

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
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	<u>REXAM INVESTMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>214</u>
		1c Effective date of plan	<u>01/01/1995</u>
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)			
<u>REXAM INC.</u>			
<u>4201 CONGRESS STREET, SUITE 340</u> <u>CHARLOTTE, NC 28209</u>			
	2b Employer Identification Number (EIN)	<u>06-112239</u>	
	2c Plan Sponsor's telephone number	<u>704-551-1500</u>	
	2d Business code (see instructions)	<u>339900</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	KENNETH HICKS
	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 REXAM PENSION & BENEFITS COMMITTEE C/O REXAM INC. 4201 CONGRESS STREET, SUITE 340 CHARLOTTE, NC 28209	3b Administrator's EIN 56-1457480
	3c Administrator's telephone number 704-551-1500
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 1355
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) 954
a(2) Total number of active participants at the end of the plan year	6a(2) 303
b Retired or separated participants receiving benefits.....	6b 14
c Other retired or separated participants entitled to future benefits.....	6c 305
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 622
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 1
f Total. Add lines 6d and 6e	6f 623
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 619
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: 2E 2F 2G 2J 2K 3H	
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)
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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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 REXAM INVESTMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	214
C Plan sponsor's name as shown on line 2a of Form 5500 REXAM INC.	D Employer Identification Number (EIN) 06-1122239	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VANGUARD GROUP INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 37 15 50 26 38	TRUSTEE	12992	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	8828	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2015</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan REXAM INVESTMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	214
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 REXAM INC.	D Employer Identification Number (EIN) 06-1122239	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 23-2186884-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7141544
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>REXAM INVESTMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>214</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>REXAM INC.</u>	D Employer Identification Number (EIN) <u>06-1122239</u>	

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)	101805	0
(2) Participant contributions		1b(2)	196749	41306
(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)	3100780	1527124
(9) Value of interest in common/collective trusts.....		1c(9)	9598564	6973944
(10) Value of interest in pooled separate accounts.....		1c(10)		
(11) Value of interest in master trust investment accounts		1c(11)		
(12) Value of interest in 103-12 investment entities		1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	71582223	42078386
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)		
(15) Other		1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	84580121	50620760

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	84580121	50620760
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	135951	
(B) Participants	2a(1)(B)	1888348	
(C) Others (including rollovers)	2a(1)(C)	294351	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2318650
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)	69179	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		69179
(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)	1446414	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1446414
(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)		-161745
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1914593
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1757905

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4497784	
(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)		4497784
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)	47478	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	8347	
(4) Other	2i(4)	22791	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		78616
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4576400

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2818495
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		31140866

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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.)		☒		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒		

	Yes	No	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.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
NEMERA 401(K) PLAN	46-4658224	001
BERRY PLASTICS EMPLOYEES 401(K) RETIREMENT PLAN	35-1814673	001
REXAM RETIREMENT SAVINGS PLAN	06-1122239	021
CENTOR 401(K) PLAN	22-2784124	001

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

A Name of plan <u>REXAM INVESTMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>214</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>REXAM INC.</u>	D Employer Identification Number (EIN) <u>06-1122239</u>

Part I	Distributions
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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	<u>0</u>
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): <u>23-2186884</u>		
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	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____			
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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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

Rexam Investment Savings Plan

**Financial Statements and Supplemental Schedule
December 31, 2015 and 2014**

Rexam Investment Savings Plan

Index

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Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2015.....	14
Note: Other schedules required by Section 29 CFR 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Report of Independent Auditors

To the Administrator of
Rexam Investment Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Rexam Investment Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014 and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2015 and 2014 and for the year ended December 31, 2015, 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 the financial statements.

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) at December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

PricewaterhouseCoopers LLP

Charlotte, North Carolina
October 13, 2016

Rexam Investment Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets		
Investments, at fair value (Notes 3 and 4)	<u>\$ 49,052,330</u>	<u>\$ 80,892,646</u>
Receivables		
Employer contributions	-	101,805
Participant contributions	41,306	196,749
Notes receivable from participants	<u>1,527,124</u>	<u>3,100,780</u>
Total receivables	<u>1,568,430</u>	<u>3,399,334</u>
Net assets available for benefits, at fair value	<u>50,620,760</u>	<u>84,291,980</u>

The accompanying notes are an integral part of these financial statements.

