

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 <u>12/01/2012</u> and ending <u>11/30/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>WALTER G. ANDERSON, INC. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>003</u> 1c Effective date of plan <u>12/01/1967</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>WALTER G. ANDERSON, INC.</u> <u>4535 WILLOW DRIVE</u> <u>HAMEL, MN 55340-9773</u>	2b Employer Identification Number (EIN) <u>41-0734781</u> 2c Sponsor's telephone number <u>763-478-2133</u> 2d Business code (see instructions) <u>323100</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/01/2014</u>	<u>MARC G. ANDERSON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ 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		<div style="display: flex; justify-content: space-between;"> 5 175 </div>
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.....		<div style="display: flex; justify-content: space-between;"> 6a 121 </div>
b Retired or separated participants receiving benefits.....		<div style="display: flex; justify-content: space-between;"> 6b 12 </div>
c Other retired or separated participants entitled to future benefits.....		<div style="display: flex; justify-content: space-between;"> 6c 47 </div>
d Subtotal. Add lines 6a , 6b , and 6c		<div style="display: flex; justify-content: space-between;"> 6d 180 </div>
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		<div style="display: flex; justify-content: space-between;"> 6e 1 </div>
f Total. Add lines 6d and 6e		<div style="display: flex; justify-content: space-between;"> 6f 181 </div>
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<div style="display: flex; justify-content: space-between;"> 6g </div>
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<div style="display: flex; justify-content: space-between;"> 6h 2 </div>
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<div style="display: flex; justify-content: space-between;"> 7 </div>
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: <div style="display: flex; justify-content: space-between;"> 1B 1G </div>		
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) ☒ Trust	(3) ☒ 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) ☒ R (Retirement Plan Information)	(1) ☒ 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) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☒ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 12/01/2012 and ending 11/30/2013

▶ **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 <u>WALTER G. ANDERSON, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WALTER G. ANDERSON, INC.</u>	D Employer Identification Number (EIN) <u>41-0734781</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>3000665</u>
b Actuarial value	2b <u>2951090</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>11</u> <u>413109</u>
b For terminated vested participants.....	3b <u>44</u> <u>358946</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>106889</u>
(2) Vested benefits.....	3c(2) <u>1121520</u>
(3) Total active	3c(3) <u>120</u> <u>1228409</u>
d Total	3d <u>175</u> <u>2000464</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>7.17 %</u>
6 Target normal cost.....	6 <u>77628</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>02/21/2014</u>
Signature of actuary		Date
<u>WESLEY J. WICKENHEISER, FSA,EA,MAAA</u>		<u>11-06598</u>
Type or print name of actuary		Most recent enrollment number
<u>BPS&M, LLC</u>		<u>502-244-7828</u>
Firm name		Telephone number (including area code)
<u>11807 BRINLEY AVENUE, SUITE 101</u> <u>LOUISVILLE, KY 40243-1090</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2012
v. 120126

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)	283020	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)	283020	0
10 Interest on line 9 using prior year's actual return of <u>10.51</u> %	29745	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		280970
b Interest on (a) using prior year's effective interest rate of <u>5.83</u> % except as otherwise provided (see instructions)		16380
c Total available at beginning of current plan year to add to prefunding balance		297350
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)	312765	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	131.88 %
15 Adjusted funding target attainment percentage	15	147.52 %
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	109.46 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/18/2013	125000				
06/10/2013	125000				
09/11/2013	125000				
11/27/2013	125000				
			Totals ►	18(b)	500000
				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	478209
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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
0	0	0
(4) 4th	0	

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

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is 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	77628	
b Excess assets, if applicable, but not greater than line 31a	31b	77628	
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	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	478209	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	478209	
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		

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

For calendar plan year 2012 or fiscal plan year beginning 12/01/2012 and ending 11/30/2013

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

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)..... ☒ 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
<u>ACADIAN FUNDS</u>
<u>04-2929221</u>

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
<u>DELAWARE INVESTMENTS</u>
<u>23-2693133</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
<u>FEDERATED</u>
<u>25-1111467</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
<u>HARBOR</u>
<u>04-2679462</u>

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

MAINSTAY

52-2206685

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

METROPOLITAN WEST FUNDS

95-4597302

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

T ROWE PRICE

52-2264646

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

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

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 49 50 61 63 64 99	NONE	15971	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 12/01/2012 and ending 11/30/2013

