

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>12/01/2013</u> and ending <u>11/30/2014</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|-------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                          | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>WALTER G. ANDERSON, INC. RETIREMENT PLAN</u>                                                                                                                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/01/1967</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>41-0734781</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>763-478-2133</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>323100</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>003</u> | <b>1c</b> Effective date of plan<br><u>12/01/1967</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>41-0734781</u> |  | <b>2c</b> Sponsor's telephone number<br><u>763-478-2133</u> |  | <b>2d</b> Business code (see instructions)<br><u>323100</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | <u>003</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/01/1967</u>                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>41-0734781</u>                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>763-478-2133</u>                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>323100</u>                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>WALTER G. ANDERSON, INC.</u><br><br><u>4535 WILLOW DRIVE</u><br><u>HAMEL, MN 55340-9773</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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 08/24/2015 | MARC G. ANDERSON                                             |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 08/24/2015 | MARC G. ANDERSON                                             |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 179 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 114 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 49  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                              |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 178 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 179 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

|                                                                                                                                                                                                                |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>               |
| <b>1</b> Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2013</u>                                                                                                                              |                                        |
| <b>2</b> Assets:                                                                                                                                                                                               |                                        |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>3782526</u>               |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>3693875</u>               |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           |                                        |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b> <u>12</u> <u>463302</u>      |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <b>3b</b> <u>48</u> <u>458706</u>      |
| <b>c</b> For active participants:                                                                                                                                                                              |                                        |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> <u>132590</u>             |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> <u>1385481</u>            |
| <b>(3)</b> Total active.....                                                                                                                                                                                   | <b>3c(3)</b> <u>119</u> <u>1518071</u> |
| <b>d</b> Total.....                                                                                                                                                                                            | <b>3d</b> <u>179</u> <u>2440079</u>    |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                        |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                              |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                              |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>6.45 %</u>                 |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b> <u>86062</u>                  |

**Statement by Enrolled Actuary**

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

|                                                                                         |                                                               |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                        |                                                               |
| Signature of actuary<br><u>WESLEY J. WICKENHEISER, FSA,EA,MAAA</u>                      | Date<br><u>02/06/2015</u>                                     |
| Type or print name of actuary<br><u>BPS&amp;M, LLC</u>                                  | Most recent enrollment number<br><u>14-06598</u>              |
| Firm name<br><u>11807 BRINLEY AVENUE, SUITE 101</u><br><u>LOUISVILLE, KY 40243-1090</u> | Telephone number (including area code)<br><u>502-244-7828</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) 2013**  
**v. 130118**

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                         |                       |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 312765                | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 312765                | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>10.09</u> % .....                                                      | 31558                 |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 478209                 |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>7.17</u> % except as otherwise provided (see instructions) ..... |                       | 34288                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 512497                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 344323                | 0                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 137.27 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 151.38 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 147.52 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 03/11/2014                                                                               | 125000                            |                                 |                          |                                   |                                 |
| 06/18/2014                                                                               | 125000                            |                                 |                          |                                   |                                 |
| 08/26/2014                                                                               | 125000                            |                                 |                          |                                   |                                 |
| 12/01/2014                                                                               | 125000                            |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 500000                          |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                  |            |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                             |            |        |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                             | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                               | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                          | <b>19c</b> | 480509 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                      |            |        |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |        |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |        |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                  |            |        |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

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

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94% | 2nd segment:<br>6.15% | 3rd segment:<br>6.76 %                              |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                     | <b>31a</b>         | 86062         |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 86062         |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   |                    | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     | <b>33</b>          |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            |                     | <b>34</b>          | 0             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                     | <b>36</b>          | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                     | <b>37</b>          | 480509        |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                     | <b>38a</b>         | 480509        |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                     | <b>38b</b>         | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                     | <b>39</b>          | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                     | <b>40</b>          | 0             |

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

|                                                                                                |  |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |  |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                |  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |  | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              |  | <b>42</b>                                                                                                               |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... |  | <b>43</b>                                                                                                               |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

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

---

METROPOLITAN WEST FUNDS

95-4597302

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

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

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

WELLS FARGO BANK, N.A.

