

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.)	
	☒ 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>MID-AMERICA PACKAGING RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ► <u>098</u>
		1c	Effective date of plan <u>01/01/2003</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GRAPHIC PACKAGING INTERNATIONAL, INC.</u> <u>1500 RIVEREDGE PKWY, SUITE 100</u> <u>9TH FLOOR</u> <u>ATLANTA, GA 30328</u>	2b	Employer Identification Number (EIN) <u>84-0772929</u>
		2c	Plan Sponsor's telephone number <u>770-240-7200</u>
		2d	Business code (see instructions) <u>339900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2017	BRIAN WILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor RETIREMENT COMMITTEE OF GRAPHIC PACKAGING INTERNATIONAL, INC. 1500 RIVEREDGE PKWY, SUITE 100 9TH FLOOR ATLANTA, GA 30328	3b Administrator's EIN 58-2073470
	3c Administrator's telephone number 770-240-7200
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 75
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) 0
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ 0 A (Insurance Information)
	(4) ☒ C (Service Provider Information)
	(5) ☒ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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 <u>MID-AMERICA PACKAGING RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>098</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GRAPHIC PACKAGING INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>84-0772929</u>
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>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>1470896</u>
b Actuarial value	2b <u>1470896</u>
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.....	<u>9</u> <u>329691</u> <u>329691</u>
b For terminated vested participants.....	<u>66</u> <u>1095552</u> <u>1095552</u>
c For active participants.....	<u>0</u> <u>0</u> <u>0</u>
d Total.....	<u>75</u> <u>1425243</u> <u>1425243</u>
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 <u>6.25 %</u>
6 Target normal cost.....	6 <u>21477</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/28/2017</u>
	Signature of actuary	Date
<u>JENNIFER A. YANULAVICH</u>	Type or print name of actuary	<u>17-06264</u>
<u>AON CONSULTING, INC.</u>	Firm name	Most recent enrollment number
<u>3350 RIVERWOOD PARKWAY</u> <u>SUITE 80</u> <u>ATLANTA, GA 30339</u>	Address of the firm	<u>770-956-7777</u>
		Telephone number (including area code)

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

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	1073000
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1073000
10	Interest on line 9 using prior year's actual return of 0.22%	0	2361
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.31%		0
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		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	1075361
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	103.20%
15	Adjusted funding target attainment percentage	15	103.20%
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	103.03%
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
Totals ►			18(b)	0	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 0
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: 4.43%	2nd segment: 5.91%
		3rd segment: 6.65%	☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22
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 21477
b Excess assets, if applicable, but not greater than line 31a			31b 21477
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
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 Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<div>A</div> <div>Name of plan</div> <div>MID-AMERICA PACKAGING RETIREMENT PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>098</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>GRAPHIC PACKAGING INTERNATIONAL, INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>84-0772929</div>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☐ Yes ☒ No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	BABUSH NEIMAN KORNMAN & JOHNSON LLP	b EIN:	58-0942047
c Position:	ACCOUNTANT		
d Address:	5909 PEACHTREE DUNWOODY ROAD SUITE 800 ATLANTA, GA 30328	e Telephone:	770-261-1900

Explanation: MERGED WITH CARR, RIGGS & INGRAM, LLC ON 03.01.17

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:

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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2016 </div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>MID-AMERICA PACKAGING RETIREMENT PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;"><u>098</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>098</u>		
B Three-digit plan number (PN) ►	<u>098</u>				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GRAPHIC PACKAGING INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>84-0772929</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: GRAPHIC PKG INT'L INC MASTER TRUST

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

c EIN-PN <u>84-0772929-093</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>1189505</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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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan MID-AMERICA PACKAGING RETIREMENT PLAN	B Three-digit plan number (PN) ►	098
C Plan sponsor's name as shown on line 2a of Form 5500 GRAPHIC PACKAGING INTERNATIONAL, INC.	D Employer Identification Number (EIN) 84-0772929	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(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)	1472389	1189505
(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	1472389	1189505

Liabilities

g Benefit claims payable	1g	175715	0
h Operating payables	1h	1493	1321
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	1188184
k Total liabilities (add all amounts in lines 1g through 1j)	1k	177208	1189505

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1295181	0
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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)		
(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)		0
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)		83535
(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		83535

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	190532	
(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)		190532
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		190532

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-106997
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		1188184

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: CARR, RIGGS & INGRAM, LLC

(2) EIN: 72-1396621

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount: 0

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ALTVITY PACKAGING PENSION PLAN FOR HOURLY EMPLOYEES	84-0772929	096

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3974671. (See instructions.)

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan MID-AMERICA PACKAGING RETIREMENT PLAN		B Three-digit plan number (PN) ► 098
C Plan sponsor's name as shown on line 2a of Form 5500 GRAPHIC PACKAGING INTERNATIONAL, INC.		D Employer Identification Number (EIN) 84-0772929
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1904625		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 10
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2016 v. 160205		

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>50.0</u> % Investment-Grade Debt: <u>50.0</u> % 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? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Mid-America Packaging Retirement Plan

FINANCIAL STATEMENTS

December 31, 2016 and 2015



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RIGGS &
INGRAM
CPAs and Advisors

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Mid-America Packaging Retirement Plan
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December 31, 2016 and 2015

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REPORT

INDEPENDENT AUDITORS' REPORT

To the Retirement Committee
Mid-America Packaging Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Mid-America Packaging Retirement Plan (the "Plan") which comprise the statement of net assets available for benefits as of December 31, 2016, and the related statement of changes in net assets available for benefits for the year then ended and the statement of accumulated plan benefits as of December 31, 2015, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon/BNY Mellon, N.A. ("BNY"), the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the year ended December 31, 2016 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements.

