

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning <u>10/01/2015</u> and ending <u>09/30/2016</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	004
	1c Effective date of plan	01/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RTS PACKAGING, LLC</u> <u>504 THRASHER STREET</u> <u>NORCROSS, GA 30071-1967</u>	2b Employer Identification Number (EIN)	58-2323235
	2c Plan Sponsor's telephone number	770-448-2193
	2d Business code (see instructions)	322200

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.	07/17/2017	NANCY GARNER
	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
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 598
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) 318
a(2) Total number of active participants at the end of the plan year	6a(2) 309
b Retired or separated participants receiving benefits.....	6b 187
c Other retired or separated participants entitled to future benefits.....	6c 119
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 615
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 615
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 4
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: 1A	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RTS PACKAGING, LLC	D Employer Identification Number (EIN) 58-2323235
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2015			
2	Assets:			
	a Market value	2a	30047815	
	b Actuarial value	2b	30844461	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	172	15431381	15431381
	b For terminated vested participants	108	3133627	3133627
	c For active participants	318	14423759	14896385
	d Total	598	32988767	33461393
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.31%	
6	Target normal cost	6	730163	

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

<div>SIGN HERE</div>		06/16/2017
Signature of actuary		Date
ANTHONY WAGMAN		17-07407
Type or print name of actuary		Most recent enrollment number
MERCER		404-442-3100
Firm name		Telephone number (including area code)
3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		13435
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.52</u> %		876
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		14311
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	92.17 %
15 Adjusted funding target attainment percentage	15	92.17 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.75 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/08/2016	300000	0			
04/08/2016	300000	0			
07/12/2016	300000	0			
09/06/2016	356125	0			
			Totals ►	18(b)	1256125
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1208127
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	730163	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2616932	477963	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	1208126	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	1208126	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1208127	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016		
A Name of plan RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 RTS PACKAGING, LLC	D Employer Identification Number (EIN) 58-2323235	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST CORPORATION
36-2723087

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

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

PENSION RESOURCE GROUP

58-2194059

(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?
14	ADMINISTRATOR	72729	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	43315	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOLDMAN SACHS

13-4019460

(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?
28	INVESTMENT MANAGEMENT	37806	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)

BDO USA, LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	22000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ RETIREMENT PLAN SERVICES

58-2194059

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 17	CONSULTANT	13776	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST

36-2723087

(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?
21	TRUSTEE	12261	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)

AETNA LIFE INSURANCE COMPANY

06-6033492

(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	CLAIMS PROCESSOR	7182	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAZURSKY & CONSTANTINE

27-3547321

(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?
29	ATTORNEY	5453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NISA INVESTMENT ADVISORS LLC

48-1140940

(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?
28	INVESTMENT MANAGEMENT	5094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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:
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d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

A Name of plan <u>RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>004</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RTS PACKAGING, LLC</u>	D Employer Identification Number (EIN) <u>58-2323235</u>	

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

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

c EIN-PN <u>47-3335141-499</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32078409</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016		
A Name of plan RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 RTS PACKAGING, LLC	D Employer Identification Number (EIN) 58-2323235	

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		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	375000	0
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	29430152	32078409
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

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	29805152	32078409

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	34262	52758
k Total liabilities (add all amounts in lines 1g through 1j)	1k	34262	52758

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	29770890	32025651
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1256125	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1256125
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		3418108
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4674233

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1692361	
(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)		1692361
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)	88750	
(2) Contract administrator fees	2i(2)	72729	
(3) Investment advisory and management fees	2i(3)	74622	
(4) Other	2i(4)	491010	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		727111
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2419472

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2254761
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: BDO USA LLP

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

A Name of plan <u>RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RTS PACKAGING, LLC</u>	D Employer Identification Number (EIN) <u>58-2323235</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-2723087</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>4</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☒ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: <u>0.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



RTS Packaging, LLC Consolidated Pension Plan

Financial Statements

As of and for the Years Ended
September 30, 2016 and 2015

RTS Packaging, LLC Consolidated Pension Plan

Financial Statements

As of and for the Years Ended September 30, 2016 and 2015

RTS Packaging, LLC Consolidated Pension Plan

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

To the Plan Administrator
RTS Packaging, LLC Consolidated Pension Plan
Norcross, Georgia

We were engaged to audit the accompanying financial statements of the RTS Packaging, LLC Consolidated Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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



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

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

BDO US & LP

Atlanta, Georgia
July 14, 2017

Financial Statements

RTS Packaging, LLC Consolidated Pension Plan

Statements of Net Assets Available For Benefits

<i>September 30,</i>	2016	2015
<hr/>		
Assets:		
Plan interest in master trust, at fair value	\$ 32,078,409	\$ 29,430,152
Employer contributions receivable	-	375,000
<hr/>		
Total assets	32,078,409	29,805,152
<hr/>		
Liabilities:		
Accrued expenses	52,758	34,262
<hr/>		
Net assets available for benefits	\$ 32,025,651	\$ 29,770,890

See accompanying notes to financial statements.

RTS Packaging, LLC Consolidated Pension Plan
Statements of Changes in Net Assets Available For Benefits

<i>Years Ended September 30,</i>	2016	2015
Additions:		
Employer contributions	\$ 1,256,125	\$ 1,175,000
Net investment gain from master trust	3,418,108	388,392
Total additions	4,674,233	1,563,392
Deductions:		
Benefits paid to participants and beneficiaries	(1,692,361)	(1,596,230)
Administrative expenses	(727,111)	(369,155)
Total deductions	(2,419,472)	(1,965,385)
Net increase (decrease)	2,254,761	(401,993)
Net assets available for benefits, beginning of year	29,770,890	30,172,883
Net assets available for benefits, end of year	\$ 32,025,651	\$ 29,770,890

See accompanying notes to financial statements.

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

1. Description of Plan

The following description of the RTS Packaging, LLC Consolidated Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

RTS Packaging, LLC (the "Company" or "Plan Sponsor") sponsors the Plan. The Plan is a non-contributory defined benefit plan covering a substantial portion of employees of the Company that are specifically listed in the Plan document. The Plan was formed on January 1, 1998 from assets and liabilities spun off from certain Rock-Tenn Company pension plans and the Retirement Plan of Sonoco Products Company pursuant to the joint venture agreement between Rock-Tenn Company and Sonoco Products Company. Eligible participants must complete one year of vested service and be at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by the Plan Sponsor's Retirement Plan Administrative Committee (the "Committee"). The Committee has overall responsibility for the operation and administration of the Plan. The Retirement Plan Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Pension Benefits and Vesting

The Plan provides normal retirement benefits for its participants as of the first day of the month following the attainment of age 65. Early retirement benefits are provided to eligible participants as early as age 55 and extended retirement benefits are provided for those electing continued employment past normal retirement. Accrued benefits are fully vested upon completion of five years of service.