94-1347393

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 21 49 50<br>61 63 64 99 | NONE                                                                                              | 19687                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| (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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2013</div><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

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

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                            |                               |                                                                                                                                                       |
|--------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND CIT F</u>                      |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>                       |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>94-3222878-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1264132</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GROWTH CIT CLASS F</u>                   |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>                       |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>46-6139057-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>64311</u></span>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS VALUE CIT F 1685</u>                 |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>                       |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>45-6648640-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>131161</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-MANAGER SMALL CAP CIT F 1686</u>   |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>                       |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>45-6648658-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>129954</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE INST EQUITY INCOME MGD</u>  |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>                       |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>46-6586666-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>121616</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE INST LRG CAP GRWTH</u>      |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>                       |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>45-6648614-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>143536</u></span>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK S&amp;P MIDCAP INDEX CIT F</u> |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>                       |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>52-2265235-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>229377</u></span>  |

**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**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>94-3224211-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>391266</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CAUSEWAY INTERNATIONAL VALUE CIT F**

**b** Name of sponsor of entity listed in (a): **WELLS FARGO**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>47-6375784-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>110030</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LAZARD INTERNATIONAL EQUITY CIT F**

**b** Name of sponsor of entity listed in (a): **WELLS FARGO**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>47-6378625-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>111251</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <b>12/01/2013</b> and ending <b>11/30/2014</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>WALTER G. ANDERSON, INC. RETIREMENT PLAN</b>                                 | <b>B</b> Three-digit plan number (PN) ►                                | <b>003</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WALTER G. ANDERSON, INC.</b>         | <b>D</b> Employer Identification Number (EIN)<br><br><b>41-0734781</b> |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                               |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                             |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                               |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                        | <b>1a</b>       | -89257                | 0               |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                         |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                            | <b>1b(1)</b>    | 0                     | 125000          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other .....                                                                             | <b>1b(3)</b>    | 17                    | 18              |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 221555                | 125744          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                      |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 2230131               | 2696634         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1420080               | 1537003         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 3782526               | 4484399         |

**Liabilities**

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

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3782526 | 4484399 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

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

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 500000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 500000    |

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

|                                                                                                      |                 |     |     |
|------------------------------------------------------------------------------------------------------|-----------------|-----|-----|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 216 |     |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |     |     |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |     |     |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |     |     |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |     |     |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |     |     |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |     | 216 |

|                                                                                           |                 |       |       |
|-------------------------------------------------------------------------------------------|-----------------|-------|-------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |       |       |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |       |       |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 43120 |       |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |       | 43120 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |        |   |
|-------------------------------------------------------------------------------------------|-----------------|--------|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 471532 |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 471532 |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |        | 0 |

|                                                                                                       |                 |  |   |
|-------------------------------------------------------------------------------------------------------|-----------------|--|---|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                    | <b>2b(5)(A)</b> |  |   |
| <b>(B)</b> Other .....                                                                                | <b>2b(5)(B)</b> |  |   |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |  | 0 |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 190622    |
| (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) |            | 32387     |
| c Other income.....                                                                            | 2c     |            | 991       |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 767336    |

**Expenses**

|                                                                                     |       |       |       |
|-------------------------------------------------------------------------------------|-------|-------|-------|
| e Benefit payment and payments to provide benefits:                                 |       |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 45776 |       |
| (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) |       | 45776 |
| 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) | 19687 |       |
| (4) Other.....                                                                      | 2i(4) |       |       |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |       | 19687 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |       | 65463 |

**Net Income and Reconciliation**

|                                                         |       |  |        |
|---------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 701873 |
| 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |        |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  |        |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |        |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |        |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |        |
| <b>4j</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .... ☒ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</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>2013</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| A Name of plan<br>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<br>WALTER G. ANDERSON, INC.                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>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):<br><br>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                                                                                               | 1   |
| 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)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 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 _____<br>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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  | Schedule R (Form 5500) 2013<br>v. 130118                                                        |     |

**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:

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

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete 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, 2014 and 2013

.....

.....

.....

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

## **TABLE OF CONTENTS**

As of and for the Years Ended November 30, 2014 and 2013

---

|                                                               |        |
|---------------------------------------------------------------|--------|
| <b>Independent Auditors' Report</b>                           | 1-2    |
| <b>Financial Statements</b>                                   |        |
| Statements of Net Assets Available for Benefits               | 3      |
| Statements of Changes in Net Assets Available for Benefits    | 4      |
| Notes to Financial Statements                                 | 5 - 13 |
| <b>Supplemental Information</b>                               |        |
| Schedule H, Line 4i, Schedule of Assets (Held at End of Year) | 14     |
| Schedule H, Line 4j, Schedule of Reportable Transactions      | 15     |

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.