Other Matter – 2015 Financial Statements

The financial statements as of December 31, 2015 were audited by Babush, Neiman, Kornman & Johnson, LLP (“BNKJ”), who merged with Carr, Riggs & Ingram, LLC as of March 1, 2017. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed BNKJ not to perform, and they did not perform, any auditing procedures with respect to the information certified by BNY. Their report, dated October 4, 2016, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

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

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC

Atlanta, Georgia
October 10, 2017



FINANCIAL STATEMENTS

Mid-America Packaging Retirement Plan Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	2016	2015
Assets		
Investments, at fair value		
Interest in the Graphic Packaging International, Inc. Master Trust	\$ 1,189,505	1,472,389
Total assets	1,189,505	1,472,389
Liabilities		
Transfers from plan payable - see Note 1	1,188,184	-
Benefits payable	-	175,715
Accrued expenses	1,321	1,493
Total liabilities	1,189,505	177,208
Net assets available for benefits	\$ -	\$ 1,295,181

The accompanying footnotes are an integral part of these statements.

Mid-America Packaging Retirement Plan Statements of Changes in Net Assets Available for Benefits

<i>Years ended December 31,</i>	2016	2015
Additions to net assets attributed to:		
Investment income		
Net gain from the Graphic Packaging International, Inc. Master Trust	\$ 124,081	\$ 10,600
Total additions	124,081	10,600
Deductions from net assets attributed to:		
Benefits paid to participants	14,097	2,089,880
Lump sum benefits paid - see Note 1	176,435	92,251
Administrative expenses	40,546	31,509
Total deductions	231,078	2,213,640
Net decrease before transfers	(106,997)	(2,203,040)
Transfers from plan - see Note 1	1,188,184	-
Net decrease	(1,295,181)	(2,203,040)
Net assets available for benefits		
Beginning of Year	1,295,181	3,498,221
End of Year	\$ -	\$ 1,295,181

The accompanying footnotes are an integral part of these statements.



Mid-America Packaging Retirement Plan Statement of Accumulated Plan Benefits

December 31, 2015

Actuarial present value of accumulated plan benefits

Vested benefits:

Participants currently receiving payments	\$	324,568
Terminated vested participants		1,124,554
Total vested benefits		1,449,122

Nonvested benefits		-
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Total actuarial present value of accumulated plan benefits	\$	1,449,122
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The accompanying footnotes are an integral part of this statement.

Mid-America Packaging Retirement Plan
Statement of Changes in Accumulated Plan Benefits

Year ended December 31, 2015

Actuarial present value of accumulate plan benefits at beginning of the year	\$ 3,300,185
Benefits accumulated and gains/losses	340,913
Increase in interest accumulated	170,135
Benefits paid	(2,006,416)
Assumption changes	(355,695)
Net decrease	(1,851,063)
Actuarial present value of accumulate plan benefits at end of the year	\$ 1,449,122

The accompanying footnotes are an integral part of this statement.

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 1: PLAN DESCRIPTION

The following description of the Mid-America Packaging Retirement Plan (the “Plan”) is provided for general informational purposes only. Participants should refer to the Plan document for more information.

General

The Plan is a noncontributory defined benefit plan established January 10, 2003. The Plan covers eligible employees who were formerly employed by Mid-America Packaging, LLC who have 1 year of service and are 21 years of age. In January 2012, Mid-America Packaging, LLC was acquired by Graphic Packaging Holding Company. Effective January 15, 2012, Graphic Packaging International, Inc. (the “Company”) became the Plan’s sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Significant Event – Transfers from Plan

At its meeting on November 10, 2016, the Retirement Committee adopted and approved resolutions, effective as of the close of business on December 31, 2016, to merge the Plan, Graphic Packaging Retirement Plan, Riverwood International Employees Retirement Plan, Riverwood International Hourly Retirement Plan and Field Container Company, L.P. and Related Entities Pension Plan, which are all sponsored by the Company and participants in the Graphic Packaging International, Inc. Master Trust, into the Altivity Pension Plan for Hourly Employees, without modifying the accrued benefits payable to participants and beneficiaries under any of the plans. Further, the resolution renames the Altivity Pension Plan for Hourly Employees to GPI US Consolidated Pension Plan. As of December 31, 2016, the transfer of the Plan assets to the GPI US Consolidated Pension Plan is recorded as a Transfer from plan payable in the Statements of Net Assets Available for Benefits and as a Transfer from plan in the Statements of Changes in Net Assets Available for Benefits.

Funding Policy

The Company’s funding policy is to make contributions to the Plan in amounts sufficient to provide for the participant’s benefits and to satisfy the minimum funding standards of ERISA. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2016 and 2015.

Pension Benefits

Participants are generally entitled to normal retirement benefits beginning at the age of 65 (normal retirement age). The Plan permits early retirement benefits for qualified participants who are age 55 and completed 20 years of service. In most instances, normal retirement benefits are based upon the participant’s years of benefit service multiplied by the participant’s applicable benefit factor. Early retirement benefits are based upon the participant’s earned benefit reduced by .25% for each month prior to normal retirement age. The benefit is not reduced if the participant has attained age 62 and 25 years of service. Effective February 29, 2012, the accrued benefit and benefit service was frozen for non-union hourly employees at the Twinsburg, OH, facility with no future increase.

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 1: PLAN DESCRIPTION (CONTINUED)

Pension Benefits (Continued)

Effective March 31, 2014, Pine Bluff Bag Plant benefit accrual was frozen for non-grandfathered participants. Opt Out Election was provided to grandfathered participants via one-time irrevocable election on or before April 30, 2014.