Effective January 1, 2016, RTS Packaging, LLC Consolidated Pension Plan froze pension benefit accruals and service, except to those participants under terms of a collective bargaining agreement incorporated into the Plan.

Funding Policy

Contributions to the Plan by the Company are based on what is needed to provide definitely determinable benefits to Plan participants. Actuarial assumptions and computations are required to determine such contributions. Employer contributions receivable represent those contributions remitted to the Plan after its September 30th year-end and typically consist of a) the Company's quarterly contribution due each October following its year-end and b) the Company's final contributions generally made May or June following its year-end and prior to the Company's funding deadline to meet applicable funding targets. The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company's contributions for 2016 and 2015 met the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

2. Summary of Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

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

New Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820) - Disclosures for Investments in Certain Entities That Calculate Net Asset Value ("NAV") per Share (or Its Equivalent)*. ASU No. 2015-07 aims to remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the NAV per share practical expedient. ASU No. 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV per share practical expedient. Investments that calculate NAV per share (or its equivalent), but for which the practical expedient is not applied will continue to be included in the fair value hierarchy along with the related required disclosures. ASU No. 2015-07 is effective for fiscal years beginning after December 15, 2015, and is to be applied retrospectively, with early adoption permitted. The Plan is currently evaluating the impact of these provisions.

In February 2017, the FASB issued ASU No. 2017-06, *Employee Benefit Plan Master Trust Reporting*. It is effective for fiscal years beginning after December 15, 2018. The amendments require reporting entities to report a plan's interest in a master trust and the change in the value of that interest as separate line items on the statement of net assets available for benefits and the statement of changes in net assets available for benefits, respectively. Additionally, the master trust's investments and other assets and liabilities, as well as the dollar amount of its interest in these balances, must be disclosed. Lastly, investments measured at fair value must be disaggregated by general type of investment. The Company is currently evaluating the impact of the provisions of ASU 2017-06 and intends to implement the standard as required in fiscal 2019.

In January 2016, the FASB issued ASU No. 2016-01, *Financial Instruments - Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities*. This ASU sets forth several requirements, including requirements for entities to: measure equity investments at fair value through net income (subject to certain exceptions), separately present financial assets and financial liabilities by measurement category and form of financial asset, and calculate the fair value of financial instruments for disclosure purposes based on exit price. ASU No. 2016-01 provides an election to subsequently measure certain nonmarketable equity investments at cost less any impairment and adjusted for certain observable price changes. It also requires a qualitative impairment assessment of such equity investments and amends certain fair value disclosure requirement. ASU No. 2016-01 is effective for fiscal years beginning after December 15, 2018. The Plan is currently evaluating the impact of these provisions.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein;

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

All of the Plan's assets are held in the WestRock Company Master Retirement Trust ("Master Trust"), which held assets on behalf of the WestRock Company Consolidated Pension Plan and the RTS Packaging, LLC Consolidated Pension Plan.

Investments held by the Plan are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Security transactions involving the purchase or sale of investments of the Master Trust are accounted for on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. The group annuity contracts with John Hancock and AXA are valued at contract value, which consists of contract cost adjusted for investment income, benefit payments and expenses.

Payment of Benefits

Benefit payments are recorded upon distribution.

Administrative Expenses

Administrative expenses include benefit payment service charges, actuarial, trustee, and audit fees as well as commissions and fees paid in connection with securities transactions and the Pension Benefit Guaranty Corporation (the "PBGC") premiums. These administrative expenses are paid from the assets of the Master Trust and allocated to each participating plan. Such expenses are allocated monthly either specifically to the plan they relate to or to each participating plan based on their relative beginning of year net asset balances.

3. Interest In WestRock Company Master Retirement Trust

The Plan assets are held in the Master Trust under the terms of a trust agreement. The Northern Trust Company is the trustee of the Plan for the years ended September 30, 2016 and 2015. Each participating plan has an undivided interest in the Master Trust. On October 1, 2015, the MeadWestvaco Corporation Master Retirement Trust merged with and into the Rock-Tenn Company Master Retirement Trust, which was concurrently renamed the WestRock Company Master Retirement Trust. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the amount of the time the plan's assets were invested in the master trust. The Plan's pro-rata share of the net assets available for benefits under the Master Trust is 0.75% and 1.20% at September 30, 2016 and 2015, respectively.

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

The statements of net assets for the Master Trust as of September 30, 2016 and 2015 are as follows:

<i>September 30,</i>	2016	2015
Investments, at fair value:		
Equity securities	\$ 647,892,282	\$ 194,568,191
Fixed income securities	2,840,372,058	1,941,697,626
Short-term investments	282,580,425	78,897,200
Other investments	527,421,121	245,452,056
Net assets	\$ 4,298,265,886	\$ 2,460,615,073

The statements of changes in net assets for the Master Trust are as follows:

<i>September 30,</i>	2016	2015
Investment income:		
Interest	\$ 164,711,321	\$ 36,627,504
Dividends	6,277,840	5,834,448
Net appreciation(depreciation) in fair value of investments	568,910,676	(4,587,934)
Administrative expenses	(32,159,964)	(28,533,114)
Contribution	4,276,125	107,990,000
Benefits paid	(388,519,428)	(331,374,515)
Plan settlement	(2,483,507,710)	-
Decrease in net assets	(2,160,011,140)	(214,043,611)
Transfers to related plans	(19,745,742)	-
Net assets at beginning of year	6,478,022,768	2,674,658,684
Net assets at end of year	\$ 4,298,265,886	\$ 2,460,615,073

4. Fair Value Measurements

The FASB has established a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described below:

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

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the valuation methodologies used at September 30, 2016 and 2015.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets carried at fair value as of September 30, 2016 and 2015:

Assets at fair value as of September 30, 2016				
	Level 1	Level 2	Level 3	Total
Equity securities ^(a)	\$ 231,878,430	\$ 416,007,132	\$ 6,720	\$ 647,892,282
Fixed income securities ^(b)	20,678,806	2,819,629,066	64,186	2,840,372,058
Short-term investments ^(c)	282,580,425	-	-	282,580,425
Other investments ^(d)	-	210,481,915	316,939,206	527,421,121
Total assets at fair value	\$ 535,137,661	\$ 3,446,118,113	\$ 317,010,112	\$ 4,298,265,886