## 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, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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. 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 certifications from the Trustee, as of November 30, 2014 and 2013 and for the years then ended, 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, 2014 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 15, 2015

# WALTER G. ANDERSON, INC. RETIREMENT PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of November 30, 2014 and 2013

---

| <b>ASSETS</b>                                 |  |                                |                                |
|-----------------------------------------------|--|--------------------------------|--------------------------------|
|                                               |  | <u>2014</u>                    | <u>2013</u>                    |
| Investments at fair value:                    |  |                                |                                |
| Shares of an investment company               |  | \$ 1,537,003                   | \$ 1,420,080                   |
| Value of interest in common/collective trusts |  | <u>2,696,634</u>               | <u>2,230,131</u>               |
| Total Investments                             |  | <u>4,233,637</u>               | <u>3,650,211</u>               |
| <br>Cash and cash equivalents                 |  | <br><u>125,744</u>             | <br><u>132,298</u>             |
| <br>Receivables                               |  |                                |                                |
| Company contribution                          |  | 125,000                        | -                              |
| Accrued interest                              |  | <u>18</u>                      | <u>17</u>                      |
| Total Receivables                             |  | <u>125,018</u>                 | <u>17</u>                      |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS</b>  |  | <br><b><u>\$ 4,484,399</u></b> | <br><b><u>\$ 3,782,526</u></b> |

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, 2014 and 2013

|                                               | <u>2014</u>         | <u>2013</u>         |
|-----------------------------------------------|---------------------|---------------------|
| <b>ADDITIONS</b>                              |                     |                     |
| Additions to net assets attributed to         |                     |                     |
| Investment income                             |                     |                     |
| Net appreciation in fair value of investments | \$ 223,009          | \$ 298,610          |
| Interest and dividends                        | <u>43,336</u>       | <u>34,612</u>       |
|                                               | 266,345             | 333,222             |
| Contributions                                 |                     |                     |
| Company                                       | 500,000             | 500,000             |
| Other income                                  | <u>991</u>          | <u>1,656</u>        |
| Total Additions                               | <u>767,336</u>      | <u>834,878</u>      |
| <b>DEDUCTIONS</b>                             |                     |                     |
| Deductions from net assets attributed to      |                     |                     |
| Benefits paid to participants                 | 45,776              | 36,189              |
| Administrative expenses                       | <u>19,687</u>       | <u>16,828</u>       |
| Total Deductions                              | <u>65,463</u>       | <u>53,017</u>       |
| Net Increase                                  | 701,873             | 781,861             |
| <b>NET ASSETS AVAILABLE FOR BENEFITS -</b>    |                     |                     |
| Beginning of year                             | <u>3,782,526</u>    | <u>3,000,665</u>    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS -</b>    |                     |                     |
| End of year                                   | <u>\$ 4,484,399</u> | <u>\$ 3,782,526</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, 2014 and 2013

---

#### 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, 2014 and 2013. Participant contributions are not permitted. Walter G. Anderson, Inc. made contributions of \$500,000 for both of the years ended November 30, 2014 and 2013.

##### *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, 2014 and 2013

---

### 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 15, 2015, 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, 2014 and 2013

---

#### 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 - Unadjusted quoted prices for identical assets in active markets that the Plan can access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset either directly or indirectly.

Level 3 - Unobservable inputs for the asset.

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, 2014 and 2013.

*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, 2014 and 2013

### 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, 2014          |                     |                     |                     |             |
|----------------------------|---------------------|---------------------|---------------------|-------------|
|                            | Total               | Level 1             | Level 2             | Level 3     |
| Large Cap Equity Funds     | \$ 925,236          | \$ 73,346           | \$ 851,890          | \$ -        |
| Mid-Cap Equity Funds       | 229,377             | -                   | 229,377             | -           |
| Small Cap Equity Funds     | 129,954             | -                   | 129,954             | -           |
| International Equity Funds | 411,560             | 190,279             | 221,281             | -           |
| Fixed Income Funds         | 2,537,510           | 1,273,378           | 1,264,132           | -           |
| Total Investments          | <u>\$ 4,233,637</u> | <u>\$ 1,537,003</u> | <u>\$ 2,696,634</u> | <u>\$ -</u> |

