

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="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
---	---	--

Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 01/01/2016	
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 THE NEWARK GROUP, INC. 401(K) PLAN FOR SALARIED EMPLOYEES	1b Three-digit plan number (PN) ▶	021
1c Effective date of plan 08/01/1984		
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) CARAUSTAR INDUSTRIES, INC. 5000 AUSTELL POWDER SPRINGS RD. SW SUITE 300 AUSTELL, GA 30106	2b Employer Identification Number (EIN) 80-0467749	2c Plan Sponsor's telephone number 770-799-5828
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.	11/15/2016	SCOTT KOENIGS
	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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 THE NEWARK GROUP, INC.	4b EIN 22-2884844 4c PN 021
5 Total number of participants at the beginning of the plan year	5 526
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) 372
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 0
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: 2F 2G 2J 2K 2T 3D 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)
-----------------	---

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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 01/01/2016		
A Name of plan THE NEWARK GROUP, INC. 401(K) PLAN FOR SALARIED EMPLOYEES	B Three-digit plan number (PN) ▶	021
C Plan sponsor's name as shown on line 2a of Form 5500 CARAUSTAR INDUSTRIES, INC.	D Employer Identification Number (EIN) 80-0467749	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

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

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

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

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

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

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

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

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

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORDKEEPER	63294	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKERAGE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation		
AMERICAN FUNDS 5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2		
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation		
BARON 767 FIFTH AVE 49TH FL NEW YORK, NY 10153	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2		
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation		
COLUMBIA 245 SUMMER STREET FLOOR 3 BOSTON, MA 02210	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

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
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation		
GOLDMAN SACHS 3414 PEACHTREE ROAD NE SUITE 600 ATLANTA, GA 30326		REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)
(a) Enter service provider name as it appears on line 2		
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation		
JOHN HANCOCK 601 CONGRESS STREET BOSTON, MA 02210		REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)
(a) Enter service provider name as it appears on line 2		
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation		
LOOMIS SAYLES ONE FINANCIAL CENTER BOSTON, MA 02111		REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
NATIONAL FINANCIAL SERVICES	33 71	0

(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.	
MAINSTAY PO BOX 8401 BOSTON, MA 02266	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.	
METROPOLITAN WEST ASSET MGMT 11766 WILSHIRE BLVD. SUITE 1500 LOS ANGELES, CA 90025	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.	
MORGAN STANLEY 1585 BROADWAY NEW YORK, NY 10036	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

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
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
T ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<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;">▶ 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;">2015</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
---	---	---

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 01/01/2016

<p>A Name of plan THE NEWARK GROUP, INC. 401(K) PLAN FOR SALARIED EMPLOYEES</p>	<p>B Three-digit plan number (PN) ▶ 021</p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CARAUSTAR INDUSTRIES, INC.</p>	<p>D Employer Identification Number (EIN) 80-0467749</p>	

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)
---------------	--

<p>a Name of MTIA, CCT, PSA, or 103-12 IE: COMMON COLLECTIVE TRUST FUNDS</p>		
<p>b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS</p>		
<p>c EIN-PN 04-6784256-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4643420</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 01/01/2016		
A Name of plan THE NEWARK GROUP, INC. 401(K) PLAN FOR SALARIED EMPLOYEES		B Three-digit plan number (PN) ► 021
C Plan sponsor's name as shown on line 2a of Form 5500 CARAUSTAR INDUSTRIES, INC.		D Employer Identification Number (EIN) 80-0467749

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	27522	61287
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	1571184	0
	(2) Participant contributions	1b(2)	85394	52563
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	28423	32312
	(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)	868112	676365
	(9) Value of interest in common/collective trusts.....	1c(9)	4421230	4643420
	(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)	53398774	47133951
	(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	60400639	52599898

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	19500	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		52599898
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19500	52599898

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	60381139	0
---	-----------	----------	---

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	262	
(B) Participants	2a(1)(B)	1213294	
(C) Others (including rollovers)	2a(1)(C)	382594	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1596150

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2	
(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)	16630	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16632

(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)	449010	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		449010

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		37583
(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)		-2052395
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		46980

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8078669	
(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)		8078669
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)	43793	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		43793
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8122462

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-8075482
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		52305657