Assets at fair value as of September 30, 2015				
	Level 1	Level 2	Level 3	Total
Equity securities ^(a)	\$ 80,355,996	\$ 114,212,195	\$ -	\$ 194,568,191
Fixed income securities ^(b)	21,165,974	1,920,531,652	-	1,941,697,626
Short-term investments ^(c)	78,897,200	-	-	78,897,200
Other investments ^(d)	-	193,492,940	51,959,116	245,452,056
Total assets at fair value	\$ 180,419,170	\$ 2,228,236,787	\$ 51,959,116	\$ 2,460,615,073

^(a) Equity securities are comprised of the following investment types: (i) common stock; (ii) preferred stock; (iii) equity exchange traded funds; (iv) hedged equity investments and (v) commingled equity funds. Level 1 investments in common and preferred stocks and exchange traded funds are valued using quoted market prices multiplied by the number of shares owned. The level 2 hedged equity investment is a commingled fund that consists primarily of equity indexed investments which are hedged by options and also holds collateral in the form

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

of short-term treasury securities. The commingled fund investments are valued at the net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled funds includes market pricing of the underlying assets as well as broker quotes and other valuation techniques.

- (b) Fixed income securities are comprised of the following investment types: (i) U.S. and non-U.S. government securities; (ii) U.S. and non-U.S. corporate bonds; (iii) mortgage-backed securities; and (iv) other fixed income.

U.S. government securities include treasury and agency debt. These investments are valued using broker quotes in an active market. The level 1 non-U.S. government securities investment is an exchange traded fund valued using quoted market prices. The level 1 U.S. corporate bonds category is primarily comprised of U.S. dollar denominated investment grade securities and valued using quoted market prices. Level 2 investments are valued utilizing a market approach that includes various valuation techniques and sources such as value generation models, broker quotes in active and non-active markets, benchmark yields and securities, reported trades, issuer spreads, and/or other applicable reference data. Level 2 commingled debt funds are valued at their net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled funds includes market pricing of the underlying assets as well as broker quotes and other valuation techniques. Other fixed income is comprised of municipal and asset-backed securities. Investments are valued utilizing a market approach that includes various valuation techniques and sources such as, broker quotes in active and non-active markets, benchmark yields and securities, reported trades, issuer spreads and/or other applicable reference data.

- (c) Short-term investments are valued at \$1.00/unit, which approximates fair value. Amounts are generally invested in interest-bearing accounts.
- (d) Other investments include alternative investments and global multi-asset class investments. The alternative investments are diversified across multiple asset managers and several types of asset classes including a hedge fund and private equity partnerships. The level 2 hedge fund is valued at net asset value. The Plan maintains holdings in certain private equity partnerships and real estate investments that are considered to be level 3 in the fair value hierarchy. The private equity partnerships are commingled investments. Valuation techniques such as discounted cash flow and market based comparable analyses are used to determine fair value of the private equity investments. Unobservable inputs used for the discounted cash flow technique include projected future cash flows and the discount rate applied to present value those cash flows. Unobservable inputs used for the market based comparisons technique include EBITDA multiples in other comparable third-party transactions, price to earnings ratios, liquidity, current operating results, as well as input from general partners and other pertinent information. Real estate investments are commingled investments. Valuation techniques such as discounted cash flow and market based comparable analyses are used to determine fair value of the private equity investments. Unobservable inputs used for the discounted cash flow technique include projected future cash flows and the discount rate applied to present value those cash flows. Unobservable inputs used for the market based comparison technique include a combination of third party appraisals, replacement cost, and comparable market prices.

The global multi-asset investment is a commingled fund with underlying investments that are diversified across multiple asset classes and include global equity, fixed income securities,

RTS Packaging, LLC Consolidated Pension Plan

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commodities, and derivative contracts. The commingled fund is valued at its net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled fund includes market pricing of the underlying assets as well as broker quotes and other valuation techniques. Future funding commitments related to the private equity partnerships approximated \$114,658,061 at September 30, 2016.

In estimating fair value of investments in level 3, the Company's Treasury Department may use information provided by its investment advisors and the Plan's Trustee. In substantiating the reasonableness of the data provided by third parties, the Treasury Department evaluates a variety of factors including review of methods and assumptions used by the Trustee as well as industry and market developments.

Transfers between Levels

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

During the fiscal year ended September 30, 2016, the Plan transferred investments in the amount of \$52,396,642 from Level 2 to Level 3. Meanwhile, the Plan transferred investments in the amount of \$77,741,303 from Level 3 to Level 2.

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following tables set forth a summary of changes in the fair value of the Master Trust's level 3 assets:

<i>September 30,</i>	2016	2015
Balance , beginning of year	\$ 51,959,116	\$ 26,892,122
Transfer from MeadWestvaco Trust	328,789,755	-
Transfer to Level 3	52,396,642	-
Transfer out of Level 3	(77,741,303)	-
Unrealized gains (losses) relating to investments still held at year-end	(16,289,170)	3,416,716
Realized gains	24,655,273	4,667,602
Purchases	24,003,858	30,245,535
Sales	(70,764,059)	(13,262,859)
Balance , end of year	\$ 317,010,112	\$ 51,959,116

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes the Master Trust's investments measured at fair value based on net asset value (NAVs) per share as of September 30, 2016:

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Non-U.S. equities:				
Emerging Markets Equity Managers: Portfolio 1 (ERISA) - Class 1	\$ 55,542,050	\$ -	Monthly	5 days
Laudus Mondrian International Equity Fund Class Institutional	6,245,312	-	Monthly	15 days
Silchester International Equity Fund	113,890,560	-	Monthly	-
Wellington International Equity	23,240,553	-	Monthly	-
Genesis Group Emerging Markets Fund	147,482,150	-	Monthly	-
Goldman Sachs Non-US Equity Managers: Portfolio 1 (ERISA) - Class 1	24,552,135	-	Monthly	5 days
Hedged Equity--				
Goldman Sachs Global Lower Beta Equity Fund Class IO Shares	44,927,607	-	Weekly	5 days
U.S. corporate bonds:				
SSgA Long U.S. Credit Index NL Fund	293,071,868	-	Daily	2 days
Primus High Yield Bond Fund	4,691,516	-	Monthly	10 days
Oaktree Cap.Management-Hi Yield Fund	29,197,226	-	Monthly	-
SSgA Long Credit Index Fund	283,037,781	-	Daily	-
Non-U.S. corporate bonds:				
Wellington Emerging Market Debt Local	5,501,129	-	Monthly	22nd calendar day of month prior to trade
Wellington CIF Opportunity Fund	26,207,647	-	Daily	-
Global multi-asset class--				
Collective Trust Tactical Exposure Fund - Class IO	40,938,106	-	Daily	5 days
Alternative investments:				
Highline Capital Qualified Fund Ltd. Class H	51,210,548	-	Quarterly	30 days
Caspian Select Credit International Ltd. Fund	8,440,894	-	Quarterly	90 days
Lakewood Capital Offshore Fund Class A-1	13,615,754	-	Quarterly	60 days
Goldman Sachs Multi-Strategy Portfolio Rock-Tenn, Ltd. - Class A	142,691,151	-	Quarterly	91 days
Total	\$ 1,314,483,987	\$ -		

