

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>HCT PACKAGING 401(K) PROFIT SHARING PLAN & TRUST</u>	1b Three-digit plan number (PN) ►	<u>001</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>HCT PACKAGING</u> <u>721 ROUTE 202/206, SUITE 300</u> <u>BRIDGEWATER, NJ 08807</u>	2b Employer Identification Number (EIN) <u>22-3467200</u>		
	2c Plan Sponsor's telephone number <u>908-203-8610</u>		
	2d Business code (see instructions) <u>541990</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2017</u>	<u>CARRIE CRATER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 152
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 131 6a(2) 141 6b 0 6c 37 6d 178 6e 0 6f 178 6g 142 6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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**

A Name of plan HCT PACKAGING 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HCT PACKAGING	D Employer Identification Number (EIN) 22-3467200

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	
PAYCHEX SECURITIES CORPORATION	225 KENNETH DRIVE ROCHESTER, NY 14623
16-1486352	

(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)

PAYCHEX, INC.

220 KENNETH DRIVE
ROCHESTER, NY 14623

16-1124166

(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?
15	RECORDKEEPER	12772	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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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		
A Name of plan HCT PACKAGING 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HCT PACKAGING	D Employer Identification Number (EIN) 22-3467200	

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	307629	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2740	87053
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other.....	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common.....	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property).....	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans.....	1c(8)	38619	120357
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5298616	6407340
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	51793	
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1) 0	
(2)	Employer real property	1d(2) 0	
e	Buildings and other property used in plan operation	1e 0	
f	Total assets (add all amounts in lines 1a through 1e)	1f 5699397	6614750
Liabilities			
g	Benefit claims payable	1g 0	
h	Operating payables	1h 0	
i	Acquisition indebtedness	1i 0	
j	Other liabilities	1j 0	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 5699397	6614750

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 115522	
	(B) Participants	2a(1)(B) 624395	
	(C) Others (including rollovers)	2a(1)(C) 15541	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	755458
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A) 87	
	(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) 3554	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	3641
(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) 126744	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	126744
(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) 686	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	686

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		351503
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1238032

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	285667	
(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)		285667
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	860	
(3) Investment advisory and management fees.....	2i(3)	34232	
(4) Other	2i(4)	1920	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		37012
j Total expenses. Add all expense amounts in column (b) and enter total	2j		322679

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		915353
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CROWE HORWATH LLP

(2) EIN: 35-0921680

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		500000
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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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:**

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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). ▶ File as an attachment to Form 5500.	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

A Name of plan <u>HCT PACKAGING 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HCT PACKAGING</u>	D Employer Identification Number (EIN) <u>22-3467200</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>16-1470238</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

For Paperwork Reduction Act Notice, 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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? 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 / / .	

HCT PACKAGING, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
December 31, 2016 and 2015

HCT PACKAGING, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
December 31, 2016 and 2015

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INDEPENDENT AUDITOR'S REPORT

Plan Management and Board of Directors
HCT Packaging, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the HCT Packaging, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company ("Principal Trust") and MidAtlantic Trust Company ("MidAtlantic"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Principal Trust held the Plan's investment assets and executed investment transactions from January 1, 2016 to September 21, 2016 and that MidAtlantic held the Plan's investment assets and executed investment transactions as of December 31, 2016 and 2015 and for the year ended December 31, 2016.

The plan administrator has obtained certifications from Principal Trust and MidAtlantic Trust as of December 31, 2016 and 2015 and for the year ended December 31, 2016 that the information provided to the plan administrator by Principal Trust and MidAtlantic Trust is complete and accurate.

(Continued)

Disclaimer of Opinion

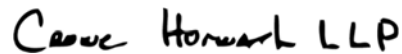
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these 2015 financial statements.