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

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

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

Death and Disability Benefits

If an active participant dies after becoming eligible for a benefit under the Plan but before commencing payment, their surviving spouse is entitled to a benefit equal to the amount the participant would have received if they had retired on the first day of the month following death and elected the 50% Joint and Survivor form of payment. If an active participant becomes disabled and has ten years of service, the participant is entitled to receive benefits under the Plan equal to the participant's vested benefit

Vesting

An employee must complete five years of service to become eligible to receive a benefit under the Plan. If an employee does not complete five years of service, they forfeit the right to receive benefits under the Plan. See Note 7.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments in the Graphic Packaging International, Inc. Master Trust ("the Master Trust") are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Valuation of Financial Instruments

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

Use of Estimates

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

Risks and Uncertainties

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

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

Payments of Benefits

Benefits are recorded when paid.

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

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

Reclassifications

Certain reclassifications have been made to the prior year financial statements in order for them to be in conformity with the current year presentation. There is no effect on the net assets and changes in net assets previously reported due to these reclassifications.

NOTE 3: INTEREST IN MASTER TRUST AND INVESTMENTS (UNAUDITED INFORMATION)

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

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following investment information was obtained from data that has been prepared and certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., in accordance with DOL Regulations, and was not subjected to any auditing procedures, except for comparing such information to the amounts included in the Plan's financial statements.

At December 31, 2016 and 2015, the assets of the Master Trust were held by The Bank of New York Mellon/BNY Mellon, N.A.. The Plan's interest in the net assets of the Master Trust was less than 1% for the years ended December 31, 2016 and 2015.

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 3: INTEREST IN MASTER TRUST AND INVESTMENTS (UNAUDITED INFORMATION) (CONTINUED)

The following table presents the net assets held by the Master Trust at December 31, 2016 and 2015 as certified by the Trustee:

<i>December 31,</i>	2016	2015
Assets		
Investments, at fair value:		
Common/collective trusts	\$ 263,615,306	\$ 378,285,560
U.S. government securities	150,602,416	-
Corporate debt securities	115,830,646	-
Mutual funds	113,805,070	222,598,059
Common stock	111,627,573	130,288,117
Preferred corporate debt securities	94,751,335	-
State and municipal securities	17,757,223	-
Foreign government securities	12,360,287	-
Cash and cash equivalents, including foreign currency	9,396,975	8,258,015
Preferred stock	3,042,738	1,383,614
Forward contracts	326,671	(39)
Futures contracts	(1,071,000)	-
Swap contracts	(1,394,198)	-
103-12 investment entity	-	82,308,574
Total investments	890,651,042	823,121,900
Other receivables	5,128,899	744,805
Total assets	895,779,941	823,866,705
Liabilities		
Other payables	1,789,743	1,036,461
Total liabilities	1,789,743	1,036,461
Net Assets Held by the Master Trust	\$ 893,990,198	\$ 822,830,244

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 3: INTEREST IN MASTER TRUST AND INVESTMENTS (UNAUDITED INFORMATION) (CONTINUED)

The following presents the investment income for the Master Trust for the years ended December 31, 2016 and 2015, as certified by the Trustee:

<i>Years ended December 31,</i>	2016	2015
Investment Income:		
Net appreciation (depreciation) in fair value of investments	\$ 66,524,480	\$ (3,465,645)
Dividends	9,556,098	9,700,591
Interest	529,216	1,762
Total investment income	\$ 76,609,794	\$ 6,236,708

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED INFORMATION)

Financial Accounting Standards Board ("FASB"), Accounting Standards Codification ("ASC") 820, *Fair Value Measurements* ("ASC 820"), defines fair value, establishes a framework for measuring fair value and requires additional disclosures about the use of fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

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

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are observable as of the reporting date. These inputs include quoted prices for similar assets 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; and 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED INFORMATION) (CONTINUED)

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in methodologies used at December 31, 2016 and 2015.

Common/collective trusts (the "CCTs"): The Master Trust's interest in the CCTs are valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the CCTs, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. As of December 31, 2016 and 2015, there were no unfunded commitments or redemption restrictions on the Plan's investment in the CCTs.

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

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

103-12 investment entity (the "LLC"): The Master Trust's interest in the LLC is stated at fair value. The value is determined by the NAV, based on the underlying investments, as reported by the LLC on the valuation date. As of December 31, 2016 and 2015, there were no unfunded commitments or redemption restrictions on the Plan's investment in the LLC.

U.S. government, corporate debt, state and municipal and foreign government securities: Valued at the bid prices or the average of the bid and asked prices from published sources.

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

Futures contracts: Valued at the last settlement price at the end of each day on the exchange upon which they are traded.

Swap contracts: Valued by an independent pricing service that is widely used by market participants. The swap contracts are priced via observable market assumptions with appropriate adjustments for liquidity and credit risk and are cleared daily through Chicago Mercantile Exchange.

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

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED INFORMATION) (CONTINUED)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2016 and 2015. There were no level 3 investments as of December 31, 2016 and 2015.