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

The following table summarizes the Master Trust's investments measured at fair value based on net asset value (NAVs) per share as of September 30, 2015:

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Non-U.S. equities:				
Emerging Markets Equity Managers: Portfolio 1 (ERISA) - Class 1	\$ 45,658,792	\$ -	Monthly	5 days
Laudus Mondrian International Equity Fund Class Institutional	5,454,090	-	Monthly	15 days
Goldman Sachs Non-US Equity Managers: Portfolio 1 (ERISA) - Class 1	22,303,153	-	Monthly	5 days
Hedged Equity				
Goldman Sachs Global Lower Beta Equity Fund Class IO Shares	40,795,981	-	Weekly	5 days
U.S. corporate bonds:				
SSgA Long U.S. Credit Index NL Fund	252,706,468	-	Daily	2 days
Primus High Yield Bond Fund	4,318,203	-	Monthly	10 days
Non-U.S. corporate bonds:				
Wellington Emerging Market Debt Local	4,739,063	-	Monthly	22nd calendar day of month prior to trade
Global multi-asset class:				
Collective Trust Tactical Exposure Fund - Class IO	40,818,170	-	Daily	5 days
Alternative investments:				
Goldman Sachs Multi-Strategy Portfolio Rock-Tenn, Ltd. - Class A	147,863,961	-	Quarterly	91 days
Total	\$ 564,657,881	\$ -		

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

5. Information Certified By Trustee

The Retirement Plan Administrative Committee has elected the method of annual reporting compliance for certain investment information as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Northern Trust Company, the trustee, has certified that the following data included in the accompanying financial statements is complete and accurate.

<i>September 30,</i>	2016	2015
Statements of Net Assets Available for Benefits:		
Investments:		
Equity securities	\$ 232,572,544	\$ 80,254,207
Fixed income securities	2,198,036,556	1,657,864,612
Short-term investments	281,191,284	78,880,330
Other investments	-	4,810,393
Total	2,711,800,384	1,821,809,542

<i>September 30,</i>	2016	2015
Statements of Changes in Net Assets Available for Benefits:		
Net appreciation of certified investments	\$ 476,779,841	\$ 180,103,066
Dividends and interest from certified investments	\$ 165,784,837	\$ 48,977,657

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and supplemental schedule.

6. Plan Termination

Should the Plan terminate at some future time, its net assets generally may not be available to provide full benefits to all participants. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. For further description regarding the priority of participants' claims to the assets of the Plan upon Plan termination and benefits guaranteed by the PBGC, reference is made to the information included in the Plan document available to all participants.

7. Accumulated Plan Benefits Obligation

The accumulated plan benefits obligation represents estimated future periodic payments, including lump-sum distributions, to be made in accordance with the Plan's provisions with respect to service which employees have rendered to the valuation date. It includes benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

accumulated plan benefits are based on the monthly benefit amount designated by the Plan and in effect at the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. The effect of plan amendments on accumulated plan benefits is recognized in the year in which such amendments become effective.

The actuarial present value of the accumulated plan benefits obligation is determined by an independent actuary and represents the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits obligation to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of October 1, 2015 and 2014 were as follows:

	October 1, 2015	October 1, 2014
Interest Rate	4.702%	4.54%
Mortality Table	RP-2014 separate employee and retiree mortality tables with blue collar distinction and generational improvements using scale MSS-2007 for hourly participants RP-2014 separate employee and retiree mortality tables with white collar distinction and generational improvements using scale MSS-2007 for salaried participants	RP-2014 separate employee and retiree mortality tables with blue collar distinction and generational improvements using scale MSS-2007 for hourly participants RP-2014 separate employee and retiree mortality tables with white collar distinction and generational improvements using scale MSS-2007 for salaried participants
Employee Turnover	A moderate scale consistent with the Company's experience	
Retirement Age	Active participants - Ages 55 to 70, at specific percentage rates from 1% to 100% Terminated vested participants - Age 62	Active participants - Ages 55 to 70, at specific percentage rates from 1% to 100% Terminated vested participants - Age 62

Disability incidence, retirement age rates, withdrawal rates, vested deferred benefit commencement age, percent married, spousal age difference, or form of payment assumptions were updated based on experience study undertaken in 2015.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2015 and 2014. Had the valuations been performed as of September 30, there would be no material differences.

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

The actuarial present value of accumulated plan benefits as of October 1, 2015 and October 1, 2014 is as follows:

	October 1, 2015	October 1, 2014
Vested benefits:		
Active participants	\$ 19,484,104	\$ 22,686,249
Inactive participants with deferred benefits	4,172,137	4,074,771
Inactive participants receiving benefits	17,705,759	13,657,289
Nonvested benefits	779,886	1,011,405
Total actuarial present value of accumulated plan benefits obligations	\$ 42,141,886	\$ 41,429,714

The changes in the actuarial present value of accumulated plan benefits obligation are as follows:

Actuarial present value of accumulated plan benefits obligations at October 1, 2014	\$ 41,429,714
Assumption changes (primarily discount rate change)	(680,028)
Change in plan provisions	(59,764)
Interest due as a result of the decrease in discount period	1,844,675
Benefits paid	(1,596,230)
Benefits accumulated and losses/(gains)	1,203,519
Actuarial present value of accumulated plan benefits, at October 1, 2015	\$ 42,141,886

8. Risks and Uncertainties

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

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

9. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated September 17, 2013, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "Code").

RTS Packaging, LLC Consolidated Pension Plan

Notes To Financial Statements

On March 20, 2017, the Plan obtained its latest determination letter in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Parties-in-Interest

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to the trustee and various service providers. These transactions are party-in-interest transactions under ERISA.