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: EISNERAMPER LLP

(2) EIN: 13-1639826

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.)	☒	☐	☐	1806
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			5000000
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.	X			
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: 0

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)
CARAUSTAR INDUSTRIES, INC. EMPLOYEES SAVINGS PLAN	80-0467749	002

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 05/01/2015 and ending 01/01/2016

A Name of plan <u>THE NEWARK GROUP, INC. 401(K) PLAN FOR SALARIED EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>021</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARAUSTAR INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>80-0467749</u>

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	<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>13-3689044</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	<u>107</u>

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 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
----------------	---

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
-----------------	---------------------------------

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

The Newark Group, Inc. 401(k) Plan for Salaried Employees

Financial Statements

January 1, 2016 and April 30, 2015

(with supplemental information)

THE NEWARK GROUP, INC.
401(k) PLAN FOR SALARIED EMPLOYEES

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1-2
FINANCIAL STATEMENTS AS OF JANUARY 1, 2016 AND APRIL 30, 2015 AND FOR THE FINAL PERIOD ENDED JANUARY 1, 2016:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-13
SUPPLEMENTAL SCHEDULES AS OF AND FOR THE FINAL PERIOD ENDED JANUARY 1, 2016	14
Form 5500, Schedule H, Part IV, Line 4i-Schedule of Assets (Held at End of Year)	15
Form 5500, Schedule H, Part IV, Line 4a-Schedule of Delinquent Participant Contributions	16

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
The Newark Group, Inc. 401(k) Plan for Salaried Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Newark Group, Inc. 401(k) Plan for Salaried Employees (the "Plan"), which comprise the statements of net assets available for benefits as of January 1, 2016 and April 30, 2015, and the related statement of changes in net assets available for benefits for the final period ended January 1, 2016, and the related notes to 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, 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 U.S. 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 discussed in Note 3, which was certified by State Street Bank and 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 held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the trustee as of January 1, 2016 and April 30, 2015, and for the final period ended January 1, 2016, 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.

Emphasis of Matter

As further discussed in Note 1 to the financial statements, effective January 1, 2016, the Plan was legally merged into the Caraustar Industries, Inc. Employees' Savings Plan. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets (held at end of year) as of January 1, 2016, and the schedule of delinquent participant contributions for the final period ended January 1, 2016, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to, and we do not, express an opinion on the supplemental schedules referred to above.

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

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

EisnerAmper LLP

Iselin, New Jersey
November 15, 2016

THE NEWARK GROUP, INC.
401(k) PLAN FOR SALARIED EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF JANUARY 1, 2016 AND APRIL 30, 2015

	January 1, 2016	April 30, 2015
ASSETS:		
Investments, at fair value	\$ 51,870,970	\$ 57,875,949
Notes receivable from participants	676,365	868,112
Contributions receivable:		
Employees	52,563	85,394
Employer	<u>-</u>	<u>1,571,184</u>
Total contributions receivable	<u>52,563</u>	<u>1,656,578</u>
Total assets	<u>52,599,898</u>	<u>60,400,639</u>
LIABILITIES:		
Due to related plan	52,599,898	-
Accrued expenses	<u>-</u>	<u>19,500</u>
Total liabilities	<u>52,599,898</u>	<u>19,500</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 60,381,139</u>

See accompanying notes to financial statements.

THE NEWARK GROUP, INC.
401(k) PLAN FOR SALARIED EMPLOYEES

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE FINAL PERIOD ENDED JANUARY 1, 2016

	Final Period Ended January 1, 2016
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO:	
Investment (loss) income:	
Net depreciation in fair value of investments	\$ (2,014,812)
Interest and dividends	449,010
	<u> </u>
Total investment loss	(1,565,802)
	<u> </u>
Interest on notes receivable from participants	16,632
	<u> </u>
Contributions:	
Employees	1,213,294
Employer	262
Rollovers	382,594
	<u> </u>
Total contributions	1,596,150
	<u> </u>
Benefits paid to participants	(8,078,668)
Administrative expense	(43,794)
	<u> </u>
NET DECREASE PRIOR TO TRANSFER	(8,075,482)
TRANSFERS FROM THE NEWARK GROUP, INC. 401(k) PLAN FOR HOURLY EMPLOYEES	294,241
TRANSFERS TO RELATED PLAN PURSUANT TO PLAN MERGER	(52,599,898)
	<u> </u>
NET DECREASE	(60,381,139)
	<u> </u>
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	60,381,139
	<u> </u>
End of year	<u><u> </u></u>
	\$ -

See accompanying notes to financial statements.

