Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIELD CONTAINER COMPANY, L.P. AND REL. ENTITIES PENSION PLAN

1b Three-digit plan number (PN) ▶ 097

1c Effective date of plan 04/30/1976

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
GRAPHIC PACKAGING INTERNATIONAL, INC.

1500 RIVEREDGE PKWY, SUITE 100
9TH FLOOR
ATLANTA, GA 30328

2b Employer Identification Number (EIN)
84-0772929

2c Plan Sponsor's telephone number
770-240-7200

2d Business code (see instructions)
322100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2016	BRIAN A. WILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

RETIREMENT COMMITTEE OF GRAPHIC PACKAGING INTERNATIONAL

1500 RIVEREDGE PKWY, SUITE 100
9TH FLOOR
ATLANTA, GA 30328

3b Administrator's EIN: 58-2073470

3c Administrator's telephone number: 770-240-7200

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	896
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	448
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	417
b	Retired or separated participants receiving benefits	**6b**	177
c	Other retired or separated participants entitled to future benefits	**6c**	234
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	828
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	20
f	Total. Add lines **6d** and **6e**.	**6f**	848
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ 0 **A** (Insurance Information)
- **(4)** ☐ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

A Name of plan
FIELD CONTAINER COMPANY, L.P. AND REL. ENTITIES PENSION PLAN

B Three-digit plan number (PN) ▶ 097

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GRAPHIC PACKAGING INTERNATIONAL, INC.

D Employer Identification Number (EIN)
84-0772929

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015

2 Assets:

a Market value	**2a**	20968023
b Actuarial value	**2b**	20968023

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	195	3033941	3033941
b For terminated vested participants	253	3915578	3915578
c For active participants	448	10966004	11212374
d Total	896	17915523	18161893

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.32%
6 Target normal cost	**6**	236591

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 10/04/2016

JENNIFER A. YANULAVICH
Type or print name of actuary

14-06264
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

770-956-7777
Telephone number (including area code)

3350 RIVERWOOD PARKWAY
SUITE 80
ATLANTA, GA 30339
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	143783
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	143783
10	Interest on line 9 using prior year's actual return of 7.13%	0	10252
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3060676
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.54%		200168
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		3260844
	d Portion of (c) to be added to prefunding balance		3260000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3414035

Part III Funding Percentages

14	Funding target attainment percentage	14	96.65 %
15	Adjusted funding target attainment percentage	15	115.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.76 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2015	900000	0			
			Totals ► 18(b)	900000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	846643

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.72 %	6.11 %	6.81 %	☐ N/A, full yield curve used

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

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	236591
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	236591

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

36 Additional cash requirement (line 34 minus line 35)	**36**	236591
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	846643

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

a Total (excess, if any, of line 37 over line 36)	**38a**	610052
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FIELD CONTAINER COMPANY, L.P. AND REL. ENTITIES PENSION PLAN

B Three-digit plan number (PN) ▶ 097

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GRAPHIC PACKAGING INTERNATIONAL, INC.

D Employer Identification Number (EIN)
84-0772929

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GRAPHIC PKG INT'L INC MASTER TRUST

b Name of sponsor of entity listed in (a): GRAPHIC PACKAGING INTERNATIONAL INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-0772929-093	M	19722954

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FIELD CONTAINER COMPANY, L.P. AND REL. ENTITIES PENSION PLAN

B Three-digit plan number (PN) ▶ 097

C Plan sponsor's name as shown on line 2a of Form 5500
GRAPHIC PACKAGING INTERNATIONAL, INC.

D Employer Identification Number (EIN)
84-0772929

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1251000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	19806899	19722954
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	21057899	19722954
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	47759	10426
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	47759	10426
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21010140	19712528

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	900000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		900000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-111016
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		788984
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2086596	
(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)		2086596
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)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2086596
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1297612
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BABUSH NEIMAN KORNMAN & JOHNSON LLP **(2)** EIN: 58-0942047

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FIELD CONTAINER COMPANY, L.P. AND REL. ENTITIES PENSION PLAN

B Three-digit plan number (PN) ▶ 097

C Plan sponsor's name as shown on line 2a of Form 5500
GRAPHIC PACKAGING INTERNATIONAL, INC.

D Employer Identification Number (EIN)
84-0772929

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 25-1904625

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** 38

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☒ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 58.0% Investment-Grade Debt: 32.0% High-Yield Debt: 10.0% 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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Field Container Company, L.P. and Related Entities Pension Plan

Financial Statements

As of and For the Years Ended

December 31, 2015 and 2014

Field Container Company, L.P. and Related Entities Pension Plan

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BABUSH NEIMAN KORNMAN & JOHNSON LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Independent Auditors' Report

To the Retirement Committee
Field Container Company, L.P. and Related Entities Pension Plan
Atlanta, Georgia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Field Container Company, L.P. and Related Entities Pension Plan (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2014, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("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 information summarized in Note C, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, 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.

BABUSH NEIMAN KORNMAN & JOHNSON LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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

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

Babush, Neiman, Kornman & Johnson LLP

October 4, 2016
Atlanta, Georgia

Field Container Company, L.P. and Related Entities Pension Plan

Statements of Net Assets Available for Benefits
As of December 31, 2015 and 2014

	2015	2014
ASSETS		
INVESTMENTS, at fair value		
Interest in the Graphic Packaging International, Inc. Master Trust	$ 19,722,954	$ 19,806,899
RECEIVABLES		
Employer contribution	-	1,251,000
TOTAL ASSETS	19,722,954	21,057,899
LIABILITIES		
Accrued expenses	10,426	47,759
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,712,528	$ 21,010,140

See accompanying notes to financial statements.