11. Subsequent Events

In September 2016, the Plan Sponsor committed to an offer to partially settle obligations of the Plan in the first quarter of plan year 2017, through lump sum payments to certain eligible former employees who are not currently receiving a monthly benefit. Eligible former employees whose present value of future pension benefits exceeded a certain minimum threshold could either voluntarily accept or not accept the offer and continue to be entitled to their monthly benefit upon retirement. Subsequent to the plan year, in December 2016, the Plan distributed total lump sum payments of \$21,619,967. The distribution was made out of existing plan assets and the plan's funded status was materially unchanged as a result of the transaction.

The Plan Administrator has evaluated subsequent events through July 14, 2017, the date the financial statements were available to be issued. The Plan Administrator is not aware of any subsequent events, other than those noted above, which would require recognition or disclosure in the financial statements.

Schedule SB, Line 26 — Schedule of Active Participant Data**Distribution of Active Participants¹ as of October 1, 2015**

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25		4									4
25–29		5									5
30–34		4	2	6							12
35–39		6		8	8						22
40–44		7	1	6	8	5					27
45–49		7	1	14	13	11	3				49
50–54		8	1	13	23	11	11	12	1		80
55–59		5	1	5	17	16	16	10	4	1	75
60–64		1		6	8	5	1	6	4		31
65–69				2		1	3	3		1	10
70 & up						2	1				3
Total		47	6	60	77	51	35	31	9	2	318

In each cell, the number is the count of active participants for each age/service combination. Average pay is not shown for plans with fewer than 1,000 active participants.

¹ This exhibit includes 7 deferred disabled participants who are included in our active counts.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for October 1, 2015 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment rates	
• Look-back months	4	
	<u>Stabilized rates</u>	<u>Nonstabilized rates</u>
• First 5 years	4.72%	1.30%
• Next 15 years	6.11%	4.07%
• Over 20 years	6.81%	5.11%

Mortality sponsor elections

• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.	
• Disabled participants	Revenue Ruling 96-7 table for participants who became disabled after 1994.	

Other economic assumptions

• Salary increases		
— Benefit Multiplier Component	Not applicable.	
— Salaried/Nonunion Hourly Employees Component	2015	3.00% per year
	2016 and later	N/A; benefits frozen
• Social Security wage base		
— Benefit Multiplier Component	Not applicable.	
— Salaried/Nonunion Hourly Employees Component	3.00% per year.	
• Expected investment return	7.09% for the October 1, 2014 plan year.	
• Inflation		
— Benefit Multiplier Component	Not applicable.	
— Salaried/Nonunion Hourly Employees Component	2.25% per year.	
• Expenses	Actual prior year's administrative expenses, adjusted to reflect current year PBGC premiums, added to current year normal cost.	

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

Rationale for Economic Assumptions

- Salary increases – This assumption is based on historical salary increases and the employer's expectation of future salary increases.
- Social Security taxable wage base increases – This assumption is 75 bps higher than the inflation assumption.
- Expected investment return – The expected rate of return on plan assets is based on the median simulated investment return (net of expenses) using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook.
- Inflation – This assumption is based on the inflation assumption published by Mercer Investment Consulting in the October 2015 Capital Markets Outlook.
- Expenses – This assumption is based on prior year administrative expenses adjusted to reflect differences in PBGC premiums between the current year and prior year.

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

- Withdrawal See table of sample rates.
- Disability incidence 50% of gender specific 1985 pension disability study Class 1 table (based on Social Security experience from 1965 to 1982).

Retirement age ¹	Retirement Rates	
	Age	
	55	1.00%
	56	1.00%
	57	1.00%
	58	1.00%
	59	1.00%
	60	2.00%
	61	3.00%
	62	15.00%
	63	15.00%
	64	10.00%
	65	30.00%
	66	30.00%
	67	30.00%
	68	30.00%
	69	30.00%
	70+	100.00%

Benefit commencement age for

- Future vested deferred 62
- Current vested deferred 62

Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
• Percentage married	85%	85%
• Spouse age difference	3 years younger	1 years older

Form of payment	<u>Life annuity</u>	<u>50% J&S</u>	<u>100% J&S</u>
— Active retirements	40%	30%	30%
— Future vested deferred	40%	30%	30%
— Future disabilities	40%	30%	30%
— Future deaths	0%	100%	0%
— Current vested deferred	40%	30%	30%

¹ Salaried and nonunion hourly participants that are known to be disabled are assumed to retire at age 65.

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

Unpredictable contingent event assumptions	Not applicable.
--	-----------------

Table of Sample Rates**Withdrawal rates**

Select rates		
Years of Service	Benefit Multiplier Component	Salaried/Nonunion Hourly Employees Component
0	60%	Ultimate rates
1	60%	Ultimate rates
2	16%	Ultimate rates
3	16%	Ultimate rates
4+	Ultimate rates	Ultimate rates

Ultimate Rates		
Age	Benefit Multiplier Component	Salaried/Nonunion Hourly Employees Component
25	10.9%	12.9%
30	9.6%	6.6%
35	8.0%	5.7%
40	7.2%	5.4%
45	7.0%	4.8%
50	6.7%	4.2%
55	6.0%	3.7%
60	5.2%	3.3%
65	4.5%	2.8%
70	3.7%	2.3%

Rationale for Demographic Assumptions

- Disabled Mortality – Post- commencement mortality assumed to follow Revenue Ruling 96-7 tables for participants who became disabled after 1994 since this is the most recently published study with useful and applicable underlying data.
- Withdrawal – The ultimate withdrawal rates are based on the Mercer Modified Society of Actuaries 2003 10-year select and ultimate turnover table for 10+ years of service, with modifications to smooth rates. The select and ultimate rates are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014.
- Disability incidence – The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates multiplied by 50% based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014.

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

- Retirement rates – The retirement rates are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- Deferred vested benefit commencement age – The benefit commencement age is based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014.
- Spousal age difference – The assumptions regarding spousal age difference at benefit commencement are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014.
- Percent married – The assumptions regarding percent married at benefit commencement are based on the actuary's experience with similar plans and discussions with employer representatives.
- Form of payment – The optional payment elections are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014, which showed that 100% of participants elect an annuity. 40% of annuitants are assumed to elect a single life annuity, 30% elect a 50% joint and survivor and 30% elect a 100% joint and survivor based on experience and noting that all forms of payment are based on the same definition of actuarial equivalence.