THE NEWARK GROUP, INC.

401(k) PLAN FOR SALARIED EMPLOYEES

NOTES TO FINANCIAL STATEMENTS JANUARY 1, 2016 AND APRIL 30, 2015

1. DESCRIPTION OF THE PLAN

The following description of The Newark Group, Inc. 401(k) Plan for Salaried Employees (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General— The Plan was a defined contribution plan and became effective as of August 1, 1984. The Plan Committee (“Committee”) appointed by the Board of Directors of The Newark Group, Inc. (the “Company”, “Plan Sponsor” or “Employer”) was responsible for the operation and administration of the Plan. Plan assets were held in the trust of State Street Bank and Trust Company. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and was intended to meet the applicable tax-qualification requirements of Sections 401(a) and 401(k) of the Internal Revenue Code of 1986, as amended (“IRC”). The Plan operated on a fiscal year that began on May 1 and ended April 30.

Effective February 17, 2015, The Newark Group, Inc. was acquired by Caraustar Industries, Inc. via a merger of Nero Acquisition Sub, Inc. into the Company.

Effective January 1, 2016, Plan assets totaling \$52,599,898 were transferred from the Plan into the Caraustar Industries, Inc. Employees’ Savings Plan, pursuant to a plan merger. All benefits, rights and features required to be preserved pursuant to the Internal Revenue Code (“IRC”) are preserved under the Caraustar Industries, Inc. Employees’ Savings Plan.

Eligibility— In general, all non-union salaried employees of the Company were eligible to contribute to the Plan upon attainment of age 21. All non-union salaried employees of the Company were eligible to participate in the non-elective contribution upon attainment of age 21 and completion of one year of service. Effective July 1, 2013, newly eligible employees were automatically enrolled in the Plan with a deferral of 2%. Effective March 1, 2014, newly eligible employees were automatically enrolled in the Plan with a deferral of 3%.

Contributions— Each Plan year, participants could voluntarily contribute to the Plan. Participant contributions were made via payroll deduction. Effective October 1, 2011, the employer matching contribution was suspended.

Participants hired by the Company on or after May 1, 2006 were also eligible for an additional Company non-elective contribution under the Plan each Plan year. Effective January 1, 2012, eligible participants hired, rehired and transferred prior to May 1, 2006, were eligible for this Company non-elective contribution. The amount of the contribution was equal to 4% of each participant’s covered compensation up to the applicable social security wage base for the year, and 8% of covered compensation that is in excess of the applicable social security wage base for the year. Employees needed not contribute to the Plan to receive this Company non-elective contribution. To be eligible for this contribution for a Plan year, an employee must have completed one year of service and be employed

THE NEWARK GROUP, INC. 401(k) PLAN FOR SALARIED EMPLOYEES

NOTES TO FINANCIAL STATEMENTS JANUARY 1, 2016 AND APRIL 30, 2015

on the last day of the Plan year. Effective May 1, 2014, the Plan was amended to allow employer non-elective contributions to be allocated to participants who terminated between February 17, 2015 to April 30, 2015. During the final period ended January 1, 2016, the Company elected not to make a non-elective contribution. Participants could also contribute amounts representing distributions from other qualified plans into the Plan. Effective May 1, 2013, participants could elect to contribute Roth Elective Deferrals and Roth Rollover Contributions.

All contributions are subject to applicable IRC limitations.

Participant Accounts— Individual accounts were maintained for each Plan participant. Each participant's account was credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled is the benefit that could be provided from the participant's vested account.

Investments— Participants were permitted to direct the investment of their accounts among various investment options offered under the Plan. The Plan offered several mutual funds as investment options for participants, as well as retirement funds with various investment portfolios based upon the estimated retirement date of the participant and a common collective trust. Participants could elect to have their contributions, as well as Employer contributions, allocated in any proportion among the offered investment options.