Field Container Company, L.P. and Related Entities Pension Plan

Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2015 and 2014

	2015	2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
CONTRIBUTIONS		
Employer	$ 900,000	$ 3,295,000
INVESTMENT INCOME		
Net gain from the Graphic Packaging International, Inc. Master Trust	126,627	1,371,047
TOTAL ADDITIONS	1,026,627	4,666,047
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,835,912	1,908,054
Lump sum benefits paid - see Note A	250,684	1,131,018
Administrative expenses	237,643	283,391
TOTAL DEDUCTIONS	2,324,239	3,322,463
NET (DECREASE) INCREASE	(1,297,612)	1,343,584
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	21,010,140	19,666,556
End of Year	$ 19,712,528	$ 21,010,140

See accompanying notes to financial statements.

Field Container Company, L.P. and Related Entities Pension Plan

Statement of Accumulated Plan Benefits As of December 31, 2014

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Vested benefits:	
Participants currently receiving payments	$ 2,869,492
Terminated vested participants	3,630,060
Other participants	13,211,278
Total Vested Benefits	19,710,830
Nonvested benefits	166,020
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 19,876,850

See accompanying notes to financial statements.

Field Container Company, L.P. and Related Entities Pension Plan

Statement of Changes in Accumulated Plan Benefits For the Year Ended December 31, 2014

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	$ 19,297,769
Benefits accumulated and gains/losses	245,458
Increase in interest accumulated	1,469,188
Benefits paid	(3,039,072)
Assumption changes	1,903,507
Net Increase	579,081
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	$ 19,876,850

See accompanying notes to financial statements.

A. PLAN DESCRIPTION

The following description of the Field Container Company, L.P. and Related Entities Pension Plan (the "Plan") is provided for general informational purposes only. Participants should refer to the Plan document for more information.

General. The Plan is a noncontributory defined benefit plan established January 1, 1987. The Plan covers certain hourly employees who were formerly employed by Field Container Company, LLC. Non-union employees hired on or after April 16, 2003 are ineligible to participate. Effective January 1, 2008, the Plan was amended to freeze the benefit accruals for non-union employees that were not already frozen. The Plan was closed to new participants on or after February 14, 2008 or as of such earlier date as provided in the applicable appendix of the Plan document. The Plan was originally sponsored by Altivity Packaging, LLC. On March 10, 2008 Altivity Packaging, LLC was acquired by Graphic Packaging Holding Company. Effective January 1, 2009, Graphic Packaging International, Inc. (the "Company") became the Plan's sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Funding Policy. The Company's funding policy is to make contributions to the Plan in amounts sufficient to provide for the participant's benefits and to satisfy the minimum funding standards of ERISA. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2015 and 2014. In accordance with the requirements of the Pension Protection Act of 2006 the Plan has elected Funding Relief.

Pension Benefits. Participants are generally entitled to normal retirement benefits beginning at the age of 65 (normal retirement age). The Plan permits early retirement benefits for qualified participants who are age 55 and have at least five years of vesting service. In most instances, normal retirement benefits are based upon the participant's years of benefit service multiplied by the participant's benefit level. Early retirement benefits are based upon the participant's earned benefit reduced by .5% for each month prior to normal retirement age. Effective December 19, 2012, the Plan was closed to new participants, re-hires and transfers for employees represented by USW 188 at the Pekin, IL Mill facility. This location was closed to all employees who were not a participant on March 31, 2013. Effective April 1, 2013, the Plan was amended to freeze benefit service and benefit accruals for non-grandfathered members represented at this facility. A non-grandfathered participant is not eligible for disability retirement after March 31, 2013.

Participants may elect to receive their benefits in various payment forms such as a single life annuity or other optional forms of payment available under the Plan.

Effective January 1, 2015, the Plan was amended and restated. This restatement incorporates all amendments since the previous restatement, updates the Plan's definition of "Spouse" to comply with guidance from the Internal Revenue Service ("IRS"), and updates the Plan's provisions related to funding-based benefit restrictions under the Internal Revenue Code ("IRC").

Effective November 1, 2015 and 2014, a Special Commencement Right was implemented to allow for a lump sum window election for certain terminated participants.

Death and Disability Benefits. If an active participant dies after becoming eligible for a benefit under the Plan but before commencing payment, their surviving spouse is entitled to a benefit equal to the amount the participant would have received if they had retired on the first day of the month following death and elected the 50% Joint and Survivor form of payment. If an active participant becomes disabled, the participant is entitled to receive benefits under the Plan equal to the participant's vested benefit reduced by a certain percentage for each month the disability date precedes the normal retirement age.

Vesting. An employee must complete five years of service to become eligible to receive a benefit under the Plan. If an employee does not complete five years of service, they forfeit the right to receive benefits under the Plan.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting. The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investment Valuation and Income Recognition. Investments in the Graphic Packaging International, Inc. Master Trust ("the Master Trust") are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan presents in its statements of changes in net assets available for benefits an allocation of the Master Trust's net income which consists of realized gains or losses, unrealized appreciation or depreciation on investments and interest and dividend income.

Management fees and operating expenses charged to the Master Trust for investments in mutual funds and common/collective trusts are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Valuation of Financial Instruments. The carrying values of the Plan's receivables and payables approximate fair value.

Use of Estimates. The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

Risks and Uncertainties. The Plan invests in a Master Trust, which invests in a combination of stocks, bonds, mutual funds, common/collective trusts, foreign currency options and contracts and other investment securities. The underlying investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to the changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in these financial statements.

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.

Payments of Benefits. Benefits are recorded when paid.

Administrative Expenses. Generally, the Plan pays for expenses incurred for Plan administration. Certain other costs of the Plan have been paid by the Company.