Rexam Investment Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2015

	2015
Additions (reductions)	
Investment income (loss)	
Net appreciation (depreciation) in fair value of investments	\$ (1,914,593)
Interest and dividends	<u>1,572,810</u>
Total investment income (loss)	<u>(341,783)</u>
Interest income on notes receivable from participants	<u>69,179</u>
Contributions	
Employer	135,951
Participants	<u>2,182,699</u>
Total contributions	<u>2,318,650</u>
Total additions, net	<u>2,046,046</u>
Deductions	
Distributions to participants	(4,497,784)
Administrative expenses	<u>(78,616)</u>
Total deductions	<u>(4,576,400)</u>
Net increase (decrease) prior to transfers	<u>(2,530,354)</u>
Transfers from (to) other plans	
Rexam Retirement Savings Plan	(112,294)
Montagu Plans (See Note 1)	(21,963,071)
Berry Plastics Employees 401(k) Retirement Plan (See Note 1)	<u>(9,065,501)</u>
Total transfers from (to) other plans	<u>(31,140,866)</u>
Net increase (decrease)	(33,671,220)
Net assets available for benefits	
Beginning of year	<u>84,291,980</u>
End of year	<u>\$ 50,620,760</u>

The accompanying notes are an integral part of these financial statements.

Rexam Investment Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

1. Description of the Plan

The following description of the Rexam Investment Savings Plan (the “Plan”) is provided for general information. Participants should refer to the plan agreement for a more complete description of the plan provisions.

General

The Plan was established January 1, 1995 by the Plan’s former administrator, American National Can Company (“ANCC”). ANCC was acquired by and is now a wholly-owned subsidiary of Rexam, Inc. (the “Company”), the plan administrator. The Company is a wholly owned subsidiary of Rexam PLC.

The Plan provides benefits to eligible non-union hourly associates of Rexam Plastic Packaging Personal Care, and Rexam Plastic Packaging Healthcare (collectively “Plastics”) along with Rexam Beverage Cans of North America (“BCNA”). The Plan is a voluntary defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Benefits Committee of Rexam Inc. (the “Committee”) is responsible for oversight of the Plan. The Committee determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Eligibility

Eligibility to participate in the Plan is obtained for all employees following 60 days of service except for BCNA Non-Union hourly employees who are eligible following 90 days of service. Employees that are considered temporary or seasonal, only become eligible upon completion of 1,000 hours of service. Once temporary and seasonal employees become eligible, they remain eligible for all future periods of service.

Contributions

Participants may elect to make contributions up to 50% of their eligible compensation on a pretax and/or after tax basis. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan provides for a Company matching contribution of 50% of the first 6% of a participant’s contributions. There are limitations, under regulations issued pursuant to the Internal Revenue Code (the “IRC”), on the maximum amount of total annual additions that can be credited to the account of any one participant. In addition to the Company matching contributions, the Company contributes 1% of each Plastic’s employee’s eligible pay to their respective retirement account. An employee does not have to contribute to the Plan to be eligible to receive this retirement contribution. Additional employer contributions may be made to the Plan at the discretion of the Company. No discretionary contributions were made as of December 31, 2015 or 2014. The BCNA non-union hourly sector is not eligible for retirement contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans.

Rexam Investment Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

The Plan has auto-enrollment and auto-escalation for participants that do not contact Vanguard Fiduciary Trust Company ("Vanguard" or the "Trustee") to make a contribution election or contact Vanguard to decline participation in the plan. For BCNA participants, automatic enrollment begins 90 days after their hire date. Plastics participants are automatically enrolled 60 days after their hire date. For participants that are automatically enrolled in the plan, enrollment begins at a before-tax contribution rate of 3% of eligible pay. The contribution rate will increase by one percentage point each June until it reaches 15%, subject to IRC limits. The contributions invest in the date-specific Vanguard Target Retirement Funds closest to the date the participant will reach age 65, unless the participant contacts Vanguard and changes how their funds are invested. The fund will gradually shift its emphasis from more aggressive investments to more conservative ones based the participant's target retirement date.