  

| 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         | 2,334,640           | 1,162,480           | 1,172,160           | -           |
| Total Investments          | <u>\$ 3,650,211</u> | <u>\$ 1,420,080</u> | <u>\$ 2,230,131</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)     | \$ 851,890          | \$ -                 | Daily                                        | N/A                      |
| Mid-Cap Equity Funds (b)       | 229,377             | -                    | Daily                                        | N/A                      |
| Small Cap Equity Funds (c)     | 129,954             | -                    | Daily                                        | N/A                      |
| International Equity Funds (d) | 221,281             | -                    | Daily                                        | N/A                      |
| Fixed Income Funds (e)         | 1,264,132           | -                    | Daily                                        | N/A                      |
| Total                          | <u>\$ 2,696,634</u> | <u>\$ -</u>          |                                              |                          |

## WALTER G. ANDERSON, INC. RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended November 30, 2014 and 2013

---

#### 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, 2014 and 2013

---

#### **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 2014 and 2013, that ceiling, which is adjusted periodically, was \$4,943 and \$4,790 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, 2014 and 2013, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

---

#### **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, 2014 and 2013

### 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          |                     |
|------------------------------------------------------------|---------------------|---------------------|
|                                                            | 2013                | 2012                |
| Actuarial present value of accumulated plan benefits:      |                     |                     |
| Vested benefits:                                           |                     |                     |
| Participants receiving benefits                            | \$ 452,028          | \$ 429,600          |
| Other participants                                         | 1,839,368           | 1,666,378           |
|                                                            | 2,291,396           | 2,095,978           |
| Non-vested benefits                                        | 131,589             | 118,564             |
| Total actuarial present value of accumulated plan benefits | <u>\$ 2,422,985</u> | <u>\$ 2,214,542</u> |

The Benefits Committee has also elected to present the actuarially computed changes in accumulated plan benefits for the years beginning December 1, 2013 and 2012. The valuation computed by an independent consulting actuary is as follows:

|                                                                         | Years Beginning December 1 |                     |
|-------------------------------------------------------------------------|----------------------------|---------------------|
|                                                                         | 2012                       | 2011                |
| Actuarial present value of accumulated plan benefits, beginning of year | \$ 2,214,542               | \$ 1,954,970        |
| Increase (decrease) during the year attributable to:                    |                            |                     |
| Benefits accumulated                                                    | 74,366                     | 113,376             |
| Benefit payments                                                        | (36,189)                   | (30,788)            |
| Interest                                                                | 142,769                    | 126,072             |
| Plan amendments                                                         | 27,497                     | 50,912              |
| Actuarial present value of accumulated plan benefits, end of year       | <u>\$ 2,422,985</u>        | <u>\$ 2,214,542</u> |

# WALTER G. ANDERSON, INC. RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS As of and for the Years Ended November 30, 2014 and 2013

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

The significant assumptions underlying the December 1, 2014 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, 2014 and 2013. There were no changes in plan assumptions for the years beginning December 1, 2014 and December 1, 2013 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. Subsequent to November 30, 2014, updated mortality tables were adopted by the IRS, which will be used in future determinations of the present value of accumulated plan benefits. The Company estimates the impact of adopting the updated mortality tables will result in an increase in the present value of accumulated plan benefits of approximately \$60,000.

### 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.

|                                                                     | 2014         |   | 2013         |   |
|---------------------------------------------------------------------|--------------|---|--------------|---|
| Value of interest in common/collective trust funds:                 |              |   |              |   |
| Wells Fargo Core Bond CIT                                           | \$ 1,264,132 | * | \$ 1,172,160 | * |
| Wells Fargo Blackrock S&P 500 Index CIT                             | 391,266      | * | 278,710      | * |
| Wells Fargo Blackrock S&P Midcap Index CIT                          | 229,377      | * | 185,127      |   |
| Wells Fargo T Rowe Price Institutional Large Cap Growth Managed CIT | 143,536      |   | 126,108      |   |
| Wells Fargo MFS Value CIT                                           | 131,161      |   | 89,194       |   |
| Wells Fargo Multi-Manager Small Cap CIT                             | 129,954      |   | 105,175      |   |
| Wells Fargo T Rowe Price Institutional Equity Income Managed CIT    | 121,616      |   | 88,570       |   |
| Wells Fargo Lazard International Equity CIT                         | 111,251      |   | -            |   |
| Wells Fargo Causeway International Value CIT                        | 110,030      |   | -            |   |
| Wells Fargo Growth CIT                                              | 64,311       |   | 60,563       |   |
| Wells Fargo Thornburg International CIT                             | -            |   | 124,524      |   |
| Mutual Funds:                                                       |              |   |              |   |
| Federated Total Return Bond Fund                                    | 762,040      | * | 705,155      | * |
| Metropolitan West FDS Total Return Bond Fund                        | 511,338      | * | 457,325      | * |