Vesting and Forfeitures— Participants' accounts, to the extent attributable to their voluntary salary reduction contributions and prior matching contributions, were 100% vested at all times. Prior to December 1, 2013, the portion of a participant's account that was attributable to the Company's non-elective contribution described above became vested only after the completion of three years of service, or if the participant terminated employment due to death or permanent disability. Effective December 1, 2013, the portion of a participant's account that was attributable to the Company's non-elective contribution was vested after the completion of two years of service, or if the participant terminated employment due to death or permanent disability. Forfeited amounts were applied to offset Company non-elective contributions. During the final period ended January 1, 2016, no forfeitures were used. Forfeited non-vested accounts available at January 1, 2016 and April 30, 2015 were approximately \$32,000 and \$0 respectively.

Notes Receivable from Participants— Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Participants could borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms ranged from one to five years; however, terms could exceed five years for the purchase of a primary residence. The loans were secured by the balance in the participant's account with interest at a rate commensurate with local prevailing rates as determined by the Plan administrator, ranging from 3.25% to 5.38%. Principal and interest were paid ratably through payroll deductions. Delinquent notes receivable from participants were reclassified as distributions based upon the terms of the Plan document.

THE NEWARK GROUP, INC.

401(k) PLAN FOR SALARIED EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

JANUARY 1, 2016 AND APRIL 30, 2015

Payment of Benefits— Following termination of service due to death, disability, retirement or other reasons, a participant was eligible to receive the vested value of his account. Distributions were payable in a lump sum or by direct rollover to an individual retirement account or other eligible plan.

Participants could withdraw a portion of their accounts attributable to their own contributions, Company non-elective contributions and/or Company matching contributions during employment if they attained age 59-1/2. A participant could withdraw his own contributions prior to age 59-1/2 only in the event of financial hardship, subject to approval by the Plan Committee.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting— The accompanying financial statements are prepared on the accrual basis of accounting.

Subsequent Events— The Plan evaluated subsequent events through November 15, 2016, which is the date the financial statements were available to be issued.

Investment Valuation and Income Recognition— The Plan's investments are stated 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 4 for discussion of fair value measurements.

All security transactions are accounted for on the date the securities are purchased or sold (trade-date basis). Dividends, which include capital gain distributions, are accrued as of the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Payment of Benefits— Benefit payments to participants are recorded upon distribution.

Expenses—Administrative expenses of the Plan are paid by the Plan unless paid by the Plan Sponsor, as provided in the Plan document.

Transfers from The Newark Group, Inc. 401(k) Plan for Hourly Employees—This represents assets transferred from The Newark Group, Inc. 401(k) Plan for Hourly Employees as a result of changes in participants' classifications from hourly to salaried.

THE NEWARK GROUP, INC.

401(k) PLAN FOR SALARIED EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

JANUARY 1, 2016 AND APRIL 30, 2015

Recent accounting pronouncement ASU 2015-07 — In May 2015 the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update No. 2015-07 (“ASU 2015-07”), *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, an amendment to Fair Value Measurement Topic 820. 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 fiscal years beginning after December 15, 2016, and interim periods within those fiscal years. Early adoption is permitted. The Plan elected to adopt ASU 2015-07 as of and for the year ended April 30, 2015. Accordingly, investments measured using the net asset value per share practical expedient have not been categorized within the fair value hierarchy.

Recent accounting pronouncement ASU 2015-12 — In July 2015 the FASB issued Accounting Standards Update No. 2015-12 (“ASU 2015-12”), *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962) and Health and Welfare Benefit Plans (Topic 965) (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirement 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 requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II 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 asset. Part III allows an employee benefit plan with a fiscal year end that does not coincide with the end of a calendar month to measure its investments using the month end closest to its fiscal year end. The amendments are effective for fiscal years beginning after December 15, 2015. Earlier application is permitted. The Plan elected to adopt ASU 2015-12 as of and for the year ended April 30, 2015.

3. INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, State Street Bank and Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments and related investment activity and notes receivable from participants and related activity in the accompanying statements of net assets available for benefits as of January 1, 2016 and April 30, 2015, the statement of changes in net assets available for benefits for the final period ended January 1, 2016 and the accompanying supplemental schedule of assets (held at the end of year) as of January 1, 2016.

THE NEWARK GROUP, INC.