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND CIT F</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>94-3222878-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1172160</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GROWTH CIT CLASS F</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>46-6139057-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>60563</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS VALUE CIT F 1685</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>45-6648640-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>89194</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-MANAGER SMALL CAP CIT F 1686</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>45-6648658-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>105175</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>THORNBURG INTERNATIONAL CIT F 1688</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>45-6651358-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>124524</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE INST EQUITY INCOME MGD</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>46-6586666-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88570</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE INST LRG CAP GRWTH</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>45-6648614-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>126108</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK S&P MIDCAP INDEX CIT F**b** Name of sponsor of entity listed in (a): WELLS FARGO

c EIN-PN 45-6810060-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 185127
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK S&P 500 INDEX CIT F**b** Name of sponsor of entity listed in (a): WELLS FARGO

c EIN-PN 45-6809975-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 278710
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>12/01/2012</u> and ending <u>11/30/2013</u>		
A Name of plan <u>WALTER G. ANDERSON, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WALTER G. ANDERSON, INC.</u>	D Employer Identification Number (EIN) <u>41-0734781</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	-89257
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	0
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	21	17
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	88918	221555
	(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)	1919379	2230131
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	992347	1420080
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3000665	3782526

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3000665	3782526
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	500000	
(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)		500000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	219	
(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)		219

(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)	34393	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		34393

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	461469	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	461469	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		283592
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		15018
c Other income.....	2c		1656
d Total income. Add all income amounts in column (b) and enter total.....	2d		834878

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36189	
(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)		36189
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	15971	
(4) Other	2i(4)	857	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		16828
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		53017

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		781861
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **BAKER TILLY VIRCHOW KRAUSE, LLP**

(2) EIN: **39-0859910**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2012</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2012 or fiscal plan year beginning 12/01/2012 and ending 11/30/2013					
A Name of plan WALTER G. ANDERSON, INC. RETIREMENT PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 WALTER G. ANDERSON, INC.				D Employer Identification Number (EIN) 41-0734781	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-6257133					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2012 v. 120126					

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): _____

**WALTER G. ANDERSON, INC.
RETIREMENT PLAN**

Hamel, Minnesota

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of and for the Years Ended November 30, 2013 and 2012

WALTER G. ANDERSON, INC. RETIREMENT PLAN

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 not included as part of these statements are not applicable to Walter G. Anderson, Inc. Retirement Plan.



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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Walter G. Anderson, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of November 30, 2013 and 2012, and the related statements of net assets available for benefits for the years ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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, 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 8, which was certified by Wells Fargo Bank, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee, as of November 30, 2013 and 2012 and for the years ended November 30, 2013 and 2012, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended November 30, 2013 are required by the DOL Rules and Regulations for Reporting and Disclosure under the ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly Virchow Krause, LLP

Minneapolis, Minnesota
July 21, 2014

WALTER G. ANDERSON, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of November 30, 2013 and 2012

	ASSETS	
	<u>2013</u>	<u>2012</u>
Investments at fair value:		
Shares of an investment company	\$ 1,420,080	\$ 992,347
Value of interest in common/collective trusts	<u>2,230,131</u>	<u>1,919,379</u>
Total Investments	3,650,211	2,911,726
 Cash and cash equivalents	 132,298	 88,918
 Receivables		
Accrued interest	<u>17</u>	<u>21</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 3,782,526</u>	 <u>\$ 3,000,665</u>

See accompanying notes to financial statements.

WALTER G. ANDERSON, INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Years Ended November 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ADDITIONS		
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value of investments	\$ 298,610	\$ 217,693
Interest and dividends	<u>34,612</u>	<u>42,710</u>
	333,222	260,403
Contributions		
Company	500,000	400,000
Other income	<u>1,656</u>	<u>12,767</u>
Total Additions	<u>834,878</u>	<u>673,170</u>
DEDUCTIONS		
Deductions from net assets attributed to		
Benefits paid to participants	36,189	30,788
Administrative expenses	<u>16,828</u>	<u>9,712</u>
Total Deductions	<u>53,017</u>	<u>40,500</u>
Net Increase	781,861	632,670
NET ASSETS AVAILABLE FOR BENEFITS -		
Beginning of year	<u>3,000,665</u>	<u>2,367,995</u>
NET ASSETS AVAILABLE FOR BENEFITS -		
End of year	<u>\$ 3,782,526</u>	<u>\$ 3,000,665</u>

See accompanying notes to financial statements.