<i>December 31, 2016</i>	Level 1	Level 2	Total
Investments in the Fair Value Hierarchy:			
U.S. government securities	\$ -	\$ 150,602,416	\$ 150,602,416
Corporate debt securities	-	115,830,646	115,830,646
Mutual funds	65,093,260	48,711,810	113,805,070
Common stock	111,627,573	-	111,627,573
Preferred corporate debt securities	-	94,751,335	94,751,335
State and municipal securities	-	17,757,223	17,757,223
Foreign government securities	-	12,360,287	12,360,287
Cash and cash equivalents, including foreign currency	9,396,975	-	9,396,975
Preferred stock	3,042,738	-	3,042,738
Forward contracts	-	326,671	326,671
Futures contracts	-	(1,071,000)	(1,071,000)
Swap contracts	-	(1,394,198)	(1,394,198)
Total investments in the Fair Value Hierarchy	\$ 189,160,546	\$ 437,875,190	627,035,736
Investments measured at NAV (1):			
Common/collective trusts			263,615,306
Total investments, at fair value			\$ 890,651,042

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED INFORMATION) (CONTINUED)

<i>December 31, 2015</i>	Level 1	Level 2	Total
Investments in the Fair Value			
Hierarchy:			
Mutual funds	\$ 160,796,158	\$ 61,801,901	\$ 222,598,059
Common stock	130,288,117	-	130,288,117
Cash and cash equivalents, including foreign currency	8,258,015	-	8,258,015
Preferred stock	1,383,614	-	1,383,614
Forward contracts	-	(39)	(39)
Total investments in the Fair Value			
Hierarchy	\$ 300,725,904	\$ 61,801,862	362,527,766
Investments measured at NAV (1):			
Common/collective trusts			378,285,560
103-12 investment entity			82,308,574
Total investments, at fair value			\$ 823,121,900

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

NOTE 5: DERIVATIVES

The Master Trust transacts in a variety of derivative instruments including forward, futures, and swap contracts. Certain of the investment managers are permitted to use certain specified types of derivatives instruments as part of their respective strategies. The use of derivatives instruments is primarily as a risk management tool and not for trading purposes with each instrument's primary risk exposure being foreign exchange, interest rate, credit and market risk. Use of derivatives for the purpose of speculation is prohibited.

Forward Contracts

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

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 5: DERIVATIVES (CONTINUED)

Futures Contracts

Beginning in 2016, the Master Trust enters into exchange traded U.S. government securities futures contracts to primarily mitigate interest rate risk by managing the duration and curve structure of the Master Trust's investments.

Swap Contracts

Beginning in 2016, the Master Trust enters into interest rate swap contracts to primarily mitigate interest rate risk by managing the duration of the Master Trust's fixed income investments.

Upon entering into futures and swap contracts, the Plan is required to deposit either in cash an amount ("initial margin") equal to a certain percentage of the nominal value of the contract as collateral. Pursuant to the futures and swap contracts, the Plan agrees to receive from or pay to the broker an amount of cash equal to the daily fluctuation in the value of the futures contract. Such receipts or payments are known as "variation margin" which are generally settled daily and are included in the net appreciation (depreciation) of fair value of investments.

The following table presents the gross values of the derivatives and cash being held as collateral at the broker included in the investments of the Master Trust as of December 31, 2016 and 2015.

	Fair Market	Fair Market	Total Fair	
<i>As of December 31, 2016</i>	Value of Assets	Value of Liabilities	Market Value	Collateral Cash
Forward contracts	\$ 4,705,036	\$ (4,378,365)	\$ 326,671	\$ -
Futures contracts	38,000,000	(39,071,000)	(1,071,000)	1,487,006
Swap contracts	59,800,000	(61,194,198)	(1,394,198)	7,000,030
Total	\$ 102,505,036	\$ (104,643,563)	\$ (2,138,527)	\$ 8,487,036

	Fair Market	Fair Market	Total Fair	
<i>As of December 31, 2015</i>	Value of Assets	Value of Liabilities	Market Value	Collateral Cash
Forward contracts	\$ 9,011	\$ (9,050)	\$ (39)	\$ -
Total	\$ 9,011	\$ (9,050)	\$ (39)	\$ -

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 5: DERIVATIVES (CONTINUED)

The following table presents the unrealized and realized gains and (losses) from derivatives included in the net gain from the Master trust for years ended December 31, 2016 and 2015.

<i>Year ended December 31, 2016</i>	Unrealized gains/ (losses)	Realized gains/ (losses)
Forward contracts	\$ 326,671	\$ (68,415)
Futures contracts	(1,071,000)	-
Swap contracts	(1,394,198)	-
Total	\$ (2,138,527)	\$ (68,415)

<i>Year ended December 31, 2015</i>	Unrealized gains/ (losses)	Realized gains/ (losses)
Forward contracts	\$ (39)	\$ (348,767)
Total	\$ (39)	\$ (348,767)

The derivatives within the Master Trust are subject to enforceable master netting arrangements or similar agreements. Under the terms of the master netting agreements, all transactions between the Trust and the counterparty constitute a single business relationship such that in the event of default, the non-defaulting party is entitled to set off claims and apply property held by that party in respect of any transaction against obligations owed. Any payments, deliveries or other transfers may be applied against each other and netted.

NOTE 6: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service the employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based upon the participant's years of service multiplied by the participant's benefit level, as defined by the Plan, on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, or termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date.

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 6: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. It is at least reasonably possible that the actuarial assumptions used to calculate accumulated plan benefits will change in the near term and that the effect of such change could be significant.