Actuarial Methods for Funding***Asset Methods***

We used financial data submitted by the trustee as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides disability benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with
the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2015****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

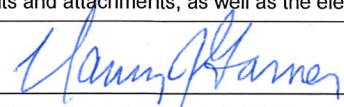
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN	1b Three-digit plan number (PN) ▶ 004
	1c Effective date of plan 01/01/1998
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) RTS Packaging, LLC 504 Thrasher Street Norcross GA 30071-1967	2b Employer Identification Number (EIN) 58-2323235
	2c Plan Sponsor's telephone number 770-448-2193
	2d Business code (see instructions) 322200

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

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

SIGN HERE		<u>7/14/17</u>	Nancy Garner
	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

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 598
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) 318
a(2) Total number of active participants at the end of the plan year	6a(2) 309
b Retired or separated participants receiving benefits.....	6b 187
c Other retired or separated participants entitled to future benefits.....	6c 119
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 615
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e.	6f 615
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 4
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: 1A	
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)

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No 1210-0110

2015**This Form is Open to Public
Inspection**For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RTS PACKAGING LLC	D Employer Identification Number (EIN) 58-2323235
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	30,047,815	
b Actuarial value	2b	30,844,461	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	172	15,431,381	15,431,381
b For terminated vested participants	108	3,133,627	3,133,627
c For active participants	318	14,423,759	14,896,385
d Total	598	32,988,767	33,461,393
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.31%	
6 Target normal cost	6	730,163	

Statement by Enrolled Actuary

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

SIGN HERE	<u>Anthony Wagman</u> <u>ASW</u>	<u>7/10/2017</u>
	Signature of actuary	Date
ANTHONY WAGMAN	Type or print name of actuary	1707407
MERCER	Firm name	Most recent enrollment number
		404-442-3100
3560 LENOX ROAD, SUITE 2400		Telephone number (including area code)
ATLANTA GA 30326	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2015
v. 150123**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		13,435
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.52</u> %		876
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		14,311
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	92.17%
15 Adjusted funding target attainment percentage	15	92.17%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.75%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/08/2016	300,000				
04/08/2016	300,000				
07/12/2016	300,000				
09/06/2016	356,125				
Totals ▶			18(b)	1,256,125	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,208,127

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	730,163	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	2,616,932		477,963
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	1,208,126	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	1,208,126	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,208,127	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 65.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	1.00%	100.00	1.00	55.00
56	1.00%	99.00	0.99	55.44
57	1.00%	98.01	0.98	55.87
58	1.00%	97.03	0.97	56.28
59	1.00%	96.06	0.96	56.68
60	2.00%	95.10	1.90	114.12
61	3.00%	93.20	2.80	170.55
62	15.00%	90.40	13.56	840.73
63	15.00%	76.84	11.53	726.15
64	10.00%	65.31	6.53	418.01
65	30.00%	58.78	17.63	1,146.27
66	30.00%	41.15	12.34	814.74
67	30.00%	28.80	8.64	578.96
68	30.00%	20.16	6.05	411.32
69	30.00%	14.11	4.23	292.16
70	100.00%	9.88	9.88	691.58
Total			100.00	6,483.84
Average				64.84

Schedule SB, Part V – Summary of Plan Provisions

Effective September 30, 2010, the RTS Packaging, LLC Pension Plan was merged into the RTS Packaging, LLC Pension Plan for Certain Wage Hour Employees and the name of the merged plan was changed to the RTS Packaging, LLC Consolidated Pension Plan.

After the plan merger, current and future plan participants will accrue benefits under the component plan in which they participated or would have participated prior to the merger. Shown below is a summary of the major plan provisions of each component plan.

The Plan was amended to temporarily allow certain eligible terminated vested participants to receive their benefits from the Plan in the form of a lump sum payment on September 1, 2014. The window to elect this lump sum expired in August 2014. 103 participants elected the lump sum and were paid in September 2014.

Effective December 31, 2015, the Plan froze benefits for all salaried and non-union participants.

RTS Packaging, LLC Consolidated Pension Plan – Benefit Multiplier Component

Effective date and plan year	October 1, 2010 Plan year: October 1 through September 30
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	<u>Dallas</u> : Hourly paid members of the United Paperworkers International Union Local No. 895, or, effective 5/1/2006, USW Local No. 4-0895, employed at the Dallas plant in Texas. <u>Hillside</u> : Hourly paid members of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen & Helpers of America Local No. 777 employed at the Hillside Plant in Illinois. <u>Downington</u> : This location is no longer actively participating in the plan.
• Participation	All employees are eligible on the first of the month following the later of a) the attainment of age 21; b) the completion of one year of service and c) the date he or she becomes a covered employee.
• Vesting service	Service from date of hire calculated by the number of days worked.
• Credited service	<u>Dallas</u> : All months of service worked from the later of date of hire or March 31, 1981. <u>Hillside</u> : All months of service worked from the later of date of hire or January 1, 1985.