Participant Accounts

Each participant's account reflects (a) any contributions and notes payments and allocations of the Company's contribution, (b) any withdrawals or notes receivable the participants have made, (c) Plan investment results based on the investment returns for the options selected by each participant and (d) an allocation of administrative expenses. Allocations are based on participant's account balances relative to the total for all account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately 100% vested in their contributions and the related Company matching plus actual earnings thereon. For Company retirement contributions, vesting is based on a three year schedule. Participants may also become fully vested once they reach the age of 65, become disabled or die while in service.

Forfeitures

Forfeitures of nonvested accounts are used to reduce employer contributions and/or to pay plan administrative expenses. The balances are included within the investment accounts. Forfeitures available at December 31, 2015 and 2014 were \$113,392 and \$550,981, respectively, whereas forfeitures to pay plan administrative expenses in the year ended December 31, 2015 and 2014 were \$14,050 and \$24,656, respectively.

Notes Receivable from Participants

Participants may borrow from their fully vested accounts up to the lesser of 50% of their vested account balance or \$50,000 (minus their highest outstanding note balance during the last 12 month period). Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Notes must be repaid over a period of no more than five years, or up to 15 years if the note is used to purchase a primary residence. All notes become due and payable within 90 days upon termination of employment. The notes are collateralized by the balances in the participant's account and currently bear an interest rate of 1% over the prime interest rate. At December 31, 2015, interest rates on outstanding notes receivable from participants ranged from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions. Interest income from the notes receivable from participants was \$69,179 for the year ended December 31, 2015.

Rexam Investment Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

Payment of Benefits

Upon termination of service, a participant may elect to receive either a lump-sum amount, receive installment payments, leave the funds in the Plan, or roll funds over to another employer's eligible plan or an individual retirement account ("IRA"). If a participant's vested account balance is \$5,000 or less, it cannot be left in the Plan. If the balance is \$1,000 or less, the balance will be distributed in a lump sum payment unless a distribution is requested. If the balance is more than \$1,000 but less than or equal to \$5,000, the amount will be transferred to a Vanguard IRA. Hardship withdrawals for qualified emergencies of eligible contributions are permitted.

Plan Transfers

On May 1, 2014, Rexam divested its Pharmaceutical Devices and Prescription Retail Packaging division of its Healthcare business to Montagu Private Equity LLP. On January 6, 2015, \$21,963,071 of the related participants' total assets were transferred to either the Nemera 401(k) plan or the Centor 401(k) plan (collectively the "Montagu Plans"), both of which are comparable tax qualified defined contribution plans.

On June 1, 2014, Rexam divested its Healthcare business to Berry Plastics Corporation. On January 12, 2015, \$9,065,501 of the related participants' total assets were transferred to the Berry Plastics Employees 401(k) Retirement Plan, a comparable tax qualified defined contribution plan.

Rollovers

Eligible employees are permitted to rollover distributions from other qualified plans to their account at any time during the Plan year. Total rollovers from other qualified plans were \$294,351 in 2015. Rollover amounts are included in employee contributions on the statement of changes in net assets available for benefits.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting. Accordingly, income is recognized when earned and expenses are recognized when incurred. Distributions to participants are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation

The Plan's investments are stated at fair value, which is described in Note 4. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and the Trustee.

Net Appreciation (Depreciation) in Fair Value of Investments and Investment Income

Presented in the statement of changes in net assets available for benefits is the net appreciation (depreciation) in the fair value of the Plan's investments, which consists of the realized gains and losses and the unrealized appreciation (depreciation) in fair value of those investments.