The significant actuarial assumptions used in the most recent valuation dated December 31, 2015 were:

Interest rate:	6.20% per year
Mortality basis - healthy lives:	RP - 2014 blue collar table adjusted back to 2006 by removing Scale MP - 2014 and the RP - 2014 disabled retirement table adjusted back to 2006 by removing Scale MP - 2014
Normal retirement age:	Age 65

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

The interest rate used to determine the actuarial present value of accumulated plan benefits was changed to 6.20% from 7.35%. Terminated vested participants that did not take a lump sum by the end of 2015 are now assumed to take an annuity using the existing terminated vested retirement rates of 50% at age 55 and 50% at age 65. The mortality rates used to determine the actuarial present value of accumulated plan benefits were changed to RP-2014 blue collar adjusted back to 2006 by removing Scale MP-2014 and the RP-2014 disabled retirement table adjusted back to 2006 by removing Scale MP-2014. The effect of these changes was to decrease the actuarial present value of accumulated plan benefits by \$355,695.

NOTE 7: PLAN TERMINATION

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

Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 7: PLAN TERMINATION (CONTINUED)

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations discussed below.
3. All other vested benefits (vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits of the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and on the level of benefits guaranteed by the PBGC.

NOTE 8: INCOME TAX STATUS

The Plan obtained a determination letter dated August 31, 2015, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since receiving the letter, the plan administrator, the plan actuary and the plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 9: PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. During 2016 and 2015 the Plan incurred and accrued trustee and miscellaneous fees of \$31,531 and \$11,823, actuary fees of \$1,242 and \$985, and investment management fees of \$2,973 and \$7,700, respectively.



Mid-America Packaging Retirement Plan Notes to Financial Statements

NOTE 10: BENEFITS PAYABLE

During 2015, the Company determined that benefit payments to certain participants were overstated due to incorrect early retirement factors. These overpayments ranged from \$9.59 to \$2,575 per participant. The Company filed a submission under the Voluntary Correction Program ("VCP") and as a result amended the early retirement factors for the Plan.

In 2016, the Company determined that certain participants who transferred employment to Mid-America from Gaylord Container Corporation had not received credit for prior years of vesting service. The Company filed a supplement to the open VCP and proposed an amendment to the Plan. After adjusting the vesting service, additional benefits of \$175,715 were distributed to participants underpaid due to the incorrect years of service.

NOTE 11: SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 10, 2017, which is the date the financial statements were available to be issued, and have determined that there are no subsequent events that require disclosure under the *Subsequent Events* topic of the FASB ASC.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Mid-America Packaging Retirement Plan
EIN: 84-0772929 PN: 098

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Optional Payment Form Election Percentage	100% of deferred vested participants are assumed to elect the life annuity option.
Retirement Age	
Active Participants	None
Terminated Vested Participants	50% assumed to commence benefits at age 55. 50% assumed to commence benefits at age 65.
Mortality Rates - Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	None
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	Based on the prior year's actual plan administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year. \$21,477 was the 2016 plan year amount.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

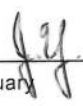
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MID-AMERICA PACKAGING RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 098
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GRAPHIC PACKAGING INTERNATIONAL, INC.	D Employer Identification Number (EIN) 84-0772929
E Type of plan: ☒ 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 01 Day 01 Year 2016			
2 Assets:			
a Market value.....		2a	1,470,896
b Actuarial value		2b	1,470,896
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	9	329,691	329,691
b For terminated vested participants	66	1,095,552	1,095,552
c For active participants	0	0	0
d Total	75	1,425,243	1,425,243
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	6.25%	
6 Target normal cost	6	21,477	

Statement by Enrolled Actuary

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

SIGN HERE	JENNIFER A. YANULAVICH 	09/28/2017
JENNIFER A. YANULAVICH		Date
Type or print name of actuary		1706264
AON CONSULTING, INC.		Most recent enrollment number
Firm name		770-956-7777
3350 RIVERWOOD PARKWAY SUITE 80 ATLANTA GA 30339		Telephone number (including area code)
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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

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	1,073,000
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9 Amount remaining (line 7 minus line 8).....	0	1,073,000
10 Interest on line 9 using prior year's actual return of <u>0.22%</u>	0	2,361
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
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>6.31%</u>		0
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.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	1,075,361
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	103.20%
15 Adjusted funding target attainment percentage.....	15	103.20%
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	103.03%
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
Totals ▶			18(b)	0	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	0

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: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22
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 21,477
b Excess assets, if applicable, but not greater than line 31a			31b 21,477
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment			42
43 Excess installment acceleration amount to be carried over to future plan years			43

Schedule SB Attachment (Form 5500)—2016 Plan Year
Mid-America Packaging Retirement Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

There are no active participants in the plan.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Mid-America Packaging Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	As amended and restated effective January 1, 2015 and reflects amendments up to and including Amendment 1, which was effective retroactively to January 1, 2014.
Plan Status by Location	
Pine Bluff Bag Plant	Closed to new entrants hired after April 1, 2011 and partially frozen as of March 31, 2014. Location was sold effective July 1, 2014.
Pine Bluff Mill	Open with ongoing accruals. Location was sold effective July 1, 2014.
Twinsburg	Closed and frozen as of February 1, 2012.
Eligibility for Participation	<p>An employee shall be eligible to become an active participant in the plan on the effective date or on any January 1 or July 1 thereafter after meeting all of the following requirements:</p> <ul style="list-style-type: none">▪ He is a member of the covered group of employees to which the plan has extended coverage, shown below by employee location:<ul style="list-style-type: none">– Pine Bluff Bag Plant: Employees represented by Local Number 5-0619 of the Paper Allied-Industrial, Chemical and Energy Workers International Union. Plan participation is closed to employees hired on or after April 1, 2011.– Pine Bluff Mill: Employees represented by Local Numbers 5-935 and 5-936 of the Paper Allied-Industrial, Chemical and Energy Workers International Union.– Twinsburg Plant: Hourly paid employees. Plan participation is closed to employees hired on or after February 1, 2012.▪ He has attained 21 years of age.▪ He has completed at least one year of vesting service.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Mid-America Packaging Retirement Plan
EIN: 84-0772929 PN: 098

Normal Retirement

Eligibility

Age 65.