Schedule SB, Part V – Summary of Plan Provisions

• Accrued benefit	Benefit unit at the time of termination multiplied by years of credited service. Benefit units are listed below and are different for each location.																										
	<u>Dallas:</u>																										
	<table> <tr> <th data-bbox="609 472 1039 504">Date of termination</th><th data-bbox="1039 472 1472 504">Benefit multiplier</th></tr> <tr> <td data-bbox="609 504 1039 546">3/31/2003 – 3/30/2004</td><td data-bbox="1039 504 1472 546">\$19.50</td></tr> <tr> <td data-bbox="609 546 1039 588">3/31/2004 – 4/30/2006</td><td data-bbox="1039 546 1472 588">\$21.50</td></tr> <tr> <td data-bbox="609 588 1039 630">5/01/2006 – 3/30/2008</td><td data-bbox="1039 588 1472 630">\$22.50</td></tr> <tr> <td data-bbox="609 630 1039 672">3/31/2008 – 3/31/2012</td><td data-bbox="1039 630 1472 672">\$23.50</td></tr> <tr> <td data-bbox="609 672 1039 714">4/01/2012 – 3/31/2013</td><td data-bbox="1039 672 1472 714">\$24.00</td></tr> <tr> <td data-bbox="609 714 1039 756">4/01/2013 – 3/31/2014</td><td data-bbox="1039 714 1472 756">\$24.50</td></tr> <tr> <td data-bbox="609 756 1039 798">4/01/2014 – 12/31/2015</td><td data-bbox="1039 756 1472 798">\$25.00</td></tr> <tr> <td data-bbox="609 798 1039 850">1/01/2016 –</td><td data-bbox="1039 798 1472 850">\$26.50</td></tr> </table>	Date of termination	Benefit multiplier	3/31/2003 – 3/30/2004	\$19.50	3/31/2004 – 4/30/2006	\$21.50	5/01/2006 – 3/30/2008	\$22.50	3/31/2008 – 3/31/2012	\$23.50	4/01/2012 – 3/31/2013	\$24.00	4/01/2013 – 3/31/2014	\$24.50	4/01/2014 – 12/31/2015	\$25.00	1/01/2016 –	\$26.50								
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1/01/2016 –	\$26.50																										
	<u>Hillside:</u>																										
	<table> <tr> <th data-bbox="609 892 1039 924">Date of termination</th><th data-bbox="1039 892 1472 924">Benefit multiplier</th></tr> <tr> <td data-bbox="609 924 1039 966">2/01/2003 – 1/31/2004</td><td data-bbox="1039 924 1472 966">\$21.00</td></tr> <tr> <td data-bbox="609 966 1039 1008">2/01/2004 – 1/31/2005</td><td data-bbox="1039 966 1472 1008">\$22.00</td></tr> <tr> <td data-bbox="609 1008 1039 1050">2/01/2005 – 1/31/2006</td><td data-bbox="1039 1008 1472 1050">\$23.00</td></tr> <tr> <td data-bbox="609 1050 1039 1092">2/01/2006 – 1/31/2007</td><td data-bbox="1039 1050 1472 1092">\$24.00</td></tr> <tr> <td data-bbox="609 1092 1039 1134">2/01/2007 – 1/31/2008</td><td data-bbox="1039 1092 1472 1134">\$25.00</td></tr> <tr> <td data-bbox="609 1134 1039 1176">2/01/2008 – 1/31/2009</td><td data-bbox="1039 1134 1472 1176">\$26.00</td></tr> <tr> <td data-bbox="609 1176 1039 1218">2/01/2009 – 1/31/2010</td><td data-bbox="1039 1176 1472 1218">\$27.00</td></tr> <tr> <td data-bbox="609 1218 1039 1260">2/01/2010 – 1/31/2011</td><td data-bbox="1039 1218 1472 1260">\$28.00</td></tr> <tr> <td data-bbox="609 1260 1039 1302">2/01/2011 – 1/31/2012</td><td data-bbox="1039 1260 1472 1302">\$29.00</td></tr> <tr> <td data-bbox="609 1302 1039 1344">2/01/2012 – 1/31/2015</td><td data-bbox="1039 1302 1472 1344">\$29.75</td></tr> <tr> <td data-bbox="609 1344 1039 1386">2/01/2015 – 1/31/2016</td><td data-bbox="1039 1344 1472 1386">\$30.75</td></tr> <tr> <td data-bbox="609 1386 1039 1417">2/01/2016 –</td><td data-bbox="1039 1386 1472 1417">\$31.75</td></tr> </table>	Date of termination	Benefit multiplier	2/01/2003 – 1/31/2004	\$21.00	2/01/2004 – 1/31/2005	\$22.00	2/01/2005 – 1/31/2006	\$23.00	2/01/2006 – 1/31/2007	\$24.00	2/01/2007 – 1/31/2008	\$25.00	2/01/2008 – 1/31/2009	\$26.00	2/01/2009 – 1/31/2010	\$27.00	2/01/2010 – 1/31/2011	\$28.00	2/01/2011 – 1/31/2012	\$29.00	2/01/2012 – 1/31/2015	\$29.75	2/01/2015 – 1/31/2016	\$30.75	2/01/2016 –	\$31.75
Date of termination	Benefit multiplier																										
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2/01/2015 – 1/31/2016	\$30.75																										
2/01/2016 –	\$31.75																										
• Actuarial equivalence for non-lump sum forms of payment	<p><u>Dallas:</u> Based on an interest rate of 5% and the 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries.</p> <p><u>Hillside:</u> Based on an interest rate of 9% and the 1984 UP mortality table, with no set-back for participants and set-back 3 years for beneficiaries.</p>																										
• Actuarial equivalence for lump sum forms of payment	Based on Section 417(e) of the Code.																										
Normal retirement																											
• Eligibility	Retirement from active service at age 65.																										
• Benefit	Accrued benefit at date of retirement.																										

Schedule SB, Part V – Summary of Plan Provisions

Early retirement	
• Eligibility	<u>Dallas</u> : Age 55 and 20 years of vesting service. <u>Hillside</u> : Age 55.
• Benefit	<u>Dallas</u> : Accrued benefit at date of retirement reduced 0.4% for each month prior to age 65. <u>Hillside</u> : Accrued benefit at date of retirement reduced 0.3% for each month prior to age 65.
Late retirement	
• Eligibility	Retirement from active service after age 65.
• Benefit	Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.
Deferred vested	
• Eligibility	<u>Dallas</u> : The earlier of the completion of 5 years of vesting service or the attainment of age 65. <u>Hillside</u> : The earlier of the completion of 5 years of vesting service or the attainment of age 55.
• Benefit	Accrued benefit at date of termination payable at normal retirement date. Participants may elect earlier payment under the same terms that apply for early retirement.
Disability	
• Eligibility	<u>Dallas</u> : Immediate upon disability. <u>Hillside</u> : Disabled after attaining age 50 and 15 years of vesting service.
• Benefit	Accrued benefit at date of disability payable immediately.
Pre-retirement death	
• Eligibility	Eligible for vested termination benefits.
• Benefit	50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at age 65. The surviving spouse may elect earlier payment under the same terms that would have applied to the participant.
Form of benefits	
• Automatic form for unmarried participants	Single life annuity.
• Automatic form for married participants	Joint and 50% survivor annuity.

Schedule SB, Part V – Summary of Plan Provisions

• Optional forms	<u>Dallas</u> : Ten year certain and continuous annuity, single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, five or ten year installment annuity, social security level income annuity. <u>Hillside</u> : Single life annuity, joint and 50%, 66-2/3%, 75% or 100% annuity.
• Optional form conversion factors	All optional forms are the actuarial equivalent of the single life annuity option. See above for actuarial equivalence definitions.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2015, the limit is \$210,000.