## WALTER G. ANDERSON, INC. RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended November 30, 2014 and 2013

---

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

---

|                                               |                     |                     |
|-----------------------------------------------|---------------------|---------------------|
| Harbor International Fund Class Institutional | \$ 113,171          | \$ 120,188          |
| Acadian Emerging Markets Portfolio Class      | 77,108              | 74,333              |
| Delaware US Growth Fund                       | <u>73,346</u>       | <u>63,079</u>       |
| Total Investments                             | <u>\$ 4,233,637</u> | <u>\$ 3,650,211</u> |

Investments that represent 5% or more of the Plan's net assets available for benefits as of November 30, 2014 or 2013 are separately identified with an "\*\*\*".

For the years ended November 30, 2014 and 2013, 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:

|                                               | 2014              | 2013              |
|-----------------------------------------------|-------------------|-------------------|
| Value of interest in common/collective trusts | \$ 190,622        | \$ 283,592        |
| Shares of an investment company               | <u>32,387</u>     | <u>15,018</u>     |
|                                               | <u>\$ 223,009</u> | <u>\$ 298,610</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

---

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, 2014

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost         | (e)<br>Current Value |
|-----|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
|     | Shares of an Investment Company                                    | Mutual Funds:                                                                                                       |                     |                      |
|     |                                                                    | Federated Total Return Bond Fund                                                                                    | \$ 781,735          | \$ 762,040           |
|     |                                                                    | Metropolitan West FDS Total Return Bond Fund                                                                        | 510,907             | 511,338              |
|     |                                                                    | Harbor International Fund Class Institutional                                                                       | 104,397             | 113,171              |
|     |                                                                    | Acadian Emerging Markets Portfolio Class                                                                            | 77,437              | 77,108               |
|     |                                                                    | Delaware US Growth Fund                                                                                             | 56,503              | 73,346               |
|     | Value of Interest in Common/Collective Trusts                      |                                                                                                                     |                     |                      |
| *   |                                                                    | Wells Fargo Core Bond CIT                                                                                           | 1,206,302           | 1,264,132            |
| *   |                                                                    | Wells Fargo Blackrock S&P 500 Index CIT                                                                             | 279,803             | 391,266              |
| *   |                                                                    | Wells Fargo Blackrock S&P Midcap Index CIT                                                                          | 158,630             | 229,377              |
| *   |                                                                    | Wells Fargo T Rowe Price Institutional Large Cap Growth Managed CIT                                                 | 91,572              | 143,536              |
| *   |                                                                    | Wells Fargo MFS Value CIT                                                                                           | 94,992              | 131,161              |
| *   |                                                                    | Wells Fargo Multi-Manager Small Cap CIT                                                                             | 97,067              | 129,954              |
| *   |                                                                    | Wells Fargo T Rowe Price Institutional Equity Income Managed CIT                                                    | 106,051             | 121,616              |
| *   |                                                                    | Wells Fargo Lazard International Equity CIT                                                                         | 113,251             | 111,251              |
| *   |                                                                    | Wells Fargo Causeway International Value CIT                                                                        | 100,768             | 110,030              |
| *   |                                                                    | Wells Fargo Growth CIT                                                                                              | <u>47,880</u>       | <u>64,311</u>        |
|     |                                                                    |                                                                                                                     | <u>\$ 3,827,295</u> | <u>\$ 4,233,637</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, 2014