401(k) PLAN FOR SALARIED EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

A JANUARY 1, 2016 AND APRIL 30, 2015

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification, (“ASC”) 820, *Fair Value Measurements and Disclosures*, 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 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) 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 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.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Certain mutual funds have up to a 30 day restriction on trades and exchanges in or out of the same fund.

Common collective trust – Valued at the 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 plan will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

THE NEWARK GROUP, INC.

401(k) PLAN FOR SALARIED EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

JANUARY 1, 2016 AND APRIL 30, 2015

The Plan invests in the Diversified Investment Advisors Collective Trust, Institutional Stable Pooled Fund (“Fund”) which is operated under an agreement and declaration of trust between Massachusetts Fidelity Trust Company (“MFTC”) and Transamerica Retirement Solutions LLC (“Transamerica”, formerly, Transamerica Retirement Solutions Corporation). The Fund invests in the Wells Fargo Stable Return Fund W which invests wholly in Wells Fargo Stable Return Fund G (“Wells Fargo G”). Wells Fargo G is a collective trust fund that primarily invests in investment contracts and security-backed contracts issued by insurance companies and other financial institutions. An investment contract provides a stated rate of return to the buyer of the contract for a specified period of time. A security-backed contract has similar characteristics to a traditional investment contract and is comprised of two parts: a fixed income security or portfolio of fixed-income securities; and a contract value guarantee (“wrapper”) provided by a third party. Wrappers provide contract value payments for certain participant-initiated withdrawals and transfers, a floor crediting rate and return of fully accrued contract value at maturity. The primary investment strategy of Wells Fargo W is to provide investors with a moderate level of stable income without principal volatility.

MFTC is the trustee of the common collective trust investment. Participant-directed transfers from the common collective trust are permitted to non-competing funds, subject to a 90-day equity wash provision. If the Plan’s participation in the common collective trust is terminated, which requires receipt of written notice from the authorized representative of the Plan, Transamerica, the Plan’s recordkeeper, will withdraw the Plan’s interest in the common collective trust and pay such amount on the Date of Transfer as directed by the Plan’s authorized representative. The Date of Transfer will be within twelve months following the date Transamerica receives notice of the Plan’s termination of participation in the common collective trust. On the business day prior to the Date of Transfer, Transamerica will withdraw the number of Units in the common collective trust which is attributable to the Plan. On the Date of Transfer, an amount equal to the number of Units withdrawn multiplied by the value of each Unit as of the date of withdrawal will be transferred as directed by the authorized representative of 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 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 present the fair value hierarchy for the balances of the assets of the Plan measured at fair value as of January 1, 2016 and April 30, 2015:

THE NEWARK GROUP, INC.
401(k) PLAN FOR SALARIED EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JANUARY 1, 2016 AND APRIL 30, 2015

Investment Assets at Fair Value as of January 1, 2016

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 47,227,550	\$ -	\$ -	\$ 47,227,550
Total investment assets in the fair value hierarchy	47,227,550	-	-	47,227,550
Investments measured at net asset value (A)				
Common collective trust	-	-	-	4,643,420
Investments at fair value	<u>\$ 47,227,550</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 51,870,970</u>

(A) Certain investments that are measured at fair value using the net asset value 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 statement of net assets available for benefits.

Investment Assets at Fair Value as of April 30, 2015

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 53,454,719	\$ -	\$ -	\$ 53,454,719
Total investment assets in the fair value hierarchy	53,454,719	-	-	53,454,719
Investments measured at net asset value (A)				
Common collective trust	-	-	-	4,421,230
Investments at fair value	<u>\$ 53,454,719</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 57,875,949</u>

(A) Certain investments that are measured at fair value using the net asset value 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 statement of net assets available for benefits.

Changes in Fair Value Levels

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.

There were no transfers into or out of Levels 1, 2 or 3.

THE NEWARK GROUP, INC.