RTS Packaging, LLC Consolidated Pension Plan – Salaried/Nonunion Hourly Employees Component

Effective date and plan year	October 1, 2010 Plan year: October 1 through September 30
Status of the plan	The plan has ongoing benefit accruals for certain groups of employees. Those who have opted out of the plan and employees hired or rehired after January 1, 2005 are not eligible to participate in the plan. Effective December 31, 2015, the Salaried/Nonunion Hourly Employees component of the plan was frozen.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	Nonunion employees of RTS Packaging LLC who: <ul style="list-style-type: none"> – Are not eligible to participate in any other pension plan maintained by an affiliate, and – Satisfied the eligibility for participation conditions below by December 31, 2004. <p>All benefit accruals under this plan were frozen effective December 31, 2004 for Covered Employees who were under age 35 or had less than 5 years of Vesting Service as of December 31, 2004, unless covered by a bargaining agreement.</p> <p>During 2005, all other covered employees were given the choice to stop benefit accruals under this plan in order to participate in an alternative retirement program.</p>
• Participation	Covered employees were eligible on the entry date following attainment of age 21 and completion of one year of service. Entry dates are October 1, January 1, April 1 and July 1. Employees who hired or rehired after January 1, 2005 are not eligible to participate in the plan.

Schedule SB, Part V – Summary of Plan Provisions

• Vesting service	Completed months from date of hire.
• Benefit service	Service while a covered employee.
• Pensionable earnings	<p><u>Hourly participants</u>: total wages paid in the calendar year.</p> <p><u>Salaried participants</u>: base salary.</p> <p>Pensionable earnings do not include pay earned after December 31, 2015.</p>
• Primary social security benefit	The estimated monthly social security benefit payable at age 65 assuming level future earnings after termination.
• Average compensation	The highest average monthly compensation for any five years out of the last ten year of employment. Pensionable earnings after December 31, 2015 will be included in the average compensation.
• Grandfathered employees	Covered employees who attained age 55 and completed at least 10 years of vesting service as of January 1, 1998.
• Accrued benefit	<p>For grandfathered employees, the greater of the new benefit formula or the old benefit formula described below. For all other covered employees, only the new benefit formula applies.</p> <p>In all cases, the accrued benefit is frozen for covered employees who have ceased benefit accruals under the plan. Effective December 31, 2015, the accrued benefit is frozen.</p>
• New benefit formula	<p>The sum of a, b, and c as follows:</p> <p>a. The old benefit formula frozen as of December 31, 1997 or the frozen Sonoco accrued benefit, if applicable.</p> <p>b. 1.2% of pensionable earnings for each year after 1997 until March 1, 2005 and 1.0% of compensation for each year after March 1, 2005 through December 31, 2015.</p> <p>c. 0.5% of pensionable earnings in excess of 50% of the social security wage base (if any) for each year after 1997 until March 1, 2005.</p> <p>The (c) portion does not apply to service after March 1, 2005.</p>
• Old benefit formula	<p>The greater of:</p> <p>a. 0.75% of average compensation times benefit service.</p> <p>b. \$12.00 per month per year of benefit service.</p> <p>c. The product of:</p> <p>i) 50% of average compensation minus 50% of the primary social security benefit, and</p> <p>ii) Benefit service up to 25 years divided by 25.</p> <p>d. Accrued benefit as of September 30, 1985 under the Rock-Tenn Pension Plan.</p>
• Actuarial equivalence for non lump sum payments	Based on an interest rate of 7% and the 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries.

Schedule SB, Part V – Summary of Plan Provisions

• Actuarial equivalence for lump sum forms of payment	Based on Section 417(e) of the Code.
Normal retirement	
• Eligibility	Retirement from active service at age 65.
• Benefit	Accrued benefit at date of retirement.
Early retirement	
• Eligibility	Age 55 and 10 years of vesting service.
• Benefit	Accrued benefit reduced by 1/180 for each of the first 60 months prior to age 65 and 1/360 for each of the next 60 months prior to age 65.
Late retirement	
• Eligibility	Retirement from active service after age 65.
• Benefit	Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.
Deferred vested	
• Eligibility	The earlier of five years of vesting service or the attainment of age 65.
• Benefit	Accrued benefit at date of termination payable at normal retirement date. A participant with ten or more years of vesting service at termination may elect to begin payment of his benefit as early as age 55, in which case the benefit payable will be the actuarial equivalent of the benefit payable at normal retirement date.
Disability	
• Eligibility	Upon permanent disability for covered employees who have opted to continue accruals under the plan.
• Benefit	Benefit accruals continue during the period of disability until age 65 at the rate of compensation in effect at the time of disability.
Pre-retirement death	
• Eligibility	Eligible for vested termination benefits.
• Benefit	50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at age 65. The surviving spouse may elect earlier payment under the same terms that would have applied to the participant.
Form of benefits	
• Automatic form for unmarried participants	Single life annuity
• Automatic form for married participants	Joint and 50% survivor annuity

Schedule SB, Part V – Summary of Plan Provisions

• Optional forms	Ten year certain and continuous annuity, single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, social security level income annuity.
• Optional form conversion factors	All optional forms are the actuarial equivalent of the single life annuity option. See above for actuarial equivalence definitions.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2015, the limit is \$265,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2014, the limit is \$210,000.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #4, are included in this valuation.

- **Most recent plan amendment included:** Amendment #6 to the RTS Packaging, LLC Consolidated Pension Plan, adopted November 20, 2015.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* Participants over normal retirement age are valued with the larger of the accrued benefit at valuation date or the benefit at normal retirement age actuarially increased to the valuation date.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan Provisions Specific to Funding***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event

Schedule SB, Part V – Summary of Plan Provisions

benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.

- *Plan amendments*: See above.
- *Prohibited payments*: Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- *Benefit accruals*: The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases**: Scheduled benefit increases reflected in plan amendments after the valuation date and/or effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits**: The plan does not have any unpredictable contingent event benefits.

Plan Provisions Specific to AFTAP certification

None

Plan Provision Changes Since Prior Valuation

See sections above for details on how these changes are reflected in the valuations.

- RTS Packaging, LLC Consolidated Pension Plan – Benefit Multiplier Component
 - Maximum benefits were updated from 2014 to 2015.
- RTS Packaging, LLC Consolidated Pension Plan – Salaried/Nonunion Hourly Employees Component
 - Maximum compensation and maximum benefits were updated from 2014 to 2015.

Schedule SB, Line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by the Pension Protection Act of 2006 (PPA) took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Year established	Shortfall bases		2015 Installment
	Outstanding balance	Years remaining	
2013	\$ 558,359	5	\$ 122,202
2014	611,670	6	115,137
2015	1,446,903	7	240,624
Total	\$ 2,616,932		\$ 477,963

Schedule SB, Line 24 — Change in Actuarial Assumptions

The following changes were made to economic assumptions:

- Interest discounts and mortality rates were updated from 2014 to 2015 in accordance with PPA and sponsor elections.
- The inflation assumption was changed from 2.50% to 2.25%.
- The Social Security Wage Base assumption was changed from 3.25% to 3.00%.