WALTER G. ANDERSON, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended November 30, 2013 and 2012

NOTE 1 - Description of the Plan

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

General

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

Eligibility

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

Contributions

The contributions to the Plan are determined by the Company based on calculations made by the actuary. It is the policy of the Company to annually fund current normal costs and to fund prior service costs over 30 years which is sufficient to meet the minimum funding standard requirement as determined by the consulting actuary. The Plan meets the minimum funding requirements of ERISA as of November 30, 2013 and 2012. Participant contributions are not permitted. Walter G. Anderson, Inc. made contributions of \$500,000 and \$400,000 for the years ended November 30, 2013 and 2012, respectively.

Vesting

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

Payment of Benefits

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

Administrative Expenses

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

WALTER G. ANDERSON, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS As of and for the Years Ended November 30, 2013 and 2012

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

The plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Refer to Note 3 - Fair Value of Financial Instruments for details on inputs, valuation techniques and fair value measurement level within the fair value hierarchy.

Net appreciation or depreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

The plan invests in common/collective trusts that determine their fair value using the net asset value (NAV) of the funds. The NAV is determined by each fund's trustee using the fair value of the underlying securities within the fund at year end.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Estimates

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

Subsequent Events

The Plan has evaluated subsequent events through July 21, 2014, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

WALTER G. ANDERSON, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended November 30, 2013 and 2012

NOTE 3 - Fair Value of Financial Instruments

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

As defined in the accounting standards, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities measured, reported and/or disclosed at fair value will be classified and disclosed in one of the following three categories:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of November 30, 2013 and 2012.

Shares of an Investment Company - Valued at quoted market prices for identical assets.

Value of Interest in Common/Collective Trusts - Fair Value represents the net asset value (NAV) of the fund shares, which is calculated based on the valuation of the funds' underlying investments at fair value at the end of the year. The investments are public investment vehicles, which are valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, excluding transaction costs, minus its liabilities, and then divided by the number of shares outstanding.

WALTER G. ANDERSON, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended November 30, 2013 and 2012

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

The Plan sponsor is responsible for the determination of fair value. Accordingly, they perform periodic analysis on the prices received from the pricing services used to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the Plan sponsor has not historically adjusted the prices obtained from the pricing services. The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

November 30, 2013				
	Total	Level 1	Level 2	Level 3
Large Cap Equity Funds	\$ 706,224	\$ 63,079	\$ 643,145	\$ -
Mid-Cap Equity Funds	185,127	-	185,127	-
Small Cap Equity Funds	105,175	-	105,175	-
International Equity Funds	319,045	194,521	124,524	-
Fixed Income Funds	<u>2,334,640</u>	<u>1,162,480</u>	<u>1,172,160</u>	-
Total Investments	<u>\$ 3,650,211</u>	<u>\$ 1,420,080</u>	<u>\$ 2,230,131</u>	<u>\$ -</u>

November 30, 2012				
	Total	Level 1	Level 2	Level 3
Large Cap Equity Funds	\$ 866,178	\$ 130,833	\$ 735,345	\$ -
Mid-Cap Equity Funds	149,605	-	149,605	-
Small Cap Equity Funds	85,550	-	85,550	-
International Equity Funds	266,484	88,799	177,685	-
Fixed Income Funds	<u>1,543,909</u>	<u>772,715</u>	<u>771,194</u>	-
Total Investments	<u>\$ 2,911,726</u>	<u>\$ 992,347</u>	<u>\$ 1,919,379</u>	<u>\$ -</u>

The Plan does not hold any Level 3 assets.