| (a)<br>Identity of Party Involved          | (b)<br>Description of<br>Asset | (c)<br>Purchase<br>Price | (d)<br>Selling Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred with<br>Transaction | (g)<br>Cost of Asset | (h)<br>Current Value of<br>Asset on<br>Transaction Date | (i)<br>Net Gain<br>or (Loss) |
|--------------------------------------------|--------------------------------|--------------------------|----------------------|------------------------|------------------------------------------------|----------------------|---------------------------------------------------------|------------------------------|
| * Wells Fargo Short Term Investment Fund F | Cash                           | \$ 375,721               | N/A                  | N/A                    | \$ -                                           | \$ 375,721           | \$ 375,721                                              | \$ -                         |
| * Wells Fargo Short Term Investment Fund F | Cash                           | N/A                      | \$ 471,531           | N/A                    | -                                              | 471,531              | 471,531                                                 | -                            |
| * Wells Fargo Core Bond CIT                | Common<br>Collective Fund      | 116,026                  | N/A                  | N/A                    | -                                              | 116,026              | 116,026                                                 | -                            |
| * Wells Fargo Core Bond CIT                | Common<br>Collective Fund      | N/A                      | 93,266               | N/A                    | -                                              | 90,235               | 93,266                                                  | 3,031                        |

\* Represents a party-in-interest

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

Schedule SB, Line 26 - Schedule of Active Participant Data  
Plan Name: Walter G. Anderson, Inc. Retirement Plan

Plan Year: 2013  
EIN/PN: 41-0734781 / 003

| 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    | 1                | 5     |       |         |         |         |         |         |         |         |
|           | Avg Comp* | N/A              | N/A   |       |         |         |         |         |         |         |         |
| 25 - 29   | Number    |                  | 5     | 5     | 1       |         |         |         |         |         |         |
|           | Avg Comp* |                  | N/A   | N/A   | N/A     |         |         |         |         |         |         |
| 30 - 34   | Number    | 2                | 2     | 4     | 5       | 1       |         |         |         |         |         |
|           | Avg Comp* | N/A              | N/A   | N/A   | N/A     | N/A     |         |         |         |         |         |
| 35 - 39   | Number    |                  | 2     | 3     | 2       | 2       |         |         |         |         |         |
|           | Avg Comp* |                  | N/A   | N/A   | N/A     | N/A     |         |         |         |         |         |
| 40 - 44   | Number    |                  | 5     | 10    | 2       | 1       | 2       |         |         |         |         |
|           | Avg Comp* |                  | N/A   | N/A   | N/A     | N/A     | N/A     |         |         |         |         |
| 45 - 49   | Number    |                  | 4     | 5     | 4       | 1       |         |         |         |         |         |
|           | Avg Comp* |                  | N/A   | N/A   | N/A     | N/A     |         |         |         |         |         |
| 50 - 54   | Number    | 1                | 3     | 3     | 3       | 1       | 1       | 1       | 1       | 1       |         |
|           | Avg Comp* | N/A              | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |         |
| 55 - 59   | Number    | 2                | 2     | 4     | 3       | 1       | 2       | 2       | 1       | 3       |         |
|           | Avg Comp* | N/A              | N/A   | N/A   | N/A     | N/A     | N/A     | N/A     | N/A     | N/A     |         |
| 60 - 64   | Number    |                  | 1     | 1     | 1       | 2       | 1       |         |         |         | 1       |
|           | Avg Comp* |                  | N/A   | N/A   | N/A     | N/A     | N/A     |         |         |         | N/A     |
| 65 - 69   | Number    |                  |       | 1     | 1       |         |         | 1       |         |         |         |
|           | Avg Comp* |                  |       | N/A   | 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,<br>multiplied by 1.35 | 183.60 | 87.75 | 0.00 | 0.00 |
|------------------------------------------------------------------|--------|-------|------|------|

### 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<br>(0 to 5 Years) | Segment 2<br>(5 to 20 Years) | Segment 3<br>(More than 20) |
|------------------------------------------------------|-----------------------------|------------------------------|-----------------------------|
| <u>Adjusted 24-Mo. Avg. Segment Rates</u>            |                             |                              |                             |
| Minimum Funding Target Liability                     | 4.94% per annum             | 6.15% per annum              | 6.76% per annum             |
| <u>Unadjusted 24-Mo. Avg. Segment Rates</u>          |                             |                              |                             |
| Maximum Deductible Liability                         | 1.39% per annum             | 4.05% per annum              | 5.08% per annum             |
| PBGC Variable Premium Liability (alternative method) |                             |                              |                             |
| <u>Other Measurements</u>                            |                             |                              |                             |
| Plan termination value                               | 1.24% per annum             | 4.47% per annum              | 5.52% 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 -- \$205,000.