401(k) PLAN FOR SALARIED EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

JANUARY 1, 2016 AND APRIL 30, 2015

5. TAX STATUS

The Plan was amended and restated effective May 1, 2015 and changed from the Prototype Defined Contribution Plan sponsored by Diversified Investment Advisors to the Volume Submitter 401(k) Profit Sharing Plan sponsored by Transamerica Retirement Solutions. On March 31, 2014, the Internal Revenue Service (“IRS”) stated in an opinion letter that the Volume Submitter 401(k) Profit Sharing Plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (“IRC”) and therefore, the related trust was exempt from taxation. The Plan was amended after receiving the letter. However, the Plan administrator believes that the Plan was currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan remained qualified and the related trust tax-exempt, through the plan merger date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator analyzed the tax positions taken by the Plan, and concluded that as of January 1, 2016, there were no uncertain positions taken that would require recognition of a liability or disclosure in the financial statements. The Plan was subject to routine examinations by taxing jurisdictions; however, there were no examinations for any tax periods in progress.

6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan’s investments primarily consist of mutual funds and a common collective trust. State Street Bank and Trust Company is the trustee of the Plan’s assets, Transamerica is the Plan’s recordkeeper, MFTC is the trustee of the common collective trust investments and is an affiliated company of Transamerica, and therefore, transactions related to these investments qualify as party-in-interest transactions. Fees paid by the Plan to the Plan’s trustee and recordkeeper were approximately \$43,800 for the final period ended January 1, 2016.

7. RISKS AND UNCERTAINTIES

The Plan provides for the holding of various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility.

THE NEWARK GROUP, INC.
401(k) PLAN FOR SALARIED EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JANUARY 1, 2016 AND APRIL 30, 2015

8. MUTUAL FUND FEES

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to allocation of the Plan's investment earnings activity and thus not separately identifiable as an expense.

* * * * *

SUPPLEMENTAL SCHEDULES

PLAN#021
EIN: 22-2884844

(a)	(b)	(c)	(c)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investments, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Shares/ Units	Current Value
*	Diversified Investors Stable Pooled Fund	Common Collective Trust	274,555.48	\$ 4,643,420
	American Funds EuroPacific Gr R4	Mutual Fund	51,209.44	2,279,332
	Baron Small Cap Retail	Mutual Fund	120,209.57	3,388,708
	Columbia Small/Mid Cap Value R5	Mutual Fund	54,672.62	466,904
	Goldman Sachs Small Cap Value Instl	Mutual Fund	10,061.20	501,953
	John Hancock Disciplined Value I	Mutual Fund	172,197.75	2,961,801
	Loomis Sayles Strategic Income A	Mutual Fund	181,144.83	2,476,250
	Mainstay Large Cap Growth R1	Mutual Fund	1,312,330.66	12,690,238
	Metropolitan West Total Return Bond I	Mutual Fund	414,983.62	4,407,126
	Morgan Stanley Inst Mid Cap Growth I	Mutual Fund	173,111.71	5,667,678
	T Rowe Price Retirement 2005 Fund	Mutual Fund	589.17	7,323
	T Rowe Price Retirement 2010 Fund	Mutual Fund	26,534.42	447,901
	T Rowe Price Retirement 2015 Fund	Mutual Fund	37,649.21	515,041
	T Rowe Price Retirement 2020 Fund	Mutual Fund	100,588.10	1,980,580
	T Rowe Price Retirement 2025 Fund	Mutual Fund	51,858.72	775,288
	T Rowe Price Retirement 2030 Fund	Mutual Fund	55,655.10	1,213,838
	T Rowe Price Retirement 2035 Fund	Mutual Fund	30,017.43	473,975
	T Rowe Price Retirement 2040 Fund	Mutual Fund	33,090.36	747,180
	T Rowe Price Retirement 2045 Fund	Mutual Fund	15,543.84	235,645
	T Rowe Price Retirement 2050 Fund	Mutual Fund	9,468.23	120,625
	T Rowe Price Retirement 2055 Fund	Mutual Fund	1,637.61	20,814
	T Rowe Price Retirement Balanced	Mutual Fund	12,511.17	178,159
*	Transamerica Partners Instl Stock Index	Mutual Fund	408,016.95	5,671,191
				51,870,970
*	Notes receivable from various participants with maturity dates from January 2016 to November 2020 and interest rates ranging from 3.25% to 5.38%			676,365
	Total			\$ 52,547,335

- 15 -

THE NEWARK GROUP, INC.
401(k) PLAN FOR SALARIED EMPLOYEES

PLAN#021
EIN: 22-2884844

**FORM 5500, SCHEDULE H, PART IV, LINE 4a-SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 FOR THE FINAL PERIOD ENDED JANUARY 1, 2016**

Schedule H, Line 4a—Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan *	Total That Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here - No If Late Participant Loan Repayments are Included		\$		
\$1,806		\$1,806		

- Contributions were remitted to the Plan on December 11, 2015.