Benefit

A monthly pension computed as benefit level times years of benefit service, where benefit level is the rate in effect at termination of employment shown below:

Pine Bluff Bag Plant:

Termination Date	Monthly Benefit Rate
01/10/2003–12/31/2003	\$17.50
01/01/2004–12/31/2004	\$18.00
01/01/2005–12/31/2005	\$18.50
01/01/2006–12/31/2006	\$19.00
01/01/2007–12/31/2007	\$19.50
01/01/2008–12/31/2008	\$20.00
01/01/2009–12/31/2009	\$20.50
01/01/2010 and thereafter	\$21.00

Pine Bluff Mill:

Termination Date	Monthly Benefit Rate
01/10/2003–12/31/2003	\$25.50
01/01/2004–12/31/2004	\$26.00
01/01/2005–12/31/2005	\$26.50
01/01/2006–12/31/2006	\$27.00
01/01/2007–12/31/2007	\$27.50
01/01/2008–12/31/2008	\$28.00
01/01/2009–12/31/2009	\$28.50
01/01/2010–12/31/2010	\$29.00
01/01/2011 and thereafter	\$29.50

Twinsburg Plant:

Termination Date	Monthly Benefit Rate
01/10/2003–12/31/2003	\$13.00
01/01/2004–12/31/2004	\$13.50
01/01/2005–12/31/2005	\$14.00
01/01/2006–12/31/2006	\$14.50
01/01/2007–12/31/2007	\$15.00
01/01/2008 and thereafter	\$15.50

Schedule SB Attachment (Form 5500)—2016 Plan Year
Mid-America Packaging Retirement Plan
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Delayed Retirement
Eligibility

Delayed retirement date—After normal retirement date, first day of the month following the participant's last day of employment.

Benefit

Accrued benefit based on the participant's benefit service at the delayed retirement date.

Early Retirement
Eligibility

Age 55 and 20 years of service.

Benefit

Accrued benefit reduced by 0.25% for each month the early retirement date precedes the normal retirement date. The accrued benefit is not reduced if the participant has attained age 62 and 25 years of service at his early retirement date.

Vested Termination
Eligibility

Five years of service.

Benefit

Accrued benefit deferred to age 65.

Retirement Eligibility

Age 55.

Benefit

The accrued benefit reduced for early commencement as follows:

Age	Percentage
55	43.31%
56	46.64%
57	50.31%
58	54.36%
59	58.87%
60	63.89%
61	69.50%
62	75.80%
63	82.88%
64	90.90%
65	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Mid-America Packaging Retirement Plan
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Disability Eligibility	<p>A participant who has both (a) become disabled during the period he is an active employee and before reaching normal retirement age, (b) completed 10 years of service, and (c) the disability has continued for a period of at least six months.</p> <p>Non-grandfathered participants at the Pine Bluff Bag Plant are no longer eligible for a disability retirement benefit effective March 31, 2014.</p>
Benefit	<p>Accrued benefit as of the date he or she terminates employment with no reduction for commencement prior to normal retirement age. Benefit is reduced for any workers' compensation or other disability benefits payable to the participant as required by law.</p>
Surviving Spouse Eligibility	<p>Death prior to retirement after becoming eligible for a deferred vested benefit.</p>
Benefit	<p>The accrued benefit which would have been payable to the spouse assuming the employee retired on the day before he or she died and elected a 50% joint and survivor annuity. The benefit is payable in the form of a life annuity to the spouse commencing on the later of the participant's normal retirement date or date of death. The spouse may elect commencement of the benefit as early as the day the participant would have attained age 55, reduced for early commencement according to the Early Retirement section (if the participant was eligible) or the Vested Termination section.</p>
Additional Special Benefits Eligibility	<p>Death on or after commencement of retirement or disability benefits.</p>
Additional Spouse Benefit	<p>\$1,000 lump sum benefit.</p>
Maximum Benefit	<p>The maximum benefit attributable to company contributions is determined in accordance with Section 415(b) of the Internal Revenue Code.</p>
Normal Form of Annuity Without Spouse	<p>Straight life annuity.</p>
With Spouse	<p>Actuarially reduced 50% joint and survivor benefit with the participant's spouse as beneficiary.</p>

Schedule SB Attachment (Form 5500)—2016 Plan Year
Mid-America Packaging Retirement Plan
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Optional Forms of Annuity

A participant may elect the following actuarially equivalent optional forms of payment:

- 50% joint and survivor annuity
- 75% joint and survivor annuity
- 100% joint and survivor annuity
- 10 years certain and life annuity
- Level income option
- Level income option with a 10 year certain
- Level income option with a 50% joint and survivor
- Level income option with a 100% joint and survivor
- A single lump sum payment

Optional Form Conversion Factors
Interest Rate

Section 417(e)(3)(C) of the Code for the second calendar month preceding the applicable plan year in which occurs the annuity starting date for the distribution.

Mortality

Section 417(e)(3)(B) of the Code as in effect on the first day of the plan year in which occurs the annuity starting date for the distribution.

Definitions
Benefit Service

The number of years and months between the later of the effective date and an employee's date of hire (or rehire date, if applicable) to the date he or she terminates employment. Participants will be granted one-twelfth of a year of benefit service for each full or partial calendar month of employment.

Benefit service for participants at the Twinsburg location was frozen effective February 29, 2012.