Rexam Investment Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 and 2014. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

Administrative Expenses

Trustee fees and expenses and costs of administration of the Plan are shared between the Company and participants. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standard Board ("FASB") issued Accounting Standards Update (ASU) 2015-07 (*Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. ASU 2015-07 is effective for the fiscal years beginning after December 15, 2016, with early adoption permitted. The standard involves presentation and disclosure, and, therefore, is not expected to have a material impact on the Plan's statement of net assets available for benefits.

In July 2015, the FASB issued ASU 2015-12 (*Plan Accounting ASC Topics 960 Plan Accounting—Defined Benefit Pension Plans, 962 Plan Accounting—Defined Contribution Pension Plans, and 965 Plan Accounting—Health and Welfare Benefit Plans (collectively Plan Accounting Topics): (Part 1) Fully Benefit Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*). ASU 2015-12 reduces complexity in employee benefit plan accounting. The amendments in Part I of ASU 2015-12 remove the requirements of Plan Accounting Topics 962 and 965, which require measurement of fully benefit-responsive investment contracts at contract value, and disclosure of adjustments to reconcile contract value to fair value, when these amounts differ. Part I also designates contract value as the only required measure for fully benefit-responsive investment contracts. Part II of ASU 2015-12 simplifies the investment disclosure requirements under the Accounting Topics for employee benefit plans. Part III provides a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively, while Part III is applied prospectively. Part III is not applicable to the Plan. Management has elected to early adopt ASU No. 2015-12 in the Financial Statements as of and for the year ended December 31, 2015 and the related notes to financial statements, and where applicable, has retrospectively applied the provisions to prior periods presented. Upon adoption, the adjustment from fair value to contract value for interest in common/collective trusts related to fully benefit-responsive investment contracts presented on the statement of net assets available for benefits has been eliminated. Additionally, upon adoption, the disclosure of investments that represent 5% or more of net assets available for benefits was eliminated, disclosure of net appreciation (depreciation) by individual investment type has been eliminated and the disaggregation of investments was simplified.

Rexam Investment Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

3. Investments

The following is a summary of the information included in the Plan's financial statements that was prepared by the Trustee as of December 31, 2015 and 2014 and for the year ended December 31, 2015, and furnished to the plan administrator. The plan administrator has obtained certifications from the Trustee, that such information is complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2015	2014
Statements of net assets available for benefits		
Investments, at fair value	\$ 49,052,330	\$ 80,892,646
Notes receivable from participants	1,527,124	3,100,780
Statement of changes in net assets available for benefits		
Investment income (loss)		
Interest and dividends	\$ 1,572,810	
Net appreciation (depreciation) in fair value of investments	(1,914,593)	
Total investment income (loss)	<u>\$ (341,783)</u>	
Interest income on notes receivable from participants	<u>\$ 69,179</u>	

4. Fair Value Measurements

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities observable in active markets.
- Level 2 Inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active. 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 level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Rexam Investment Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

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

Mutual funds: The Plan's mutual funds are valued at the net asset value of each fund determined as of the close of the New York Stock Exchange (generally 4 p.m., Eastern time) on the valuation date. Asset and liability fair values are based on quoted prices in active markets for identical assets and liabilities and are obtained from third party pricing vendors.

Common/collective trust: Valued at the net asset value ("NAV") of units of a bank collective trust. 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 (purchased and sales) may occur daily.

Generally, under ordinary market conditions, all common/collective trust positions provide daily market liquidity to plan participants and the Plan.

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 administrator 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 table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014:

Investments at Fair Value as of December 31, 2015				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 42,078,386	\$ -	\$ -	\$ 42,078,386
Common/collective trust	-	6,973,944	-	6,973,944
Total investments at fair value	<u>\$ 42,078,386</u>	<u>\$ 6,973,944</u>	<u>\$ -</u>	<u>\$ 49,052,330</u>
Investments at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 71,582,223	\$ -	\$ -	\$ 71,582,223
Common/collective trust	-	9,310,423	-	9,310,423
Total investments at fair value	<u>\$ 71,582,223</u>	<u>\$ 9,310,423</u>	<u>\$ -</u>	<u>\$ 80,892,646</u>

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

Rexam Investment Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2015 and 2014, there were no transfers in or out of levels 1, 2, or 3.

5. Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on the NAV per share as of December 31, 2015 and 2014.

2015				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/collective trust (a)	\$ 6,973,944	\$ -	Immediate	N/A
2014				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/collective trust (a)	\$ 9,310,423	\$ -	Immediate	N/A

(a) This category holds investments in the VRST during 2015 and 2014. This fund is a common/collective trust that holds investments in traditional contracts issued by insurance companies and banks and synthetic investment contracts. Significant investment strategies for the VRST has not been disclosed as such disclosure is not required for investments measured at net asset value using the practical expedient which represent investments filing Form 5500 as direct filing entities. Were the common/collective trust to initiate a full redemption of the collective trust, the trust's investment advisor 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.

6. Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by letter dated August 7, 2012, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

Rexam Investment Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

7. Related Party and Party-in-Interest Transactions

Certain plan investments are shares of mutual funds and units of a common/collective trust managed by Vanguard. Vanguard is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Total investment in Vanguard funds and trusts is \$48,770,816 and \$81,015,495 at December 31, 2015 and 2014, respectively. The plan administrator, Rexam Inc., pays the Trustee administrative expenses in accordance with the Plan document. These transactions qualify as party-in-interest transactions that are allowable under ERISA.

Vanguard receives revenue from mutual fund and collective trust fund service providers for services Vanguard provides to the funds. The revenue may be applied to offset certain amounts owed to Vanguard for its administrative services to the Plan. If the revenue received exceeds the amount owed under the Master Plan Services Agreement, Vanguard remits the excess to the Plan's trust on an annual basis. During 2015, there were no excess amounts. The Plan or the Company may make a payment to Vanguard for administrative expenses not covered by revenue sharing.

8. Plan Termination

Although it has not expressed any intent 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. In the event of plan termination, all amounts credited to a participant's account will become fully vested and distributed as defined in the Plan.

9. Risks and Uncertainties

The Plan provides for various investment options in a variety of investment securities which are exposed to various risks, such as interest rate, market, and credit. Market values of investments may decline for a number of reasons, including changes in prevailing market prices and interest rates and increases in defaults and credit rating downgrades. Due to the level of inherent risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities in the near term could materially affect the participant account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2015 and 2014:

	2015	2014
Net assets available for benefits, per financial statements	\$ 50,620,760	\$ 84,291,980
Adjustment to reconcile from contract value to fair value	-	288,141
Net assets available for benefits, per Form 5500	<u>\$ 50,620,760</u>	<u>\$ 84,580,121</u>

Rexam Investment Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

The following is a reconciliation of net increase (decrease) in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2015:

	2015
Net increase (decrease) in net assets available for benefits, per financial statements	\$ (33,671,220)
Reversal of prior year adjustment to reconcile from contract value to fair value	<u>(288,141)</u>
Net increase (decrease) in net assets available for benefits, per Form 5500	<u>\$ (33,959,361)</u>

11. Subsequent Events

The Plan has evaluated subsequent events through October 13, 2016, the date the financial statements were available to be issued and has identified the following subsequent event for disclosure.

On June 30, 2016, Ball Corporation completed its acquisition of Rexam PLC. Simultaneous with the closing of the Rexam acquisition, Ball Corporation completed the required sale of the divestment business (certain metal beverage can manufacturing assets and support locations in Europe, Brazil and the United States) to Ardagh Group. Since the sale date on June 30, 2016, Ardagh Group has been a participating employer in the Plan. Ardagh Group will cease participating in the plan effective December 31, 2016 and the assets relating to Ardagh participants will be transferred to the Ardagh Group plan in early January 2017. The assets to be transferred represent approximately 69% of assets in the Plan as of October 2016. The Plan (and its remaining participants) continues to be administered by Rexam Inc. until further notice.