Certain investments held by the Plan, and valued at NAV, had the following unfunded commitments and/or redemption restrictions:

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Large Cap Equity Funds (a)	\$ 643,145	\$ -	Daily	N/A
Mid-Cap Equity Funds (b)	185,127	-	Daily	N/A
Small Cap Equity Funds (c)	105,175	-	Daily	N/A
International Equity Funds (d)	124,524	-	Daily	N/A
Fixed Income Funds (e)	<u>1,172,160</u>	-	Daily	N/A
Total	<u>\$ 2,230,131</u>	<u>\$ -</u>		

WALTER G. ANDERSON, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended November 30, 2013 and 2012

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

(a) The target allocation for large cap equity funds is 30%. Investments in large cap equity funds invest in large capitalization companies, which seek capital growth over time by investing in companies with a history of strong earnings and who have the ability to sustain earnings momentum. The underlying funds purchase mainly common stocks of U.S. and foreign companies. The fair value of funds in common/collective trusts in this class have been estimated using the net asset value per share of the investments. There are no restrictions on redemption for these funds.

(b) The target allocation for mid-cap equity funds is 5%. Investments in mid-cap equity funds invest in the same stocks in approximately the same percentages as the stocks that make up the S&P Midcap 400 Index. As an Index Fund, the Fund's decisions to buy and sell securities are not based upon analysis of the fundamentals of particular companies and financial or market factors. The Fund intends to invest mainly in stocks comprising the index. There are no restrictions on redemption for these funds.

(c) The target allocation for small cap equity funds is 3%. Investments in small cap equity funds invest in companies, which are believed to have leading competitive advantages, predictable and durable business models, sustainable free cash flow generation and management committed to increasing intrinsic value. The underlying funds purchase mainly common stocks of U.S. companies. There are no restrictions on redemption for these funds.

(d) The target allocation for international equity funds is 10%. Investments in international equity funds invest in companies of varying sizes, focusing on stocks of international companies. The funds seek to identify value by investing in a diversified portfolio of stocks classified as basic values, consistent earners, and emerging franchises. The funds may also invest in U.S. companies and other securities such as preferred stocks. There are no restrictions on redemption for these funds.

(e) The target allocation for fixed income funds is 52%. Investments in fixed income funds seek to maximize long-term total return through investing at least 80% of its net assets in investment grade fixed income securities or unrated securities that are determined by the advisors to be of similar quality. The funds may invest in fixed income securities of both U.S. and foreign issuers. There are no restrictions on redemption for these funds.

NOTE 4 - Priorities on Termination of the Plan

Although it has not expressed any intention to do so, the Plan 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.

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

WALTER G. ANDERSON, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended November 30, 2013 and 2012

NOTE 4 - Priorities on Termination of the Plan (cont.)

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency, if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during calendar years 2013 and 2012, that ceiling, which is adjusted periodically, was \$4,790 and \$4,653 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. For older annuitants, the corresponding ceilings are actuarially adjusted upward.

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

NOTE 5 - Plan Tax Status

The Plan obtained its latest determination letter on June 6, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator is not aware of any events that have occurred that might adversely affect the Plan's qualified status.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2013 and 2012, 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 the Plan is no longer subject to income tax examinations for years prior to 2011.

NOTE 6 - Administration of the Plan

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

WALTER G. ANDERSON, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended November 30, 2013 and 2012

NOTE 7 - Actuarial Present Value of Accumulated Plan Benefits

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

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

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

	December 1	
	2012	2011
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants receiving benefits	\$ 429,600	\$ 224,953
Other participants	1,666,378	1,624,220
	2,095,978	1,849,173
Non-vested benefits	118,564	105,797
Total actuarial present value of accumulated plan benefits	<u>\$ 2,214,542</u>	<u>\$ 1,954,970</u>

The Benefits Committee has also elected to present the actuarially computed changes in accumulated plan benefits for the years beginning December 1, 2012 and 2011. The valuation computed by an independent consulting actuary is as follows:

	Years Beginning December 1	
	2011	2010
Actuarial present value of accumulated plan benefits, beginning of year	\$ 1,954,970	\$ 1,798,946
Increase (decrease) during the year attributable to:		
Benefits accumulated	113,376	59,775
Benefit payments	(30,788)	(20,031)
Interest	126,072	116,280
Plan amendments	50,912	-
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 2,214,542</u>	<u>\$ 1,954,970</u>

WALTER G. ANDERSON, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended November 30, 2013 and 2012

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

The significant assumptions underlying the December 1, 2012 actuarial computation are as follows:

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

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. The Plan used the IRS Generational Mortality Table for the years beginning December 1, 2012 and 2011. There were no changes in plan assumptions for the years beginning December 1, 2012 and December 1, 2011 that impacted the actuarial present value of accumulated plan benefits. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. During the Plan year ended November 30, 2012, the Company increased the benefits to be provided to employees for future years of service. This change resulted in an increase in the actuarial present value of accumulated plan benefits for the year beginning December 1, 2012 of \$50,912. The actuarial present value of accumulated plan benefits as of December 1, 2011 does not reflect this amendment.

