&S	60% J&S	10 year certain and life
– Active retirements	35%	0%	50%	15%
– Future vested deferred	35%	0%	50%	15%
– Future disabilities	35%	0%	50%	15%
– Future deaths	0%	100%	0%	0%
– Current vested deferred	35%	0%	50%	15%

▪ Nonunion employees	Life annuity	50% J&S	65% J&S	10 year certain and life
– Active retirements	35%	0%	60%	5%
– Future vested deferred	35%	0%	60%	5%
– Future disabilities	35%	0%	60%	5%
– Future deaths	0%	100%	0%	0%
– Current vested deferred	35%	0%	60%	5%

Form of payment – females

▪ Certain Wage Hour Employees	Life annuity	50% J&S	60% J&S	10 year certain and life
– Active retirements	40%	0%	20%	40%
– Future vested deferred	40%	0%	20%	40%
– Future disabilities	40%	0%	20%	40%
– Future deaths	0%	100%	0%	0%
– Current vested deferred	40%	0%	20%	40%

▪ Nonunion employees	Life annuity	50% J&S	65% J&S	10 year certain and life
– Active retirements	70%	0%	20%	10%
– Future vested deferred	70%	0%	20%	10%
– Future disabilities	70%	0%	20%	10%
– Future deaths	0%	100%	0%	0%
– Current vested deferred	70%	0%	20%	10%

Unpredictable contingent event assumptions	Not applicable.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Table of sample rates

Withdrawal rates

	Select rates for Nonunion employees			
	Hourly employees		Salaried employees	
Years of Service	Males	Females	Males	Females
0	22.00%	22.00%	19.00%	21.00%
1	22.00%	22.00%	19.00%	21.00%
2	20.00%	20.00%	13.00%	21.00%
3	17.00%	17.00%	13.00%	20.00%
4	15.00%	15.00%	9.00%	17.00%
5+	Ultimate rates			

	Ultimate rates				
	Certain Wage Hourly Employees	Nonunion employees			
		Hourly employees		Salaried employees	
Age	All	Male	Female	Male	Female
15	17.17%	12.00%	20.00%	15.00%	20.00%
20	17.17%	12.00%	20.00%	15.00%	20.00%
25	14.69%	12.00%	18.00%	8.00%	13.00%
30	11.14%	9.00%	10.00%	7.70%	12.00%
35	9.81%	8.00%	9.00%	7.40%	11.00%
40	8.24%	7.00%	8.00%	7.10%	8.00%
45	6.84%	6.00%	7.00%	5.00%	6.00%
50	5.21%	5.00%	6.00%	3.00%	4.00%
55	4.46%	0.30%	0.50%	0.30%	0.50%
60	0.00%	0.30%	0.50%	0.30%	0.50%
65	0.00%	0.30%	0.50%	0.30%	0.50%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Disability rates

	Certain Wage Hour Employees		Nonunion employees			
			Hourly employees		Salaried employees	
Age	Male	Female	Male	Female	Male	Female
15	0.000%	0.123%	0.097%	0.037%	0.020%	0.004%
20	0.120%	0.133%	0.120%	0.060%	0.040%	0.020%
25	0.132%	0.144%	0.149%	0.089%	0.068%	0.040%
30	0.148%	0.170%	0.190%	0.154%	0.098%	0.068%
35	0.182%	0.219%	0.264%	0.262%	0.146%	0.116%
40	0.246%	0.284%	0.396%	0.382%	0.230%	0.176%
45	0.363%	0.409%	0.616%	0.580%	0.360%	0.278%
50	0.629%	0.685%	1.044%	0.914%	0.636%	0.498%
55	1.131%	1.224%	1.818%	1.532%	1.176%	0.832%
60	1.912%	1.993%	2.724%	1.876%	2.240%	1.410%
65	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%

Actuarial Methods

Asset Methods

We used financial data submitted by the trustee as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides disability benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Line 24 — Change in Actuarial Assumptions

- Interest discounts and mortality rates were updated from 2011 to 2012 in accordance with PPA and sponsor elections.

The following changes were made to better reflect expected future plan experience:

- The long-term rate of return on assets decreased from 8.00% to 7.50%.
- The salary scale for Nonunion employees was updated from 3.25% for 2012 and years thereafter to 2.50% for 2012 and 3.30% for 2013 and years thereafter.