Supplemental Schedule

Rexam Investment Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2015

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party		Cost	Current Value
*	Vanguard 500 Index Fund	Mutual fund	**	\$10,867,244
*	Vanguard Wellington Fund	Mutual fund	**	8,510,766
*	Vanguard Retirement Savings Trust (VRST)	Common/collective trust	**	6,973,944
*	Vanguard Target Retirement 2020 Fund	Mutual fund	**	2,515,734
*	Vanguard Prime Money Market Fund	Mutual fund	**	2,160,970
*	Vanguard Total Bond Market Index Fund	Mutual fund	**	2,143,911
*	Vanguard Small-Cap Index Fund	Mutual fund	**	1,707,542
*	Vanguard Target Retirement 2025 Fund	Mutual fund	**	1,685,195
*	Vanguard Mid-Cap Index Fund	Mutual fund	**	1,569,236
*	Vanguard Target Retirement 2015 Fund	Mutual fund	**	1,568,651
*	Vanguard PRIMECAP Fund	Mutual fund	**	1,249,617
*	Vanguard Target Retirement 2040 Fund	Mutual fund	**	1,155,065
*	Vanguard Target Retirement 2030 Fund	Mutual fund	**	1,087,552
*	Vanguard Target Retirement 2050 Fund	Mutual fund	**	1,051,667
*	Vanguard Target Retirement 2035 Fund	Mutual fund	**	1,042,687
*	Vanguard Target Retirement 2045 Fund	Mutual fund	**	985,133
*	Vanguard Total International Stock Index Fund	Mutual fund	**	935,329
*	Vanguard International Growth Fund	Mutual fund	**	769,679
*	Vanguard Target Retirement 2010 Fund	Mutual fund	**	348,645
*	Vanguard Target Retirement Income Fund	Mutual fund	**	304,030
*	Eaton Vance Atlanta Capital SMID-Cap Fund	Mutual fund	**	231,223
*	Vanguard Target Retirement 2055 Fund	Mutual fund	**	134,169
*	Principal Diversified Real Asset Fund	Mutual fund	**	50,291
*	Vanguard Target Retirement 2060 Fund	Mutual fund	**	4,050
*	Notes receivable from participants	4.25% - 9.25% due through April 2029		1,527,124
	Total investments and notes receivable at fair value			<u>\$50,579,454</u>

* Party-in-interest.

** Cost information is not presented as all investments are participant directed.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

Rexam Investment Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2015

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party		Cost	Current Value
*	Vanguard 500 Index Fund	Mutual fund	**	\$10,867,244
*	Vanguard Wellington Fund	Mutual fund	**	8,510,766
*	Vanguard Retirement Savings Trust (VRST)	Common/collective trust	**	6,973,944
*	Vanguard Target Retirement 2020 Fund	Mutual fund	**	2,515,734
*	Vanguard Prime Money Market Fund	Mutual fund	**	2,160,970
*	Vanguard Total Bond Market Index Fund	Mutual fund	**	2,143,911
*	Vanguard Small-Cap Index Fund	Mutual fund	**	1,707,542
*	Vanguard Target Retirement 2025 Fund	Mutual fund	**	1,685,195
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*	Vanguard Target Retirement 2015 Fund	Mutual fund	**	1,568,651
*	Vanguard PRIMECAP Fund	Mutual fund	**	1,249,617
*	Vanguard Target Retirement 2040 Fund	Mutual fund	**	1,155,065
*	Vanguard Target Retirement 2030 Fund	Mutual fund	**	1,087,552
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*	Vanguard Target Retirement Income Fund	Mutual fund	**	304,030
*	Eaton Vance Atlanta Capital SMID-Cap Fund	Mutual fund	**	231,223
*	Vanguard Target Retirement 2055 Fund	Mutual fund	**	134,169
*	Principal Diversified Real Asset Fund	Mutual fund	**	50,291
*	Vanguard Target Retirement 2060 Fund	Mutual fund	**	4,050
*	Notes receivable from participants	4.25% - 9.25% due through April 2029		1,527,124
	Total investments and notes receivable at fair value			<u>\$50,579,454</u>

* Party-in-interest.

** Cost information is not presented as all investments are participant directed.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.