Benefit service for non-grandfathered participants at the Pine Bluff Bag Plant and for grandfathered participants that chose to "opt-out" was frozen effective March 31, 2014.

Grandfathered Participant

Age 55 or older and age plus years of service are greater than or equal to 70 as of March 31, 2014 and employed at the Pine Bluff Bag Plant.

Schedule SB Attachment (Form 5500)—2016 Plan Year
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Years of Service

The number of years and fractions thereof between an employee's date of hire (or rehire, if applicable) and the date he or she terminates employment. Includes service earned prior to January 10, 2003 for employees who transferred to Mid-America from the Gaylord Container Corporation on January 10, 2003.

Changes in Plan Provisions for the January 1, 2016 Valuation

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.

Changes in Plan Provisions for the January 1, 2015 Valuation

- Effective January 1, 2014, terminated vested participants who have not yet attained age 55 can elect to commence benefits.
- A lump sum window was offered in 2014 to certain terminated vested participants.
- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.

Changes in Plan Provisions for the January 1, 2014 Valuation

- An increase in the IRC section 415 dollar limit for defined benefit plans from \$205,000 in 2013 to \$210,000 in 2014.
- Effective March 31, 2014, the benefits were frozen for the employees of the Pine Bluff Bag Plant except for those that were grandfathered (age 55 or older and age plus benefit service of at least 70) and did not "opt out" to choose to have their benefits frozen.
- Effective March 31, 2014, non-grandfathered members and grandfathered members of the Pine Bluff Bag Plant who chose to "opt out" are not eligible for a disability pension.
- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.

Changes in Plan Provisions for the January 1, 2013 Valuation

- An increase in the IRC section 415 dollar limit for defined benefit plans from \$200,000 in 2012 to \$205,000 in 2013.
- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.

Changes in Plan Provisions for the January 1, 2012 Valuation

- Ratified April 1, 2011, plan participation is closed to new entrants at the Pine Bluff Bag Plant.
- An increase in the IRC section 415 dollar limit for defined benefit plans from \$195,000 in 2011 to \$200,000 in 2012.
- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there

Schedule SB Attachment (Form 5500)—2016 Plan Year
Mid-America Packaging Retirement Plan
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are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Mid-America Packaging Retirement Plan
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Optional Payment Form Election Percentage	100% of deferred vested participants are assumed to elect the life annuity option.
Retirement Age	
Active Participants	None
Terminated Vested Participants	50% assumed to commence benefits at age 55. 50% assumed to commence benefits at age 65.
Mortality Rates - Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	None
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	Based on the prior year's actual plan administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year. \$21,477 was the 2016 plan year amount.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- TVs that did not take a lump sum by the end of 2015 are now assumed to take an annuity using the existing TV retirement rates of 50% at age 55 and 50% at age 65.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

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

There are no active participants in the plan.

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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	As amended and restated effective January 1, 2015 and reflects amendments up to and including Amendment 1, which was effective retroactively to January 1, 2014.
Plan Status by Location	
Pine Bluff Bag Plant	Closed to new entrants hired after April 1, 2011 and partially frozen as of March 31, 2014. Location was sold effective July 1, 2014.
Pine Bluff Mill	Open with ongoing accruals. Location was sold effective July 1, 2014.
Twinsburg	Closed and frozen as of February 1, 2012.
Eligibility for Participation	<p>An employee shall be eligible to become an active participant in the plan on the effective date or on any January 1 or July 1 thereafter after meeting all of the following requirements:</p> <ul style="list-style-type: none">▪ He is a member of the covered group of employees to which the plan has extended coverage, shown below by employee location:<ul style="list-style-type: none">– Pine Bluff Bag Plant: Employees represented by Local Number 5-0619 of the Paper Allied-Industrial, Chemical and Energy Workers International Union. Plan participation is closed to employees hired on or after April 1, 2011.– Pine Bluff Mill: Employees represented by Local Numbers 5-935 and 5-936 of the Paper Allied-Industrial, Chemical and Energy Workers International Union.– Twinsburg Plant: Hourly paid employees. Plan participation is closed to employees hired on or after February 1, 2012.▪ He has attained 21 years of age.▪ He has completed at least one year of vesting service.

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Normal Retirement
Eligibility

Age 65.

Benefit

A monthly pension computed as benefit level times years of benefit service, where benefit level is the rate in effect at termination of employment shown below:

Pine Bluff Bag Plant:

Termination Date	Monthly Benefit Rate
01/10/2003–12/31/2003	\$17.50
01/01/2004–12/31/2004	\$18.00
01/01/2005–12/31/2005	\$18.50
01/01/2006–12/31/2006	\$19.00
01/01/2007–12/31/2007	\$19.50
01/01/2008–12/31/2008	\$20.00
01/01/2009–12/31/2009	\$20.50
01/01/2010 and thereafter	\$21.00

Pine Bluff Mill:

Termination Date	Monthly Benefit Rate
01/10/2003–12/31/2003	\$25.50
01/01/2004–12/31/2004	\$26.00
01/01/2005–12/31/2005	\$26.50
01/01/2006–12/31/2006	\$27.00
01/01/2007–12/31/2007	\$27.50
01/01/2008–12/31/2008	\$28.00
01/01/2009–12/31/2009	\$28.50
01/01/2010–12/31/2010	\$29.00
01/01/2011 and thereafter	\$29.50

Twinsburg Plant:

Termination Date	Monthly Benefit Rate
01/10/2003–12/31/2003	\$13.00
01/01/2004–12/31/2004	\$13.50
01/01/2005–12/31/2005	\$14.00
01/01/2006–12/31/2006	\$14.50
01/01/2007–12/31/2007	\$15.00
01/01/2008 and thereafter	\$15.50

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Delayed Retirement
Eligibility

Delayed retirement date—After normal retirement date, first day of the month following the participant's last day of employment.