Schedule C, Line 2(h) Formula Descriptions

The Newark Group, Inc. Plan for Salaried Employees

EIN No.: 22-2884844, Plan No. 021

Plan Year Ending: 01/01/2016

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

NATIONAL FINANCIAL SERVICES

04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to National Financial Services
AMERICAN FUNDS	AMERICAN EUROPACIFIC, R4 CLASS	5/1/2015	12/31/2015	0.854
AMERICAN FUNDS	AMERICAN EUROPACIFIC, R4 CLASS	1/1/2016	1/1/2016	0.910
BARON	BARON SMALL CAP FUND	5/1/2015	12/31/2015	0.976
BARON	BARON SMALL CAP FUND	1/1/2016	1/1/2016	1.040
COLUMBIA	COLUMBIA SMALL/MID CAP VALUE R5	5/1/2015	12/31/2015	0.244
COLUMBIA	COLUMBIA SMALL/MID CAP VALUE R5	1/1/2016	1/1/2016	0.260
GOLDMAN SACHS	GOLDMAN SACHS SM CAP VAL INSTL	5/1/2015	6/30/2015	0.415
GOLDMAN SACHS	GOLDMAN SACHS SM CAP VAL INSTL	7/1/2015	12/31/2015	0.610
GOLDMAN SACHS	GOLDMAN SACHS SM CAP VAL INSTL	1/1/2016	1/1/2016	0.650
JOHN HANCOCK	JHANCOCK DISCIPLINED VALUE I	5/1/2015	12/31/2015	0.244
JOHN HANCOCK	JHANCOCK DISCIPLINED VALUE I	1/1/2016	1/1/2016	0.260
LOOMIS SAYLES	LOOMIS SAYLES STRATEGIC INC, A	5/1/2015	12/31/2015	1.098
LOOMIS SAYLES	LOOMIS SAYLES STRATEGIC INC, A	1/1/2016	1/1/2016	1.170
MAINSTAY	MAINSTAY LARGE CAP GROWTH R1	5/1/2015	12/31/2015	0.854
MAINSTAY	MAINSTAY LARGE CAP GROWTH R1	1/1/2016	1/1/2016	0.910
METROPOLITAN WEST ASSET MGMT	METRO WEST TOTAL RETURN, I	5/1/2015	12/31/2015	0.244
METROPOLITAN WEST ASSET MGMT	METRO WEST TOTAL RETURN, I	1/1/2016	1/1/2016	0.260
MORGAN STANLEY	MORGAN STANLEY INST MDCP GRWTH	5/1/2015	12/31/2015	0.366
MORGAN STANLEY	MORGAN STANLEY INST MDCP GRWTH	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T ROWE PRICE RETIREMENT 2005	5/1/2015	12/31/2015	0.366
T ROWE PRICE	T ROWE PRICE RETIREMENT 2005	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T ROWE PRICE RETIREMENT 2010	5/1/2015	12/31/2015	0.366
T ROWE PRICE	T ROWE PRICE RETIREMENT 2010	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T ROWE PRICE RETIREMENT 2015	5/1/2015	12/31/2015	0.366
T ROWE PRICE	T ROWE PRICE RETIREMENT 2015	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T ROWE PRICE RETIREMENT 2020	5/1/2015	12/31/2015	0.366
T ROWE PRICE	T ROWE PRICE RETIREMENT 2020	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T ROWE PRICE RETIREMENT 2025	5/1/2015	12/31/2015	0.366