Adoption of Accounting Pronouncements. In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-07, *Disclosures for Investments that Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2015-07 eliminates the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value ("NAV") practical expedient in Accounting Standards Codification ("ASC") 820, *Fair Value Measurements* ("ASC 820"). The guidance is effective for fiscal years beginning after December 15, 2015. The Plan has elected to early adopt ASU 2015-07 effective with the December 31, 2015 financial statements, with retrospective application to all periods presented. The adoption had no effect on the Plan's net assets available for benefits or changes therein.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefits Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirement to disclosure individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type: however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan assets. Part III allows a plan with a fiscal year end that doesn't coincide with the end of a calendar month to measure its investments and investment-related accounts using the month end closest to its fiscal year end. The guidance is effective for fiscal years beginning after December 15, 2015. The Plan has elected to early adopt Part II effective with the December 31, 2015 financial statements, with retrospective application to all periods presented. Parts I and III are not applicable to the Plan. The adoption had no effect on the Plan's net assets available for benefits or changes therein.

C. INTEREST IN MASTER TRUST AND INVESTMENTS (UNAUDITED INFORMATION)

The Plan's investments are in the Master Trust. The Master Trust was established for the investment of assets of the Plan and certain assets of other retirement plans sponsored by the Company. Each participating retirement plan has an undivided interest in the Master Trust. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based on 1) whether it is related to a specific plan (100 percent allocation to that plan), or 2) the Plan's proportionate share of the income or expense which is attributable to the Master Trust.

The Bank of New York Mellon/BNY Mellon, N.A. (the "Trustee"), the Trustee of the Plan, holds investment assets and executes transactions therein, and substantially all information pertaining to investments included in the financial statements, have been certified by them. Therefore, in accordance with the request of the Company and as allowed under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, this information was not subjected to auditing procedures generally accepted in the United States of America by the Plan's independent public accountants.

At December 31, 2015 and 2014, the assets of the Master Trust were held by the Trustee of the Plan. The Plan's interest in the net assets of the Master Trust was approximately 2% for the years ended December 31, 2015 and 2014.

The following table presents the net assets held by the Master Trust at December 31, 2015 and 2014 as certified by the Trustee:

	2015	2014
Investments, at fair value:		
Common/collective trusts	$ 378,285,560	$ 407,165,868
Mutual funds	222,598,059	229,802,407
Common stock	130,288,117	135,322,818
103-12 investment entities	82,308,574	84,775,530
Cash and cash equivalents - foreign currency	8,258,015	2,047,920
Preferred stock	1,383,614	1,381,315
Foreign currency options	-	23,252
	823,121,939	860,519,110
Foreign currency contracts receivable	9,054	163,463
Other receivables	744,762	543,152
Total Assets	823,875,755	861,225,725
Liabilities		
Foreign currency contracts payable	9,054	163,463
Other payables	1,036,457	4,188
Total Liabilities	1,045,511	167,651
Net Assets Held by the Master Trust	$ 822,830,244	$ 861,058,074

The following presents the investment income for the Master Trust for the years ended December 31, 2015 and 2014, as certified by the Trustee:

	2015	2014
Net (depreciation) appreciation in fair value of investments	$ (3,465,645)	$ 50,889,072
Dividends	9,700,591	10,444,498
Interest	1,762	1,045
Total Investment Income	$ 6,236,708	$ 61,334,615

D. FAIR VALUE MEASUREMENTS

ASC 820 provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in methodologies used at December 31, 2015 and 2014.

Common/collective trusts (the "CCTs"): The Master Trust's interest in the CCTs are valued at the NAV of shares held by the Plan at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the CCTs, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. As of December 31, 2015 and 2014, there were no unfunded commitments or redemption restrictions on the Plan's investment in the CCTs.

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

Common and preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded on a daily basis.

103-12 investment entity (the "LLC"): The Master Trust's interest in the LLC is stated at fair value. The value is determined by the NAV, based on the underlying investments, on the valuation date. As of December 31, 2015 and 2014, there were no unfunded commitments or redemption restrictions on the Plan's investment in the LLC.

Foreign currency options: Valued using pricing models based on the prevailing forward exchange rate of the underlying currencies taking into account the counterparties' creditworthiness.

Cash and cash equivalents – foreign currency: Valued at cost, which approximates fair value.

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 following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2015 and 2014. There were no level 3 investments as of December 31, 2015 and 2014.

December 31, 2015	Level 1	Level 2	Total
Mutual Funds	$ 160,796,158	$ 61,801,901	$ 222,598,059
Common Stock	130,288,117	-	130,288,117
Preferred Stock	1,383,614	-	1,383,614
Foreign Currency Options	-	-	-
Cash and Cash Equivalents - Foreign Currency	8,258,015	-	8,258,015
Investments in the Fair Value Hierarchy	$ 300,725,904	$ 61,801,901	362,527,805
Investments measured at NAV (1):			
Common/Collective Trusts			378,285,560
103-12 Investment Entity			82,308,574
Total Investments, at fair value			$ 823,121,939

December 31, 2014	Level 1	Level 2	Total
Mutual Funds	$ 168,437,503	$ 61,364,904	$ 229,802,407
Common Stock	135,322,818	-	135,322,818
Preferred Stock	1,381,315	-	1,381,315
Foreign Currency Options	-	23,252	23,252
Cash and Cash Equivalents - Foreign Currency	2,047,920	-	2,047,920
Investments in the Fair Value Hierarchy	$ 307,189,556	$ 61,388,156	368,577,712
Investments measured at NAV (1):			
Common/Collective Trusts			407,165,868
103-12 Investment Entity			84,775,530
Total Investments, at fair value			$ 860,519,110

(1) These investments that are measured at fair value using the NAV per share (or its equivalent practical expedient) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

E. DERIVATIVES

Derivative financial instruments are used to hedge the currency risk component of the Master Trust's foreign investments. Certain of the investment managers are permitted to use certain specified types of derivative instruments as part of their respective strategies. These strategies include the use of futures, forward agreements, and options. Use of derivatives instruments for purposes of speculation is prohibited. Currency hedge positions are not permitted to exceed the level of exposure in the Plan's related assets.