Other Matter

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

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

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



Crowe Horwath LLP

New York, New York
October 6, 2017

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ASSETS		
Investments, at fair value	\$ 6,494,337	\$ 5,301,356
Investment in traditional investment contract, at contract value	<u>-</u>	<u>51,793</u>
Total investments	6,494,337	5,353,149
Receivables		
Notes receivable from participants	120,357	38,619
Employer contributions receivable	<u>334,551</u>	<u>307,629</u>
Total receivables	<u>454,908</u>	<u>346,248</u>
Total assets	<u>6,949,245</u>	<u>5,699,397</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,949,245</u>	<u>\$ 5,699,397</u>

See accompanying notes to financial statements and independent auditor's report.

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2016

Additions

Dividends income	\$ 110,521
Net appreciation in fair value of investments	349,695
Contributions	
Employer	463,631
Employee	<u>612,576</u>
Total contributions	1,076,207
Interest income on notes receivable from participants	<u>1,206</u>
Total additions	1,537,629

Deductions

Benefits paid to participants	287,587
Administrative expenses	<u>194</u>
Total deductions	<u>287,781</u>

Net increase

1,249,848

Net assets available for benefits

Beginning of year	<u>5,699,397</u>
End of year	<u><u>\$ 6,949,245</u></u>

See accompanying notes to financial statements and independent auditor's report.

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE 1 - PLAN DESCRIPTION

General: HCT Packaging, Inc. 401(k) Profit Sharing Plan (the “Plan”) is a defined contribution plan established to provide savings and retirement benefits for eligible employees of HCT Packaging, Inc. (the “Employer”). The Plan Administrator, who is an officer of HCT Packaging, Inc. (“HCT”), the Employer, has entered into a trustee agreement with MidAtlantic Trust Company (the “Trustee”).

Participant Accounts: Individual accounts are maintained for each Plan participant. Each participant’s account reflects all contributions made by the employee and the Employer as well as income, gains, losses, withdrawals, distributions and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the amount of the vested balance in the participant’s account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Employee Contributions: Eligible employees may elect to contribute to the Plan upon completion of 90 days of service and attainment of age 21. Participating employees may make contributions ranging from 1% to 96% of base salary on a pretax or after-tax basis, or a combination of both. All contributions are subject to IRS annual calendar year maximums. In addition, the Plan accepts qualified plan rollovers from eligible participants.

Employer Contributions: The employer may make a discretionary matching contribution. The percentage of the employee contributions matched, if any, is a percentage determined by the Employer and shall apply to all eligible participants for the entire plan year. The Employer will also make a qualified nonelective contribution of 3% of annual compensation for participants who were active participants at any time during the plan year, excluding any compensation earned during the year for which the participant was not active in the plan.

Vesting: Participants are immediately vested in their contributions and rollovers plus actual earnings thereon, as well as the Employer’s qualified nonelective contribution. Vesting in the remainder of their accounts, plus earnings thereon, is based on years of continuous service. A participant is 100% vested after five years of credited service. A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

Participant Loans: Participating employees may borrow from the Plan on such terms and conditions as have been approved by the Employer, thereby resulting in the Plan’s notes receivable from participants (the “notes”), which are secured by an assignment of the vested balance in the participant’s account. The rate of interest on the notes is determined based on rates available for similar loans from commercial lending institutions. Notes have maturities of one to ten years, and must be repaid through payroll deductions over a period of not more than five years unless the proceeds are used to purchase a principal residence, in which case the note can be repaid over not more than ten years. The maximum amount borrowable is the lesser of (i) 50% of the participating employee’s vested account balance or (ii) \$50,000. This \$50,000 maximum is reduced, however, by the amount of the participating employee’s highest outstanding notes balance for the immediately preceding 12-month period; Participating employees may have a maximum of one loan outstanding at any time, and may receive only one new loan in a 12-month period.

Benefit Distributions: Upon termination from active service, if a participant’s vested account balance does not exceed \$5,000, unless the participant makes a timely election to roll over the vested account to an Individual Retirement Account (“IRA”) or another eligible retirement plan, or elects to have the vested account balance distributed, the vested account balance will be paid in a single-sum payment as soon as administratively feasible.