NOTE 8 - Information Prepared and Certified by Trustee - Unaudited

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Wells Fargo Management Trust Company, the trustee of the Plan.

	2013		2012	
Value of interest in common/collective trust funds:				
Wells Fargo Core Bond CIT	\$ 1,172,160	*	\$ -	
Wells Fargo Blackrock S&P 500 Index CIT	278,710	*	342,570	*
Wells Fargo Blackrock S&P Midcap Index CIT	185,127		149,605	
Wells Fargo T Rowe Price Institutional Large Cap Growth Managed CIT	126,108		131,769	
Wells Fargo Thornburg International CIT	124,524		90,438	
Wells Fargo Multi-Manager Small Cap CIT	105,175		85,550	
Wells Fargo MFS Value CIT	89,194		130,428	
Wells Fargo T Rowe Price Institutional Equity Income Managed CIT	88,570		-	
Wells Fargo Growth CIT	60,563		65,496	
Wells Fargo Total Return Bond Fund	-		771,194	*
Wells Fargo Janus Overseas CIT	-		87,247	
Wells Fargo Equity Value CIT	-		65,082	
Mutual Funds:				
Federated Total Return Bond Fund	705,155	*	464,171	*
Metropolitan West FDS Total Return Bond Fund	457,325	*	308,544	*
Harbor International	120,188		88,799	

WALTER G. ANDERSON, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS As of and for the Years Ended November 30, 2013 and 2012

NOTE 8 - Information Prepared and Certified by Trustee - Unaudited (cont.)

Acadian Emerging Markets Portfolio Class	\$ 74,333	\$ -
Delaware US Growth Fund	63,079	-
Mainstay Large Capital Growth I Fund	-	65,592
T Rowe Price Equity Income	-	65,241
Total Investments	<u>\$ 3,650,211</u>	<u>\$ 2,911,726</u>

Investments that represent 5% or more of the Plan's net assets available for benefits as of November 30, 2013 or 2012 are separately identified with an "***".

For the years ended November 30, 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during each year) appreciated in value as follows:

	2013	2012
Value of interest in common/collective trusts	\$ 283,592	\$ (615)
Shares of an investment company	15,018	218,308
	<u>\$ 298,610</u>	<u>\$ 217,693</u>

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

NOTE 9 - Parties-In-Interest

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

NOTE 10 - Risk and Uncertainties

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

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

SUPPLEMENTAL INFORMATION

WALTER G. ANDERSON, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan 003

EIN 41-0734781

As of November 30, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Shares of an Investment Company	Mutual Funds:		
		Federated Total Return Bond Fund	\$ 732,975	\$ 705,155
		Metropolitan West FDS Total Return Bond Fund	468,528	457,325
		Harbor International	100,794	120,188
		Acadian Emerging Markets Portfolio Class	76,602	74,333
		Delaware US Growth Fund	56,454	63,079
	Value of Interest in Common/Collective Trusts			
*		Wells Fargo Core Bond CIT	1,180,511	1,172,160
*		Wells Fargo Blackrock S&P 500 Index CIT	219,756	278,710
*		Wells Fargo Blackrock S&P Midcap Index CIT	139,036	185,127
*		Wells Fargo T Rowe Price Institutional Large Cap Growth Managed CIT	91,572	126,108
*		Wells Fargo Thornburg International CIT	104,217	124,524
*		Wells Fargo Multi-Manager Small Cap CIT	82,668	105,175
*		Wells Fargo MFS Value CIT	66,628	89,194
*		Wells Fargo T Rowe Price Institutional Equity Income Managed CIT	81,119	88,570
*		Wells Fargo Growth CIT	47,880	60,563
			<u>\$ 3,448,740</u>	<u>\$ 3,650,211</u>
*	Represents a party-in-interest			

This schedule has been prepared based on information certified as complete and accurate by Wells Fargo Bank, Trustee.