The Master Trust enters into forward contracts to purchase and sell foreign currencies in the normal course of its investing activities to manage the currency exposure associated with the Plan's foreign equity and fixed income investments. The terms of these contracts generally do not exceed one year. The credit risk associated with these contracts is minimal, as they are entered into with a limited number of highly rated counterparties.

The Plan reflects the fair value of all forward contracts as an asset or liability in the Plan's financial statements. The fair values associated with the foreign currency contracts have been estimated by valuing the net position of the contracts using the applicable spot rates and forward rates as of the reporting date. In the statements of net assets available for benefits, forward contracts to purchase foreign currency are shown as foreign currency contract payables, and forward contracts to sell foreign currency are shown as foreign currency contract receivables. Changes in fair value are accounted for as net appreciation (depreciation) in fair value of investments.

F. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan’s provisions to the service the 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 under the Plan are based upon the participant’s years of service multiplied by the participant’s benefit level, as defined by the Plan, on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, or termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan’s consulting actuary and 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, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. It is at least reasonably possible that the actuarial assumptions used to calculate accumulated plan benefits will change in the near term and that the effect of such change could be significant.

The significant actuarial assumptions used in the most recent valuation dated December 31, 2014 were:

Interest rate:	7.35% per year
Mortality basis - healthy lives:	RP - 2014 blue collar adjusted table with a fully generational projection using Scale MP-2014 for healthy lives and the RP-2014 disabled retirement table with a fully generational projection using Scale MP-2014 for disabled lives
Normal retirement age:	Age 65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The interest rate used to determine the actuarial present value of accumulated plan benefits was changed to 7.35% from 8.25%. The mortality rates used to determine the actuarial present value of accumulated plan benefits were changed to RP-2014 blue collar adjusted table with a fully generational projection using Scale MP-2014 for healthy lives and the RP-2014 disabled retirement table with a fully generational projection using Scale MP-2014 from RP-2014 PPA Annuitant and Non-Annuitant Mortality Tables. The effect of these changes was to increase the actuarial present value of accumulated plan benefits by $1,903,507.

G. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) up to the applicable limitations discussed below.

3. All other vested benefits (vested benefits not insured by the PBGC).

4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor’s benefits. However, the PBGC does not guarantee all types of benefits of 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.

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, the priority of those benefits to be paid, and on the level of benefits guaranteed by the PBGC.

H. INCOME TAX STATUS

For the years ending December 31, 2015 and 2014, the Plan obtained a determination letter dated June 3, 2015 and December 2, 2011, respectively, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since it was restated January 1, 2015, the plan administrator, the plan actuary and the plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

I. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. During 2015 and 2014, the Plan incurred and accrued trustee and miscellaneous fees of $62,061 and $98,683, actuary fees of $4,604 and $16,381, and investment management fees of $53,066 and $61,787, respectively.

J. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 4, 2016, which is the date the financial statements were available to be issued, and have determined that there are no subsequent events that require disclosure under the Subsequent Events topic of the FASB ASC.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Field Container Company, L.P. and Rel. Entities Pension Plan
EIN: 84-0772929 PN: 097

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1	1							
35-39		7	12	4						
40-44		10	13	14	4					
45-49		7	18	23	16	3	2			
50-54		13	16	26	29	12	5			
55-59		13	20	12	26	30	16			
60-64		4	10	11	12	17	18	4		
65-69		2		1	4	3	7	2		
70+										

N-448

Schedule SB Attachment (Form 5500)—2015 Plan Year
Field Container Company, L.P. and Rel. Entities Pension Plan
EIN: 84-0772929 PN: 097

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Optional Payment Form Election Percentage	
Active Participants	100% of participants are assumed to elect an immediate lump sum
Existing Terminated Vested Participants	▪ 15% assumed to elect a joint and 50% survivor annuity ▪ 10% assumed to elect a joint and 75% survivor annuity ▪ 15% assumed to elect a joint and 100% survivor annuity ▪ 60% assumed to elect a life annuity
Optional Payment Form	
Conversion Interest Rate and Mortality for Annuities	As defined by plan
Conversion Interest Rate for Lump Sums	Underlying funding interest rates
Conversion Mortality for Lump Sums	IRC section 417(e) in effect as of the assumed valuation date
Retirement Age	
Active Participants	See Table 1
Existing Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	Based on the prior year's actual plan administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Actuarial Assumptions and Methods

Table 1

Retirement Rates—Active Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	10.00%
59	10.00%
60	15.00%
61	15.00%
62	15.00%
63	27.00%
64	27.00%
65	27.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Table 2

Retirement Rates—Existing Terminated Vested Participants

Age	Rate
55	6.00%
56	6.38%
57	6.82%
58	7.32%
59	7.89%
60	14.29%
61	16.67%
62	10.00%
63	11.11%
64	50.00%
65+	100.00%

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
20	20.00%	50	4.60%
21	20.00%	51	4.60%
22	20.00%	52	4.60%
23	20.00%	53	4.60%
24	20.00%	54	4.60%
25	20.00%	55	5.00%
26	20.00%	56	5.00%
27	20.00%	57	5.00%
28	20.00%	58	5.00%
29	20.00%	59	5.00%
30	17.00%	60	5.00%
31	17.00%	61	5.00%
32	17.00%	62	5.00%
33	17.00%	63	5.00%
34	17.00%	64	5.00%
35	8.00%	65+	0.00%
36	8.00%		
37	8.00%		
38	8.00%		
39	8.00%		
40	6.10%		
41	6.10%		
42	6.10%		
43	6.10%		
44	6.10%		
45	5.40%		
46	5.40%		
47	5.40%		
48	5.40%		
49	5.40%		

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- ☒ a single-employer plan;
- ☐ a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIELD CONTAINER COMPANY, L.P. AND REL. ENTITIES PENSION PLAN

1b Three-digit plan number (PN) ▶ 097

1c Effective date of plan 04/30/1976

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
GRAPHIC PACKAGING INTERNATIONAL, INC.