(Continued)

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE 1 - PLAN DESCRIPTION (Continued)

If a participant's vested account balance exceeds \$5,000 upon termination from active service, the participant may defer their distribution election under the Plan. They may also elect to roll over the vested account balance to an IRA or another eligible retirement plan, or elect a distribution in the form of a single-sum payment.

In addition, the Plan allows participants to make hardship withdrawals, as well as withdrawals of after-tax contributions on such terms as may be determined by the Employer.

Forfeited Account Balances: Forfeited non-vested Employer matching contributions are used exclusively to reduce the future contributions. The total forfeited non-vested account balances at December 31, 2016 and 2015 were \$0. During the year ended December 31, 2016, there were no forfeitures available to reduce Employer contributions from the forfeited non-vested account balances.

Plan Termination: While the Employer has not expressed any intent to discontinue their contributions or terminate the Plan, in the event of termination, Plan assets would be distributed to the participants and beneficiaries in the order prescribed by ERISA. In the event of Plan termination, participants would become 100% vested in all contribution accounts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The Plan's financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), including the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP requires Plan Management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates and assumptions and such differences could be material.

Risks and Uncertainties: The Plan provides for various investment options. Investments, in general, are exposed to various risks, such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Investment Valuation and Income Recognition: The Plan's investments, other than the fully benefit responsive investment contract, are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contract, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions.

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. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

(Continued)

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances. Related fees are recorded as administrative expenses and are expenses when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits: Benefit distributions and withdrawals are recorded upon payment.

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the fair values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Administrative Expenses: The Plan's administrative expenses consist of loan processing fees and short-term trading fees (as provided in the Plan document), as well as investment advisory consulting fees, the costs of participant communications and professional and other fees charged by the Trustee. Other administrative expenses of the Plan are borne by HCT. The Plan Administrator is an employee or officer of HCT and provides certain services without charge.

NOTE 3 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Substantially all information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including the associated net investment income and interest earned on notes receivable from participants, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Principal Trust Company ("Principal Trust") and MidAtlantic Trust Company ("MidAtlantic"). This information has not been audited by independent accountants.

NOTE 4 - FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

(Continued)

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE 4 - FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Investments measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at December 31, 2016, Using				
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 6,494,337	\$ 6,494,337	\$ -	\$ -

Investments measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at December 31, 2015, Using				
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 5,301,356	\$ 5,301,356	\$ -	\$ -

(Continued)

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan previously held a fully benefit-responsive investment contract issued by Principal Life Insurance Company ("Principal Life") known as the Fixed Income Guarantee Option ("FIGO") as of December 31, 2015. The investment contract was terminated during 2016. Principal Life maintained the contributions in its general account and guaranteed the Plan a return of principal and interest under the terms of the contract. Participants were ordinarily permitted to direct the withdrawal or transfer of all or a portion of their investment at contract value.

Contract value, as reported to the Plan by Principal Life as of December 31, 2015, represented contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Participants were ordinarily able to direct the withdrawals or transfer of all or a portion of their investment at contract value. There was no reserves against contract value for credit risk of the contract issuer or otherwise as of December 31, 2015. The crediting interest rate was based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates were reviewed on a semi-annual basis for resetting.

Certain events previously limited the Plan's ability to transact at contract value with Principal Life. Such events included the following: (a) changes to the Plan's prohibition on completing investment options or deletion of equity wash provisions, (b) bankruptcy of the Plan Sponsor or other Plan Sponsor event that cause a significant withdrawal from the Plan, (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (d) the Plan level liquidation of the investment with the Plan Sponsor's request of irrevocable advance prior to the twelve (12) month delay for such payment, which would be subject to a 5% surrender fee, changes to the Plan's prohibition on completing investment options or deletion of equity wash provisions. By definition, the FIGO was an investment contract. As a result, the Plan was previously able transact according to the terms defined in the contract at any time.