WALTER G. ANDERSON, INC. RETIREMENT PLAN

SCHEDULE H, LINE 4J, SCHEDULE OF REPORTABLE TRANSACTIONS

Plan 003

EIN 41-0734781

For the Year Ended November 30, 2013

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
* Wells Fargo Short Term Investment Fund G	Cash	\$ 251,882	N/A	N/A	-	\$ 251,882	\$ 251,882	\$ -
* Wells Fargo Short Term Investment Fund G	Cash	N/A	\$ 340,798	N/A	-	340,798	340,798	-
* Wells Fargo Short Term Investment Fund F	Cash	342,226	N/A	N/A	-	342,226	342,226	-
* Wells Fargo Short Term Investment Fund F	Cash	N/A	120,672	N/A	-	120,672	120,672	-
* Wells Fargo Blackrock S&P 500 Index CIT	Common Collective Fund	41,716	N/A	N/A	-	41,716	41,716	-
* Wells Fargo Blackrock S&P 500 Index CIT	Common Collective Fund	N/A	189,430	N/A	-	189,430	189,430	21,348
Federated Total Return Bond Fund	Mutual Fund	269,229	N/A	N/A	-	269,229	269,229	-
Metropolitan West Total FDS Return Bond Fund	Mutual Fund	161,624	N/A	N/A	-	161,624	161,624	-
T Rowe Price Equity Income	Mutual Fund	53,963	N/A	N/A	-	53,963	53,963	-
T Rowe Price Equity Income	Mutual Fund	N/A	132,395	N/A	-	113,355	132,395	19,040
* Wells Fargo Total Return Bond Fund	Common Collective Fund	412,032	N/A	N/A	-	412,032	41,032	-

* Represents a party-in-interest

This schedule has been prepared based on information certified as complete and accurate by Wells Fargo Bank, Trustee.

AGE GROUP		YEARS OF SERVICE									
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - UP
1 - 24	Number	2	7								
	Avg Comp*	N/A	N/A								
25 - 29	Number	1	3	7	1						
	Avg Comp*	N/A	N/A	N/A	N/A						
30 - 34	Number	1	1	3	5	2					
	Avg Comp*	N/A	N/A	N/A	N/A	N/A					
35 - 39	Number		3	6	1	1					
	Avg Comp*		N/A	N/A	N/A	N/A					
40 - 44	Number	1	3	9	2	1	2				
	Avg Comp*	N/A	N/A	N/A	N/A	N/A	N/A				
45 - 49	Number	1	5	3	7						
	Avg Comp*	N/A	N/A	N/A	N/A						
50 - 54	Number	1	4	4	2	2	3		2	1	
	Avg Comp*	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
55 - 59	Number		1	3	2	1	2	1		3	
	Avg Comp*		N/A	N/A	N/A	N/A	N/A	N/A		N/A	
60 - 64	Number		1	3	2	1					1
	Avg Comp*		N/A	N/A	N/A	N/A					N/A
65 - 69	Number				1			1			
	Avg Comp*				N/A			N/A			
70 - UP	Number										
	Avg Comp*										

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

Summary of Actuarial Assumptions

(Sample Values per 1,000 Lives)

	Age			
	25	40	55	60
Mortality Rates				
IRS Generational Mortality Tables with Pre and Post Commencement Rates				
Males (pre-commencement)	0.38	1.08	3.03	4.88
Females (pre-commencement)	0.21	0.71	2.53	3.93
Males (post-commencement)	0.38	1.08	5.91	8.20
Females (post-commencement)	0.21	0.71	3.53	6.20

With projected mortality improvements under Projection Scale AA (male and female scales)

Withdrawal Rates

V Table from August 1, 1992 Pension Forum, multiplied by 1.35	183.60	87.75	0.00	0.00
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Disability Rates