1500 RIVEREDGE PKWY, SUITE 100
9TH FLOOR
ATLANTA GA 30328

2b Employer Identification Number (EIN)
84-0772929

2c Plan Sponsor's telephone number
770-240-7200

2d Business code (see instructions)
322100

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

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

SIGN HERE	[signature]	10-6-16	BRIAN A. WILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

RETIREMENT COMMITTEE OF GRAPHIC PACKAGING INTERNATIONAL

1500 RIVEREDGE PKWY, SUITE 100
9TH FLOOR
ATLANTA GA 30328

3b Administrator's EIN: 58-2073470

3c Administrator's telephone number: 770-240-7200

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	896
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	448
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	417
b	Retired or separated participants receiving benefits	**6b**	177
c	Other retired or separated participants entitled to future benefits	**6c**	234
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	828
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	20
f	Total. Add lines **6d** and **6e**.	**6f**	848
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1I

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

A Name of plan
FIELD CONTAINER COMPANY, L.P. AND REL. ENTITIES PENSION PLAN

B Three-digit plan number (PN) ▶ 097

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GRAPHIC PACKAGING INTERNATIONAL, INC.

D Employer Identification Number (EIN)
84-0772929

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015

2 Assets:

a Market value	2a	20,968,023
b Actuarial value	2b	20,968,023

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	195	3,033,941	3,033,941
b For terminated vested participants	253	3,915,578	3,915,578
c For active participants	448	10,966,004	11,212,374
d Total	896	17,915,523	18,161,893

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.32%
6 Target normal cost	6	236,591

Statement by Enrolled Actuary

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

SIGN HERE

Jennifer A. Yanulavich F.Y.
Signature of actuary

10/04/2016
Date

JENNIFER A. YANULAVICH
Type or print name of actuary

1406264
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

770-956-7777
Telephone number (including area code)

3350 RIVERWOOD PARKWAY
SUITE 80
ATLANTA GA 30339
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	143,783
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	143,783
10	Interest on line 9 using prior year's actual return of 7.13%	0	10,252
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3,060,676
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.54%		200,168
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		3,260,844
	d Portion of (c) to be added to prefunding balance		3,260,000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3,414,035

Part III Funding Percentages

14	Funding target attainment percentage	14	96.65%
15	Adjusted funding target attainment percentage	15	115.45%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.76%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2015	900,000	0			
			Totals ► 18(b)	900,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	846,643

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

21 Discount rate:

a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used

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

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	236,591
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	236,591

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

36 Additional cash requirement (line 34 minus line 35)	**36**	236,591
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	846,643
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	610,052
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010	☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Schedule SB Attachment (Form 5500)—2015 Plan Year
Field Container Company, L.P. and Rel. Entities Pension Plan
EIN: 84-0772929 PN: 097

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.32%	Interest Adjusted Contribution
December 31, 2015	$ 900,000	364	$ 846,643
Total Contribution	$ 900,000		$ 846,643

Schedule SB Attachment (Form 5500)—2015 Plan Year
Field Container Company, L.P. and Rel. Entities Pension Plan
EIN: 84-0772929 PN: 097

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	10.00%	0.8574	5.02
59.5	10.00%	0.7716	4.59
60.5	15.00%	0.6945	6.30
61.5	15.00%	0.5903	5.45
62.5	15.00%	0.5018	4.70
63.5	27.00%	0.4265	7.31
64.5	27.00%	0.3113	5.42
65.5	27.00%	0.2273	4.02
66.5	30.00%	0.1659	3.31
67.5	30.00%	0.1161	2.35
68.5	30.00%	0.0813	1.67
69.5	30.00%	0.0569	1.19
70	100.00%	0.0398	2.79
		Weighted Average	62.17

Schedule SB Attachment (Form 5500)—2015 Plan Year
Field Container Company, L.P. and Rel. Entities Pension Plan
EIN: 84-0772929 PN: 097

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Optional Payment Form Election Percentage	
Active Participants	100% of participants are assumed to elect an immediate lump sum
Existing Terminated Vested Participants	▪ 15% assumed to elect a joint and 50% survivor annuity ▪ 10% assumed to elect a joint and 75% survivor annuity ▪ 15% assumed to elect a joint and 100% survivor annuity ▪ 60% assumed to elect a life annuity
Optional Payment Form	
Conversion Interest Rate and Mortality for Annuities	As defined by plan
Conversion Interest Rate for Lump Sums	Underlying funding interest rates
Conversion Mortality for Lump Sums	IRC section 417(e) in effect as of the assumed valuation date
Retirement Age	
Active Participants	See Table 1
Existing Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	Based on the prior year's actual plan administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Actuarial Assumptions and Methods

Table 1

Retirement Rates—Active Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	10.00%
59	10.00%
60	15.00%
61	15.00%
62	15.00%
63	27.00%
64	27.00%
65	27.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Table 2