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

Certain Wage Hour Employees:

Age		Retirement Rate Qx		Weighted Lives lx		Weighted Ages
55	x	0.0500	x	1.0000	=	2.7500
56	x	0.0500	x	0.9500	=	2.6600
57	x	0.0500	x	0.9025	=	2.5721
58	x	0.1000	x	0.8574	=	4.9728
59	x	0.1000	x	0.7716	=	4.5527
60	x	0.1000	x	0.6945	=	4.1668
61	x	0.1000	x	0.6250	=	3.8127
62	x	0.2000	x	0.5625	=	6.9753
63	x	0.1000	x	0.4500	=	2.8351
64	x	0.1000	x	0.4050	=	2.5921
65	x	0.6000	x	0.3645	=	14.2161
66	x	0.3000	x	0.1458	=	2.8870
67	x	0.2000	x	0.1021	=	1.3677
68	x	0.2000	x	0.0817	=	1.1105
69	x	0.2000	x	0.0653	=	0.9014
70	x	1.0000	x	0.0523	=	3.6580
					Total	**62.0302**

Nonunion Employees:

Age		Retirement Rate Qx		Weighted Lives lx		Weighted Ages
55	x	0.1000	x	1.0000	=	5.5000
56	x	0.0750	x	0.9000	=	3.7800
57	x	0.0750	x	0.8325	=	3.5589
58	x	0.0750	x	0.7701	=	3.3498
59	x	0.0750	x	0.7123	=	3.1520
60	x	0.1000	x	0.6589	=	3.9533
61	x	0.1500	x	0.5930	=	5.4259
62	x	0.2000	x	0.5040	=	6.2502
63	x	0.2000	x	0.4032	=	5.0808
64	x	0.2500	x	0.3226	=	5.1614
65	x	0.5000	x	0.2419	=	7.8631
66	x	0.2000	x	0.1210	=	1.5968
67	x	0.2000	x	0.0968	=	1.2968
68	x	0.3000	x	0.0774	=	1.5794
69	x	0.3000	x	0.0542	=	1.1218
70	x	1.0000	x	0.0379	=	2.6556
					Total	**61.3259**

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Overall Weighted Average Retirement Age

Certain Wage Hourly Employees	126/374	x	62.0302	20.8979
Nonunion Employees	248/374	x	61.3259	40.6653
Weighted Average Retirement Age:				**61.5632**

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 10/01/2012 and ending 09/30/2013

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1998

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

RTS PACKAGING LLC

504 THRASHER STREET

NORCROSS GA 30071-1967

2b Employer Identification Number (EIN) 58-2323235

2c Sponsor's telephone number 770-448-2193

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	Nancy J. Garner Signature of plan administrator	07/14/2014 Date	NANCY GARNER Enter name of individual signing as plan administrator
SIGN HERE	Nancy J. Garner Signature of employer/plan sponsor	07/14/2014 Date	NANCY GARNER 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)

STEVEN MURPHY
MOORE, COLSON & COMPANY, P.C.
1640 POWERS FERRY RD, BLDG 11
MARIETTA GA 30067

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [X] 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: a Sponsor's name	4b EIN
	4c PN

5 Total number of participants at the beginning of the plan year	5	713
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	365
b Retired or separated participants receiving benefits	6b	145
c Other retired or separated participants entitled to future benefits	6c	199
d Subtotal. Add lines 6a, 6b, and 6c	6d	709
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	10
f Total. Add lines 6d and 6e	6f	719
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	5
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:
1A 1G

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)	9b Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(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	b General Schedules
(1) [X] R (Retirement Plan Information)	(1) [X] H (Financial Information)
(2) [ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] I (Financial Information - Small Plan)
	(3) [ ] A (Insurance Information)
	(4) [X] C (Service Provider Information)
(3) [X] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [X] 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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

▶ **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 RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN	**B** Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RTS PACKAGING, LLC	**D** Employer Identification Number (EIN) 58-2323235

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2012

2	Assets:			
	a Market value	2a		29,850,854
	b Actuarial value	2b		29,288,563
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	129	9,577,225
	b For terminated vested participants	3b	210	4,337,538
	c For active participants:			
	(1) Non-vested benefits	3c(1)		664,096
	(2) Vested benefits	3c(2)		14,676,886
	(3) Total active	3c(3)	374	15,340,982
	d Total	3d	713	29,255,745
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		7.04 %
6	Target normal cost	6		616,194

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

Anthony Wagman AFW
Signature of actuary

6/30/2014
Date

ANTHONY WAGMAN
Type or print name of actuary

14-07407
Most recent enrollment number

MERCER
Firm name

(404) 442-3100
Telephone number (including area code)

3560 LENOX ROAD
SUITE 2400
ATLANTA GA 30326
Address of the firm

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

Part II Beginning of Year Carryover 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 12.33 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		659,375
	b Interest on (a) using prior year's effective interest rate of 5.70 % except as otherwise provided (see instructions)		37,584
	c Total available at beginning of current plan year to add to prefunding balance		696,959
	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	100.11 %
15	Adjusted funding target attainment percentage	15	100.11 %
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	80.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/14/2013	138,546				
04/08/2013	200,000				
07/10/2013	200,000				
10/11/2013	200,000				
			Totals ▶ 18(b)	738,546	18(c) 0

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

a Contributions allocated toward unpaid minimum required 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	705,195

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.54 %	6.85 %	7.52 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

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 subject to 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	616,194
b Excess assets, if applicable, but not greater than line 31a	31b	32,818

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	583,376

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	583,376
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	705,195
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	121,819
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	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

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	