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

## Changes in Assumptions From Prior Actuarial Valuation

|                        | Previous                  | Current                   |
|------------------------|---------------------------|---------------------------|
| Minimum Funding Target | Three Segment Yield Curve | Three Segment Yield Curve |
| Segment Rates          | (5.54%, 6.85% & 7.52%)    | (4.94%, 6.15% & 6.76%)    |

*Reason: In recognition of interest rate environment as measured by methodology set forth in Code §430(h)(2) and IRS Notice 2013-11.*

|                                  | Previous                  | Current                   |
|----------------------------------|---------------------------|---------------------------|
| Unadjusted 24-Month Average      | Three Segment Yield Curve | Three Segment Yield Curve |
| Segment Rates (4 Month Lookback) | (1.77%, 4.67% & 5.78%)    | (1.39%, 4.05% & 5.08%)    |

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

| (a) Identity of<br>Party Involved | (b) Description<br>of Asset  | (c) Purchase<br>Price | (d) Selling<br>Price | (e) Lease<br>Rental | (f) Expense                  | (g) Cost<br>of Asset | (h) Current Value               | (i) Net Gain<br>or (Loss) |
|-----------------------------------|------------------------------|-----------------------|----------------------|---------------------|------------------------------|----------------------|---------------------------------|---------------------------|
|                                   |                              |                       |                      |                     | Incurred with<br>Transaction |                      | of Asset on<br>Transaction Date |                           |
| Wells Fargo                       | Short Term Investment Fund F | 375,721               | N/A                  | N/A                 |                              | 0                    | 375,721                         | 0                         |
| Wells Fargo                       | Short Term Investment Fund F | N/A                   | 471,531              | N/A                 |                              | 0                    | 471,531                         | 0                         |
| Wells Fargo                       | Core Bond Cit F              | 116,026               | N/A                  | N/A                 |                              | 0                    | 116,026                         | 0                         |
| Wells Fargo                       | Core Bond Cit F              | N/A                   | 93,266               | N/A                 |                              | 0                    | 90,235                          | 3,031                     |

*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, 2011. 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 on or 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 on or after June 15, 2006 and prior to June 15, 2009.
- \$19.00 multiplied by years of benefit service not in excess of 25 years, for participants terminating on or after June 15, 2009 and prior to June 15, 2011.
- \$19.80 multiplied by years of benefit service not in excess of 25 years, for participants terminating on or after June 15, 2011 and prior to June 15, 2012.

- \$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 5.1(e) 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

**2013****This Form is Open to Public  
Inspection**For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>WALTER G. ANDERSON, INC. RETIREMENT PLAN                                                                     | <b>B</b> Three-digit plan number (PN) ►<br><br>003                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>WALTER G. ANDERSON, INC.                                  | <b>D</b> Employer Identification Number (EIN)<br><br>41-0734781                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>12</u> Day <u>1</u> Year <u>2013</u>                                                                                                                                |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 3,782,526          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 3,693,875          |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b> 12               | 463,302            |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> 48               | 458,706            |
| <b>c</b> For active participants:                                                                                                                                                                               |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                                   | <b>3c(1)</b>               | 132,590            |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b>               | 1,385,481          |
| (3) Total active .....                                                                                                                                                                                          | <b>3c(3)</b> 119           | 1,518,071          |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> 179              | 2,440,079          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.45 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 86,062             |

**Statement by Enrolled Actuary**

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

|                                                                                                                                                                                                                                                                       |                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b><br><br>WJW<br><br>Signature of actuary<br>WESLEY J. WICKENHEISER, FSA, EA, MAAA<br><br>Type or print name of actuary<br>BPS&M, LLC<br><br>Firm name<br>11807 BRINLEY AVENUE, SUITE 101<br><br>LOUISVILLE<br><br>Address of the firm<br>KY 40243-1090 | <br><br>2/6/2015<br><br>Date<br>14-06598<br><br>Most recent enrollment number<br>(502) 244-7828<br><br>Telephone number (including area code) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