Retirement Rates—Existing Terminated Vested Participants

Age	Rate
55	6.00%
56	6.38%
57	6.82%
58	7.32%
59	7.89%
60	14.29%
61	16.67%
62	10.00%
63	11.11%
64	50.00%
65+	100.00%

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
20	20.00%	50	4.60%
21	20.00%	51	4.60%
22	20.00%	52	4.60%
23	20.00%	53	4.60%
24	20.00%	54	4.60%
25	20.00%	55	5.00%
26	20.00%	56	5.00%
27	20.00%	57	5.00%
28	20.00%	58	5.00%
29	20.00%	59	5.00%
30	17.00%	60	5.00%
31	17.00%	61	5.00%
32	17.00%	62	5.00%
33	17.00%	63	5.00%
34	17.00%	64	5.00%
35	8.00%	65+	0.00%
36	8.00%		
37	8.00%		
38	8.00%		
39	8.00%		
40	6.10%		
41	6.10%		
42	6.10%		
43	6.10%		
44	6.10%		
45	5.40%		
46	5.40%		
47	5.40%		
48	5.40%		
49	5.40%		

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2015 Plan Year
Field Container Company, L.P. and Rel. Entities Pension Plan
EIN: 84-0772929 PN: 097

Schedule SB, Part V—Summary of Plan Provisions

Plan Name	Field Container Company, L.P. and Related Entities Pension Plan
Effective Date	The plan is amended and restated effective January 1, 2015 and has not been amended further since the restatement. The plan document is arranged as a core document with appendices describing the benefits of different divisions.
Plan Status	Closed to new participants on or after February 14, 2008 (or as of such earlier date at specific locations as specified in the appendices). All groups are currently frozen with no participants in the plan accruing benefits. Benefit accruals were frozen on August 1, 2004 for nonunion hired after July 1, 2000 and on December 31, 2007 for the remaining nonunion participants. The following locations have no active employees: ▪ Corepak Division ▪ Eastfield Carton Company ▪ Handschy Industries, Inc. (Westfield) ▪ Marseilles Carton Facility ▪ Michigan Carton Division ▪ Milwaukee Division ▪ Pekin Paperboard Company, L.P. ▪ Salisbury Division ▪ St. Clair Division

Plan Provisions—Summary of Division Statuses

Appendix	Division	Division Status	Plan Freeze and Close Dates
1	Corepak	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
2	Eastfield Carton	No active employees	▪ Closed on February 14, 2008 ▪ No active employees, so benefits at division are effectively frozen
3	Elk Grove	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
4	Handschy Industries, Inc.	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
5	Handschy Industries, Inc. (Westfield)	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
6	LaPorte	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
7	Marion Division (formerly J. G. Clark)	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
8	Marseilles Carton	No active employees	▪ Closed on February 14, 2008 ▪ No active employees, so benefits at division are effectively frozen
9	Michigan Carton	No active employees	▪ Closed on April 2, 2006 ▪ No active employees, so benefits at division are effectively frozen
10	Michigan Paper Board	Has active employees	▪ Closed on April 2, 2006 ▪ Benefits frozen for all participants as of December 31, 2010

Appendix	Division	Division Status	Plan Freeze and Close Dates
11	Milwaukee	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
12	Pekin Paperboard	Location sold	▪ Closed on February 14, 2008 ▪ Benefits frozen for non-grandfathered participants as of March 31, 2013. Non-grandfathered participants defined as employees who are not 55 or older or who do not have 70 age plus service points as of March 31, 2013 ▪ Effective December 31, 2013, location was sold and benefit accruals have ceased for all employees
13	Salisbury	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
14	Smyrna (formerly Murfreesboro)	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
15	St. Clair	No active employees	▪ Closed on February 14, 2008 ▪ No active employees, so benefits at division are effectively frozen
16	Tuscaloosa (formerly Southfield)	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
17	West Monroe	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
18	Westfield	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007

Eligibility for Participation	An eligible employee shall be eligible to become an active participant after completing an hour of service on or after the date the division elected to participate in the plan. The plan is closed to new participants after the last group was closed for new hires on February 14, 2008.
Normal Retirement	
Eligibility	The later of age 65 and fifth anniversary of participation.
Benefit	A participant who retires at his normal retirement date will receive a monthly benefit based on their location. The determination of the accrued benefit is described below. For valuation purposes, participants' frozen benefits are provided with the data.

Division	Dollar Multiplier	Monthly Benefit
Corepak	$13.00	Dollar multiplier multiplied by projected Years of participation at normal retirement date (maximum of 25) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Eastfield Carton	$16.00	Years of participation multiplied by dollar multiplier.
Elk Grove	$20.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 32) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Handschy Industries, Inc.	$16.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Handschy Industries, Inc. (Westfield)	$20.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 32) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
LaPorte	$18.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Marion Division (formerly J. G. Clark)	$16.00	Years of participation on or after April 30, 1985 multiplied by dollar multiplier plus actuarial equivalent of April 30, 1985 pension benefit under the prior plan.

Division	Dollar Multiplier	Monthly Benefit
Marseilles Carton	$21.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Michigan Carton	$24.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 25) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Michigan Paper Board	$26.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Milwaukee	$13.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Pekin Paperboard	$21.50	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 25) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Salisbury	$14.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Smyrna (formerly Murfreesboro)	$16.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
St. Clair	$17.00	Years of participation (maximum of 30) multiplied by dollar multiplier.
Tuscaloosa (formerly Southfield)	$16	Years of participation multiplied by dollar multiplier.
West Monroe	$16	Years of participation (maximum of 30) multiplied by dollar multiplier.
Westfield	$20	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 32) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.