The guaranteed investment contract permitted Principal Life to terminate the contract upon the occurrence of one or more of the following: (a) the Plan does not submit contributions, fees, or data in a timely manner, (b) the Plan provides Principal Life with incorrect or outdated information that would require Principal Life to rebuild Plan records at a cost greater than those costs outlined in the written service agreement, (c) amendments to the Plan document, (d) failure of the Plan to abide by any written agreements, or (e) Principal Life chooses to no longer do business with the Plan for any reason deemed appropriate to Principal Life.

NOTE 6 - FEDERAL INCOME TAX STATUS

The Plan has adopted the Principal Financial Group Prototype Basic Savings Plan (Prototype Plan). The Prototype Plan received a favorable tax opinion letter dated March 31, 2014. Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

(Continued)

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Parties in interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employers, and certain others. Certain officers and employees of HCT perform administrative services related to the operation, recordkeeping and financial reporting of the Plan. HCT pays their salaries and they receive no compensation from the Plan. HCT pays other administrative expenses on behalf of the Plan.

The Plan held a fully benefit-responsive group annuity contract issued by Principal Life. Principal Life is a service provider to the Plan and, therefore, these transactions and the Plan's payment of fees to Principal Life qualify as party-in-interest transactions.

Notes receivable from participants and all direct and indirect expenses paid for by the Plan also reflect party-in-interest transactions.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016, to the Form 5500:

	<u>2016</u>	<u>2015</u>
Net assets available for benefits per the financial statements	\$ 6,949,245	\$ 5,243,489
Employer contribution receivable	(334,495)	
Amounts allocated to withdrawing participants	<u>-</u>	<u>20</u>
Net assets per the Form 5500	<u>\$ 6,614,750</u>	<u>\$ 5,243,509</u>

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2016 and 2015, per the financial statements to the net income reported in the 2014 Form 5500:

	<u>2016</u>
Increase in net assets available for benefits per the financial statements	\$ 1,249,848
Employer contribution accrued, not yet received	<u>(334,495)</u>
Net income per the Form 5500	<u>\$ 915,353</u>

NOTE 9 - SUBSEQUENT EVENTS

Management has reviewed and evaluated all significant events and transactions that occurred through October 6, 2017, the date that these financial statements were available to be issued, and noted no items requiring adjustment of the financial statements or disclosures.

SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2016

Name of Plan Sponsor:	HCT Packaging, Inc.
Employer Identification Number:	22-3467200
Three-Digit Plan Number:	001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description	(d) Cost	(e) Current Value
		<u>Mutual Funds</u>		
	American Funds	New Perspective R6	#	\$ 200,753
	Baron Capital Group	Real Estate Institutional	#	10
	DFA	International Small Cap Value Institutional		20,942
	Eagle Funds	Mid Cap Growth R5	#	109,634
	JPMorgan	Prime Money Market	#	87,053
	Janus	Triton Fund Class N	#	79,056
	Lazard	International Strategic Equity Institutional		61
	Lord Abbett	Growth Leaders Fund R6	#	173,375
	Lord Abbett	High Yield Class R6	#	40,679
	Lord Abbett	Short Duration Income R6	#	50,655
	Oppenheimer Funds	Developing Markets Y	#	77,776
	Oppenheimer Funds	International Growth I	#	56,091
	Oppenheimer Funds	International Small-Mid Cap I	#	24,085
	Pioneer	Bond Fund Class K	#	1,656
	PIMCO	Income P	#	337,068
	Putnam	Dynamic Asset Allocation Growth A	#	174,986
	T. Rowe Price	Retirement I 2015	#	10,710
	T. Rowe Price	Retirement I 2020	#	284,194
	T. Rowe Price	Retirement I 2025	#	116,717
	T. Rowe Price	Retirement I 2030	#	394,044
	T. Rowe Price	Retirement I 2035	#	582,567
	T. Rowe Price	Retirement I 2040	#	400,798
	T. Rowe Price	Retirement I 2045	#	1,209,406
	T. Rowe Price	Retirement I 2050	#	469,160
	T. Rowe Price	Retirement I 2055	#	108,323
	T. Rowe Price	Retirement I 2060	#	241
	T. Rowe Price	Retirement Balanced	#	121,892
	Vanguard	Balanced Index Admiral	#	320,200
	Vanguard	High Yield Corporate Admiral	#	581
	Vanguard	International Value Fund Investor	#	233
	Vanguard	Inflation Protected Securities Admiral	#	68,139
	Vanguard	Large Cap Index Admiral	#	309,991
	Vanguard	LifeStrategy Conservative Growth	#	157,359
	Vanguard	Mid Cap Value Index Admiral	#	15,180
	Vanguard	Mid-Cap Index Admiral	#	177,083
	Vanguard	REIT Index Fund Admiral	#	53,165
	Vanguard	Small Cap Index Admiral	#	58,532
	Vanguard	Small Cap Value Index Admiral	#	40,357
	Vanguard	Total Bond Market Index Admiral	#	42,245
	Vanguard	Value Index Admiral	#	119,340
				6,494,337