1987 Commissioner's Group Disability Table, six month elimination period

Males	0.85	1.69	9.69	14.82
Females	1.07	2.70	9.40	11.98

Salary Scale

N/A

Rate of Retirement

100% at Normal Retirement Age

Rate of Investment Return

	Segment 1 (0 to 5 Years)	Segment 2 (5 to 20 Years)	Segment 3 (More than 20)
<u>Adjusted 24-Mo. Avg. Segment Rates</u>	5.54% per annum	6.85% per annum	7.52% per annum
Minimum Funding Target Liability			
<u>Unadjusted 24-Mo. Avg. Segment Rates</u>	1.77% per annum	4.67% per annum	5.78% per annum
Maximum Deductible Liability			
PBGC Variable Premium Liability (alternative method)			
<u>Other Measurements</u>			
Plan termination value	0.96% per annum	3.57% per annum	4.58% per annum
ASC 960	6.50% per annum	6.50% per annum	6.50% per annum

Actuarial Valuation Method

Unit Credit

Asset Valuation Method

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

Form of Payment

Single life annuity

Provision for Expenses

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

Other Assumptions

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

Top-Heavy status -- not top-heavy.

Current Code section 415(b) annual benefit limitation -- \$200,000.

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

Changes in Assumptions From Prior Actuarial Valuation

	<u>Previous</u>	<u>Current</u>
Minimum Funding Target Segment	Three Segment Yield Curve	Three Segment Yield Curve
Rates	2.11%, 5.31% & 6.32%	5.54%, 6.85% & 7.52%

Reason: In recognition of interest rate environment as measured by methodology set forth in Code § 430(h)(2) as amended by the Moving Ahead for Progress in the 21st Century Act.

	<u>Previous</u>	<u>Current</u>
Unadjusted 24-Mo. Avg. Segment	Three Segment Yield Curve	Three Segment Yield Curve
Rates (4 month lookback)	2.11%, 5.31% & 6.32%	1.77%, 4.67% & 5.78%

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

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense	(g) Cost of Asset	(h) Current Value	(i) Net Gain or (Loss)
					Incurred with Transaction		of Asset on Transaction Date	
Wells Fargo	Short Term Investment Fund G	251,882	N/A	N/A		0	251,882	0
Wells Fargo	Short Term Investment Fund G	N/A	340,798	N/A		0	340,798	0
Wells Fargo	Short Term Investment Fund F	342,226	N/A	N/A		0	342,226	0
Wells Fargo	Short Term Investment Fund F	N/A	120,672	N/A		0	120,672	0
Wells Fargo	S&P 500 Index Fund F	41,716	N/A	N/A		0	41,716	0
Wells Fargo	S&P 500 Index Fund F	N/A	189,430	N/A		0	168,082	21,348
Federated	Total Return Bond Fund #328	269,229	N/A	N/A		0	269,229	0
Metropolitan West Funds	Total Return Bond Fund #512	161,624	N/A	N/A		0	161,624	0
T Rowe Price	Equity Income Fund #71	53,963	N/A	N/A		0	53,963	0
T Rowe Price	Equity Income Fund #71	N/A	132,395	N/A		0	113,355	19,040
Wells Fargo	Total Return Bond Fund F	412,032	N/A	N/A		0	412,032	0

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

Summary of Provisions of the Plan

Effective Date and Plan Year

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

Eligibility

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

Benefit and Vesting Service

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

Normal Retirement

Condition

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

Benefit

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

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

- \$20.20 multiplied by years of benefit service not in excess of 25 years, for participants terminating on or after June 15, 2012 and prior to January 1, 2013.
- \$20.60 multiplied by years of benefit service not in excess of 25 years, for participants terminating on or after January 1, 2013 and prior to January 1, 2014.
- \$21.00 multiplied by years of benefit service not in excess of 25 years, for participants terminating on or after January 1, 2014.

Accrued Benefit

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

Early Retirement

Condition

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

Benefit

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

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

Late Retirement

Condition

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

Benefit

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

Disability Retirement

Condition

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

Benefit

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

Death Before Retirement

Condition

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

Benefit

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

Termination of Employment After 5 or More Years of Vesting Service

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

Other Termination of Employment

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

Optional Modes of Benefit Payments

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

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

Actuarial Equivalence

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

Contributions to the Plan

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

Investment of Plan Funds

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

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2012**This Form is Open to Public
Inspection**For calendar plan year 2012 or fiscal plan year beginning 12/01/2012 and ending 11/30/2013► **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 WALTER G. ANDERSON, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WALTER G. ANDERSON, INC.		D Employer Identification Number (EIN) 41-0734781
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>1</u> Year <u>2012</u>			
2 Assets:			
a Market value		2a	3,000,665
b Actuarial value		2b	2,951,090
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	11	413,109
b For terminated vested participants	3b	44	358,946
c For active participants:			
(1) Non-vested benefits	3c(1)		106,889
(2) Vested benefits	3c(2)		1,121,520
(3) Total active	3c(3)	120	1,228,409
d Total	3d	175	2,000,464
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	7.17 %
6 Target normal cost		6	77,628