Schedule C, Line 2(h) Formula Descriptions

The Newark Group, Inc. Plan for Salaried Employees

EIN No.: 22-2884844, Plan No. 021

Plan Year Ending: 01/01/2016

Fund Family	Fund Name	Start Date	End Date	Revenue to National Financial Services
T ROWE PRICE	T ROWE PRICE RETIREMENT 2025	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T ROWE PRICE RETIREMENT 2030	5/1/2015	12/31/2015	0.366
T ROWE PRICE	T ROWE PRICE RETIREMENT 2030	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T ROWE PRICE RETIREMENT 2035	5/1/2015	12/31/2015	0.366
T ROWE PRICE	T ROWE PRICE RETIREMENT 2035	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T ROWE PRICE RETIREMENT 2040	5/1/2015	12/31/2015	0.366
T ROWE PRICE	T ROWE PRICE RETIREMENT 2040	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T ROWE PRICE RETIREMENT 2045	5/1/2015	12/31/2015	0.366
T ROWE PRICE	T ROWE PRICE RETIREMENT 2045	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T ROWE PRICE RETIREMENT 2050	5/1/2015	12/31/2015	0.366
T ROWE PRICE	T ROWE PRICE RETIREMENT 2050	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T ROWE PRICE RETIREMENT 2055	5/1/2015	12/31/2015	0.366
T ROWE PRICE	T ROWE PRICE RETIREMENT 2055	1/1/2016	1/1/2016	0.390
T ROWE PRICE	T. ROWE PRICE BALANCED	5/1/2015	12/31/2015	0.366
T ROWE PRICE	T. ROWE PRICE BALANCED	1/1/2016	1/1/2016	0.390

THE NEWARK GROUP, INC.
401(k) PLAN FOR SALARIED EMPLOYEES

PLAN#021
EIN: 22-2884844

**FORM 5500, SCHEDULE H, PART IV, LINE 4a-SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 FOR THE FINAL PERIOD ENDED JANUARY 1, 2016**

Schedule H, Line 4a—Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan *	Total That Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here - No If Late Participant Loan Repayments are Included		\$		
\$1,806		\$1,806		

- Contributions were remitted to the Plan on December 11, 2015.

PLAN#021
EIN: 22-2884844

(a)	(b)	(c)	(c)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investments, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Shares/ Units	Current Value
*	Diversified Investors Stable Pooled Fund	Common Collective Trust	274,555.48	\$ 4,643,420
	American Funds EuroPacific Gr R4	Mutual Fund	51,209.44	2,279,332
	Baron Small Cap Retail	Mutual Fund	120,209.57	3,388,708
	Columbia Small/Mid Cap Value R5	Mutual Fund	54,672.62	466,904
	Goldman Sachs Small Cap Value Instl	Mutual Fund	10,061.20	501,953
	John Hancock Disciplined Value I	Mutual Fund	172,197.75	2,961,801
	Loomis Sayles Strategic Income A	Mutual Fund	181,144.83	2,476,250
	Mainstay Large Cap Growth R1	Mutual Fund	1,312,330.66	12,690,238
	Metropolitan West Total Return Bond I	Mutual Fund	414,983.62	4,407,126
	Morgan Stanley Inst Mid Cap Growth I	Mutual Fund	173,111.71	5,667,678
	T Rowe Price Retirement 2005 Fund	Mutual Fund	589.17	7,323
	T Rowe Price Retirement 2010 Fund	Mutual Fund	26,534.42	447,901
	T Rowe Price Retirement 2015 Fund	Mutual Fund	37,649.21	515,041
	T Rowe Price Retirement 2020 Fund	Mutual Fund	100,588.10	1,980,580
	T Rowe Price Retirement 2025 Fund	Mutual Fund	51,858.72	775,288
	T Rowe Price Retirement 2030 Fund	Mutual Fund	55,655.10	1,213,838
	T Rowe Price Retirement 2035 Fund	Mutual Fund	30,017.43	473,975
	T Rowe Price Retirement 2040 Fund	Mutual Fund	33,090.36	747,180
	T Rowe Price Retirement 2045 Fund	Mutual Fund	15,543.84	235,645
	T Rowe Price Retirement 2050 Fund	Mutual Fund	9,468.23	120,625
	T Rowe Price Retirement 2055 Fund	Mutual Fund	1,637.61	20,814
	T Rowe Price Retirement Balanced	Mutual Fund	12,511.17	178,159
*	Transamerica Partners Instl Stock Index	Mutual Fund	408,016.95	5,671,191
				51,870,970
*	Notes receivable from various participants with maturity dates from January 2016 to November 2020 and interest rates ranging from 3.25% to 5.38%			676,365
	Total			\$ 52,547,335

* Party-in-interest, as defined by ERISA.