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

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

Schedule SB (Form 5500) 2013  
v. 130118

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                            | 312,765               | 0                      |
| <b>8</b>                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                         | 0                     | 0                      |
| <b>9</b>                                                           | Amount remaining (line 7 minus line 8) .....                                                                                               | 312,765               | 0                      |
| <b>10</b>                                                          | Interest on line 9 using prior year's actual return of <u>10.09</u> % .....                                                                | 31,558                |                        |
| <b>11</b>                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                       |                       |                        |
|                                                                    | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 478,209                |
|                                                                    | <b>b</b> Interest on (a) using prior year's effective interest rate of <u>7.17</u> % except as otherwise provided (see instructions) ..... |                       | 34,288                 |
|                                                                    | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 512,497                |
|                                                                    | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b>                                                          | Other reductions in balances due to elections or deemed elections .....                                                                    | 0                     | 0                      |
| <b>13</b>                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                         | 344,323               | 0                      |

| <b>Part III Funding Percentages</b> |                                                                                                                                                                  |           |          |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 137.27 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 151.38 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 147.52 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 03/11/2014                                                                               | 125,000                           |                                 |                          |                                   |                                 |
| 06/18/2014                                                                               | 125,000                           |                                 |                          |                                   |                                 |
| 08/26/2014                                                                               | 125,000                           |                                 |                          |                                   |                                 |
| 12/01/2014                                                                               | 125,000                           |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 500,000                           | <b>18(c)</b>                    |
|                                                                                          |                                   |                                 |                          |                                   | 0                               |

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 480,509 |

**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 | (4) 4th |
|                                                            |         |         |         |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94 % | 2nd segment:<br>6.15 % | 3rd segment:<br>6.76 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 86,062             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 86,062             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 480,509            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 480,509            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

**Schedule H, Item 4i - Schedule of Assets (Acquired and Disposed of Within Year)**

**Plan Name: Walter G. Anderson, Inc. Retirement Plan**

**Plan Year: 2013**

**EIN/PN: 41-0734781 / 003**

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

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

Plan Year: 2013  
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                                                                                | 125,744   | 125,744           |
| *   | Wells Fargo                                               | 120,866.596 shares, Core Bond Cit F                                                                         | 1,206,302 | 1,264,132         |
| *   | Wells Fargo                                               | 4,774.786 shares, Growth Cit Class F                                                                        | 47,880    | 64,311            |
| *   | Wells Fargo                                               | 7,862.968 shares, MFS Value Cit F #1685                                                                     | 94,992    | 131,161           |
| *   | Wells Fargo                                               | 8,064.005 shares, Multi-Manager Small Cap Cit F #1686                                                       | 97,067    | 129,954           |
| *   | Wells Fargo                                               | 10,217.171 shares, T Rowe Price Inst. Equity Income Managed Cit F                                           | 106,051   | 121,616           |
| *   | Wells Fargo                                               | 8,153.665 shares, T Rowe Price Inst. Large Cap Grwth Managed Cit F                                          | 91,572    | 143,536           |
| *   | Wells Fargo                                               | 15,183.717 shares, Blackrock S&P Midcap Index Cit F                                                         | 158,630   | 229,377           |
| *   | Wells Fargo                                               | 25,172.662 shares, Blackrock S&P 500 Index Cit F                                                            | 279,803   | 391,266           |
| *   | Wells Fargo                                               | 9,442.935 shares, Causeway International Value Cit F                                                        | 100,768   | 110,030           |
| *   | Wells Fargo                                               | 11,325.083 shares, Lazard International Equity Cit F                                                        | 113,251   | 111,251           |
|     | Acadian                                                   | 3,993.176 shares, Emerging Markets Portfolio Class - Inst #1260                                             | 77,437    | 77,108            |
|     | Delaware                                                  | 2,599.979 shares, US Growth Fund - Inst Class #104                                                          | 56,503    | 73,345            |
|     | Harbor                                                    | 1,630.708 shares, International Fund Class Institutional #2011                                              | 104,397   | 113,171           |
|     | Federated                                                 | 68,590.438 shares, Total Return Bond Fund Institutional Shares #328                                         | 781,735   | 762,040           |
|     | Metropolitan West Funds                                   | 46,783.010 shares, Total Return Bond Fund Class I #512                                                      | 510,907   | 511,338           |

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

**Plan Year: 2013**  
**EIN/PN: 41-0734781 / 003**

Effective Interest Rate  
6.45%

| Date of<br>Contribution | Contribution | Days<br>Adjusted | Adjusted<br>Contribution |
|-------------------------|--------------|------------------|--------------------------|
| 3/11/2014               | 125,000.00   | 100              | 122,877.64               |
| 6/18/2014               | 125,000.00   | 199              | 120,811.99               |
| 8/26/2014               | 125,000.00   | 268              | 119,392.87               |
| 12/1/2014               | 125,000.00   | 365              | 117,426.02               |
|                         | 500,000.00   |                  | 480,508.52               |