Benefit

Accrued benefit based on the participant's benefit service at the delayed retirement date.

Early Retirement
Eligibility

Age 55 and 20 years of service.

Benefit

Accrued benefit reduced by 0.25% for each month the early retirement date precedes the normal retirement date. The accrued benefit is not reduced if the participant has attained age 62 and 25 years of service at his early retirement date.

Vested Termination
Eligibility

Five years of service.

Benefit

Accrued benefit deferred to age 65.

Retirement Eligibility

Age 55.

Benefit

The accrued benefit reduced for early commencement as follows:

Age	Percentage
55	43.31%
56	46.64%
57	50.31%
58	54.36%
59	58.87%
60	63.89%
61	69.50%
62	75.80%
63	82.88%
64	90.90%
65	100.00%

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Disability

Eligibility

A participant who has both (a) become disabled during the period he is an active employee and before reaching normal retirement age, (b) completed 10 years of service, and (c) the disability has continued for a period of at least six months.

Non-grandfathered participants at the Pine Bluff Bag Plant are no longer eligible for a disability retirement benefit effective March 31, 2014.

Benefit

Accrued benefit as of the date he or she terminates employment with no reduction for commencement prior to normal retirement age. Benefit is reduced for any workers' compensation or other disability benefits payable to the participant as required by law.

Surviving Spouse

Eligibility

Death prior to retirement after becoming eligible for a deferred vested benefit.

Benefit

The accrued benefit which would have been payable to the spouse assuming the employee retired on the day before he or she died and elected a 50% joint and survivor annuity. The benefit is payable in the form of a life annuity to the spouse commencing on the later of the participant's normal retirement date or date of death. The spouse may elect commencement of the benefit as early as the day the participant would have attained age 55, reduced for early commencement according to the Early Retirement section (if the participant was eligible) or the Vested Termination section.

Additional Special Benefits

Eligibility

Death on or after commencement of retirement or disability benefits.

Additional Spouse Benefit

\$1,000 lump sum benefit.

Maximum Benefit

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

Normal Form of Annuity

Without Spouse

Straight life annuity.

With Spouse

Actuarially reduced 50% joint and survivor benefit with the participant's spouse as beneficiary.

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Optional Forms of Annuity

A participant may elect the following actuarially equivalent optional forms of payment:

- 50% joint and survivor annuity
- 75% joint and survivor annuity
- 100% joint and survivor annuity
- 10 years certain and life annuity
- Level income option
- Level income option with a 10 year certain
- Level income option with a 50% joint and survivor
- Level income option with a 100% join and survivor
- A single lump sum payment

Optional Form Conversion Factors
Interest Rate

Section 417(e)(3)(C) of the Code for the second calendar month preceding the applicable plan year in which occurs the annuity starting date for the distribution.

Mortality

Section 417(e)(3)(B) of the Code as in effect on the first day of the plan year in which occurs the annuity starting date for the distribution.

Definitions

Benefit Service

The number of years and months between the later of the effective date and an employee's date of hire (or rehire date, if applicable) to the date he or she terminates employment. Participants will be granted one-twelfth of a year of benefit service for each full or partial calendar month of employment.

Benefit service for participants at the Twinsburg location was frozen effective February 29, 2012.

Benefit service for non-grandfathered participants at the Pine Bluff Bag Plant and for grandfathered participants that chose to "opt-out" was frozen effective March 31, 2014.

Grandfathered Participant

Age 55 or older and age plus years of service are greater than or equal to 70 as of March 31, 2014 and employed at the Pine Bluff Bag Plant.

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Years of Service

The number of years and fractions thereof between an employee's date of hire (or rehire, if applicable) and the date he or she terminates employment. Includes service earned prior to January 10, 2003 for employees who transferred to Mid-America from the Gaylord Container Corporation on January 10, 2003.

Changes in Plan Provisions for the January 1, 2016 Valuation

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.

Changes in Plan Provisions for the January 1, 2015 Valuation

- Effective January 1, 2014, terminated vested participants who have not yet attained age 55 can elect to commence benefits.
- A lump sum window was offered in 2014 to certain terminated vested participants.
- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.

Changes in Plan Provisions for the January 1, 2014 Valuation

- An increase in the IRC section 415 dollar limit for defined benefit plans from \$205,000 in 2013 to \$210,000 in 2014.
- Effective March 31, 2014, the benefits were frozen for the employees of the Pine Bluff Bag Plant except for those that were grandfathered (age 55 or older and age plus benefit service of at least 70) and did not "opt out" to choose to have their benefits frozen.
- Effective March 31, 2014, non-grandfathered members and grandfathered members of the Pine Bluff Bag Plant who chose to "opt out" are not eligible for a disability pension.
- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.

Changes in Plan Provisions for the January 1, 2013 Valuation

- An increase in the IRC section 415 dollar limit for defined benefit plans from \$200,000 in 2012 to \$205,000 in 2013.
- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.

Changes in Plan Provisions for the January 1, 2012 Valuation

- Ratified April 1, 2011, plan participation is closed to new entrants at the Pine Bluff Bag Plant.
- An increase in the IRC section 415 dollar limit for defined benefit plans from \$195,000 in 2011 to \$200,000 in 2012.
- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there

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are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- TVs that did not take a lump sum by the end of 2015 are now assumed to take an annuity using the existing TV retirement rates of 50% at age 55 and 50% at age 65.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.