Early Retirement	
Eligibility	Age 55 and five years of vesting service.
Benefit	Accrued pension reduced by 0.5% for each month prior to normal retirement date.
Postponed Retirement	
Eligibility	First day of the month following last day of employment after normal retirement date.
Benefit	The greater of (1) actuarial equivalent of the normal retirement benefit based on credited participation and benefit level at normal retirement date and (2) the monthly benefit applicable to the participant, based on his total years of participation and benefit level at the actual retirement date.
Vested Termination	
Eligibility	Five years of vesting service. Participant can commence benefit at termination.
Benefit	Accrued pension deferred to age 65. Benefits are reduced when the benefit commencement date precedes the normal retirement date. The benefit is reduced by 0.5% for each month the commencement date precedes the normal retirement date when commencing after age 55 and by actuarial equivalence (8% interest and 1971 Group Annuity Mortality Table for males) when commencing prior to age 55.
Disability	
Eligibility	Participant who become disabled during the period he is an employee in the active employment.
Benefit	Accrued benefit is 100% vested and is payable immediately. Benefits are reduced when the benefit commencement date precedes the normal retirement date. The benefit is reduced by 0.5% for each month the commencement date precedes the normal retirement date when commencing after age 55 and by actuarial equivalence (8% interest and 1971 Group Annuity Mortality Table for males) when commencing prior to age 55.

Surviving Spouse	
Eligibility	Death prior to retirement after becoming eligible for vested deferred allowance.
Benefit	The spouse's death benefit equals the benefit that would be payable to the spouse if the participant had retired and elected the 50% joint and survivor annuity payable at normal retirement date. If the spouse commences the benefit prior to the participant's normal retirement date, the benefit is reduced in the same manner as the vested retirement benefit.
Normal Form of Annuity	Single: Life annuity. Married: 50% joint and survivor annuity that is the actuarial equivalent of the life annuity option.
Optional Forms of Annuity	50%, 75%, and 100% contingent annuity, lump sum payment, partial lump sum (not available to all locations) 10 years certain and life annuity, and single life annuity.
Optional Form Conversion Factors	
For Joint and Survivor Options	Interest rate: 8% per year. Mortality: 1971 Group Annuity Mortality Table (male).
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Definitions	
Years of Participation	Year granted for any plan year in which participant completes 2,000 hours. Fractional years granted if more than 1,000 hours earned or in years when participant's eligibility starts or stops (e.g. year of hire and year of termination). Note that the Eastfield division had more favorable fractional years of service rules.
Vesting Service	Generally granted full year of vesting service for each plan year in which at least 1,000 hours of service are credited while covered by the plan.

Maximum Benefit	The maximum benefit attributable to company contributions is determined in accordance with Section 415(b) of the Internal Revenue Code.

Changes in Plan Provisions for the January 1, 2015 Valuation

- A lump sum window was offered in 2014 to certain terminated vested.
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- An increase in the IRC section 415 dollar limit for defined benefit plans from $195,000 in 2011 to $200,000 in 2012.
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Schedule SB Attachment (Form 5500)—2015 Plan Year
Field Container Company, L.P. and Rel. Entities Pension Plan
EIN: 84-0772929 PN: 097

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1	1							
35-39		7	12	4						
40-44		10	13	14	4					
45-49		7	18	23	16	3	2			
50-54		13	16	26	29	12	5			
55-59		13	20	12	26	30	16			
60-64		4	10	11	12	17	18	4		
65-69		2		1	4	3	7	2		
70+										

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Schedule SB Attachment (Form 5500)—2015 Plan Year
Field Container Company, L.P. and Rel. Entities Pension Plan
EIN: 84-0772929 PN: 097

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.32%	Interest Adjusted Contribution
December 31, 2015	$ 900,000	364	$ 846,643
Total Contribution	$ 900,000		$ 846,643

Schedule SB Attachment (Form 5500)—2015 Plan Year
Field Container Company, L.P. and Rel. Entities Pension Plan
EIN: 84-0772929 PN: 097

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	10.00%	0.8574	5.02
59.5	10.00%	0.7716	4.59
60.5	15.00%	0.6945	6.30
61.5	15.00%	0.5903	5.45
62.5	15.00%	0.5018	4.70
63.5	27.00%	0.4265	7.31
64.5	27.00%	0.3113	5.42
65.5	27.00%	0.2273	4.02
66.5	30.00%	0.1659	3.31
67.5	30.00%	0.1161	2.35
68.5	30.00%	0.0813	1.67
69.5	30.00%	0.0569	1.19
70	100.00%	0.0398	2.79
		Weighted Average	62.17

Schedule SB Attachment (Form 5500)—2015 Plan Year
Field Container Company, L.P. and Rel. Entities Pension Plan
EIN: 84-0772929 PN: 097

Schedule SB, Part V—Summary of Plan Provisions

Plan Name	Field Container Company, L.P. and Related Entities Pension Plan
Effective Date	The plan is amended and restated effective January 1, 2015 and has not been amended further since the restatement. The plan document is arranged as a core document with appendices describing the benefits of different divisions.
Plan Status	Closed to new participants on or after February 14, 2008 (or as of such earlier date at specific locations as specified in the appendices). All groups are currently frozen with no participants in the plan accruing benefits. Benefit accruals were frozen on August 1, 2004 for nonunion hired after July 1, 2000 and on December 31, 2007 for the remaining nonunion participants. The following locations have no active employees: ▪ Corepak Division ▪ Eastfield Carton Company ▪ Handschy Industries, Inc. (Westfield) ▪ Marseilles Carton Facility ▪ Michigan Carton Division ▪ Milwaukee Division ▪ Pekin Paperboard Company, L.P. ▪ Salisbury Division ▪ St. Clair Division