Statement by Enrolled Actuary

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

SIGN HERE	<u>WJW</u>	<u>2/21/2014</u>
Signature of actuary		Date
WESLEY J. WICKENHEISER, FSA, EA, MAAA		11-06598
Type or print name of actuary		Most recent enrollment number
BPS&M, LLC		(502) 244-7828
Firm name		Telephone number (including area code)
11807 BRINLEY AVENUE, SUITE 101		
LOUISVILLE KY 40243-1090		
Address of the firm		

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

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

Schedule SB (Form 5500) 2012
v. 120126

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)	283,020	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)	283,020	0
10	Interest on line 9 using prior year's actual return of <u>10.51</u> %	29,745	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		280,970
	b Interest on (a) using prior year's effective interest rate of <u>5.83</u> % except as otherwise provided (see instructions)		16,380
	c Total available at beginning of current plan year to add to prefunding balance		297,350
	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)	312,765	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	131.88 %
15	Adjusted funding target attainment percentage	15	147.52 %
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	109.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/18/2013	125,000				
06/10/2013	125,000				
09/11/2013	125,000				
11/27/2013	125,000				
Totals ►			18(b)	500,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required 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	478,209
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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
0	0	0
(4) 4th 0		

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

21 Discount rate:				
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is 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	77,628	
b Excess assets, if applicable, but not greater than line 31a	31b	77,628	
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	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	478,209	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	478,209	
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		

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
None			

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

Plan Year: 2012
EIN/PN: 41-0734781 / 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Wells Fargo	Short Term Investment Fund F	221,555	221,555
*	Wells Fargo	118,496.927 shares, Core Bond Cit F	1,180,511	1,172,160
*	Wells Fargo	4,774.786 shares, Growth Cit Class F	47,880	60,563
*	Wells Fargo	6,034.229 shares, MFS Value Cit F #1685	66,628	89,194
*	Wells Fargo	7,088.895 shares, Multi-Manager Small Cap Cit F #1686	82,668	105,175
*	Wells Fargo	10,076.436 shares, Thornburg International Cit F #1688	104,217	124,524
*	Wells Fargo	8,111.338 shares, T Rowe Price Inst. Equity Income Managed Cit F	81,118	88,570
*	Wells Fargo	8,153.665 shares, T Rowe Price Inst. Large Cap Grwth Managed Cit F #1684	91,572	126,108
*	Wells Fargo	13,753.672 shares, Blackrock S&P Midcap Index Cit F	139,036	185,127
*	Wells Fargo	20,956.603 shares, Blackrock S&P 500 Index Cit F	219,756	278,710
	Acadian	3,947.602 shares, Emerging Markets Portfolio Class - Inst #1260	76,602	74,333
	Delaware	2,597.975 shares, US Growth Fund - Inst Class #104	56,454	63,079
	Harbor	1,691.840 shares, International Fund Class Institutional #2011	100,794	120,188
	Federated	64,046.757 shares, Total Return Bond Fund Institutional Shares #328	732,976	705,155
	Metropolitan West Funds	42,820.697 shares, Total Return Bond Fund Class I #512	468,528	457,325

Schedule SB, Line 19 - Discounted Employer Contributions
Plan Name: Walter G. Anderson, Inc. Retirement Plan

Plan Year: 2012
EIN/PN: 41-0734781 / 003

Effective Interest Rate
7.17%

Date of Contribution	Contribution	Days Adjusted	Adjusted Contribution
3/18/2013	125,000.00	107	122,488.14
6/10/2013	125,000.00	191	120,551.62
9/11/2013	125,000.00	284	118,443.32
11/27/2013	125,000.00	361	116,725.66
	500,000.00		478,208.74