Plan Provisions—Summary of Division Statuses

Appendix	Division	Division Status	Plan Freeze and Close Dates
1	Corepak	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
2	Eastfield Carton	No active employees	▪ Closed on February 14, 2008 ▪ No active employees, so benefits at division are effectively frozen
3	Elk Grove	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
4	Handschy Industries, Inc.	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
5	Handschy Industries, Inc. (Westfield)	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
6	LaPorte	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
7	Marion Division (formerly J. G. Clark)	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
8	Marseilles Carton	No active employees	▪ Closed on February 14, 2008 ▪ No active employees, so benefits at division are effectively frozen
9	Michigan Carton	No active employees	▪ Closed on April 2, 2006 ▪ No active employees, so benefits at division are effectively frozen
10	Michigan Paper Board	Has active employees	▪ Closed on April 2, 2006 ▪ Benefits frozen for all participants as of December 31, 2010

Appendix	Division	Division Status	Plan Freeze and Close Dates
11	Milwaukee	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
12	Pekin Paperboard	Location sold	▪ Closed on February 14, 2008 ▪ Benefits frozen for non-grandfathered participants as of March 31, 2013. Non-grandfathered participants defined as employees who are not 55 or older or who do not have 70 age plus service points as of March 31, 2013 ▪ Effective December 31, 2013, location was sold and benefit accruals have ceased for all employees
13	Salisbury	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
14	Smyrna (formerly Murfreesboro)	No active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
15	St. Clair	No active employees	▪ Closed on February 14, 2008 ▪ No active employees, so benefits at division are effectively frozen
16	Tuscaloosa (formerly Southfield)	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
17	West Monroe	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007
18	Westfield	Has active employees	▪ Closed on April 16, 2003 ▪ Benefits frozen as of August 1, 2004 for employees hired on or after July 1, 2000 ▪ Benefits frozen for all participants on December 31, 2007

Eligibility for Participation	An eligible employee shall be eligible to become an active participant after completing an hour of service on or after the date the division elected to participate in the plan. The plan is closed to new participants after the last group was closed for new hires on February 14, 2008.
Normal Retirement	
Eligibility	The later of age 65 and fifth anniversary of participation.
Benefit	A participant who retires at his normal retirement date will receive a monthly benefit based on their location. The determination of the accrued benefit is described below. For valuation purposes, participants' frozen benefits are provided with the data.

Division	Dollar Multiplier	Monthly Benefit
Corepak	$13.00	Dollar multiplier multiplied by projected Years of participation at normal retirement date (maximum of 25) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Eastfield Carton	$16.00	Years of participation multiplied by dollar multiplier.
Elk Grove	$20.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 32) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Handschy Industries, Inc.	$16.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Handschy Industries, Inc. (Westfield)	$20.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 32) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
LaPorte	$18.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Marion Division (formerly J. G. Clark)	$16.00	Years of participation on or after April 30, 1985 multiplied by dollar multiplier plus actuarial equivalent of April 30, 1985 pension benefit under the prior plan.

Division	Dollar Multiplier	Monthly Benefit
Marseilles Carton	$21.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Michigan Carton	$24.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 25) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Michigan Paper Board	$26.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Milwaukee	$13.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Pekin Paperboard	$21.50	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 25) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Salisbury	$14.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
Smyrna (formerly Murfreesboro)	$16.00	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 30) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.
St. Clair	$17.00	Years of participation (maximum of 30) multiplied by dollar multiplier.
Tuscaloosa (formerly Southfield)	$16	Years of participation multiplied by dollar multiplier.
West Monroe	$16	Years of participation (maximum of 30) multiplied by dollar multiplier.
Westfield	$20	Dollar multiplier multiplied by projected years of participation at normal retirement date (maximum of 32) multiplied by a fraction (not to exceed 1) where the numerator is the actual years of participation at termination and the denominator is the projected years of participation at normal retirement date.

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Eligibility	Age 55 and five years of vesting service.
Benefit	Accrued pension reduced by 0.5% for each month prior to normal retirement date.
Postponed Retirement	
Eligibility	First day of the month following last day of employment after normal retirement date.
Benefit	The greater of (1) actuarial equivalent of the normal retirement benefit based on credited participation and benefit level at normal retirement date and (2) the monthly benefit applicable to the participant, based on his total years of participation and benefit level at the actual retirement date.
Vested Termination	
Eligibility	Five years of vesting service. Participant can commence benefit at termination.
Benefit	Accrued pension deferred to age 65. Benefits are reduced when the benefit commencement date precedes the normal retirement date. The benefit is reduced by 0.5% for each month the commencement date precedes the normal retirement date when commencing after age 55 and by actuarial equivalence (8% interest and 1971 Group Annuity Mortality Table for males) when commencing prior to age 55.
Disability	
Eligibility	Participant who become disabled during the period he is an employee in the active employment.
Benefit	Accrued benefit is 100% vested and is payable immediately. Benefits are reduced when the benefit commencement date precedes the normal retirement date. The benefit is reduced by 0.5% for each month the commencement date precedes the normal retirement date when commencing after age 55 and by actuarial equivalence (8% interest and 1971 Group Annuity Mortality Table for males) when commencing prior to age 55.

Surviving Spouse	
Eligibility	Death prior to retirement after becoming eligible for vested deferred allowance.
Benefit	The spouse's death benefit equals the benefit that would be payable to the spouse if the participant had retired and elected the 50% joint and survivor annuity payable at normal retirement date. If the spouse commences the benefit prior to the participant's normal retirement date, the benefit is reduced in the same manner as the vested retirement benefit.
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