(Continued)

FORM 5500, SCHEDULE H, PART IV, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2016

Name of Plan Sponsor: HCT Packaging, Inc.
Employer Identification Number: 22-3467200
Three-Digit Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description	(d) Cost	(e) Current Value
		<u>Notes Receivable</u>		
*	Notes Receivable from participants -Interest rates of 4.25%		#	\$ <u>120,357</u>
	Total			\$ <u>6,614,694</u>

Investment is participant-directed, cost not required.

* Denotes a party-in-interest.

See accompanying Independent Auditor's Report.

HCT PACKAGING, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
December 31, 2016 and 2015

HCT PACKAGING, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
December 31, 2016 and 2015

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INDEPENDENT AUDITOR'S REPORT

Plan Management and Board of Directors
HCT Packaging, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the HCT Packaging, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company ("Principal Trust") and MidAtlantic Trust Company ("MidAtlantic"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Principal Trust held the Plan's investment assets and executed investment transactions from January 1, 2016 to September 21, 2016 and that MidAtlantic held the Plan's investment assets and executed investment transactions as of December 31, 2016 and 2015 and for the year ended December 31, 2016.

The plan administrator has obtained certifications from Principal Trust and MidAtlantic Trust as of December 31, 2016 and 2015 and for the year ended December 31, 2016 that the information provided to the plan administrator by Principal Trust and MidAtlantic Trust is complete and accurate.

(Continued)

Disclaimer of Opinion

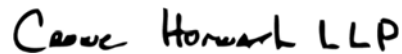
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these 2015 financial statements.

Other Matter

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

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

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



Crowe Horwath LLP

New York, New York
October 6, 2017

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ASSETS		
Investments, at fair value	\$ 6,494,337	\$ 5,301,356
Investment in traditional investment contract, at contract value	<u>-</u>	<u>51,793</u>
Total investments	6,494,337	5,353,149
Receivables		
Notes receivable from participants	120,357	38,619
Employer contributions receivable	<u>334,551</u>	<u>307,629</u>
Total receivables	<u>454,908</u>	<u>346,248</u>
Total assets	<u>6,949,245</u>	<u>5,699,397</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,949,245</u>	<u>\$ 5,699,397</u>

See accompanying notes to financial statements and independent auditor's report.

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2016

Additions

Dividends income	\$ 110,521
Net appreciation in fair value of investments	349,695
Contributions	
Employer	463,631
Employee	<u>612,576</u>
Total contributions	1,076,207
Interest income on notes receivable from participants	<u>1,206</u>
Total additions	1,537,629

Deductions

Benefits paid to participants	287,587
Administrative expenses	<u>194</u>
Total deductions	<u>287,781</u>

Net increase

1,249,848

Net assets available for benefits

Beginning of year	<u>5,699,397</u>
End of year	<u><u>\$ 6,949,245</u></u>

See accompanying notes to financial statements and independent auditor's report.

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE 1 - PLAN DESCRIPTION

General: HCT Packaging, Inc. 401(k) Profit Sharing Plan (the “Plan”) is a defined contribution plan established to provide savings and retirement benefits for eligible employees of HCT Packaging, Inc. (the “Employer”). The Plan Administrator, who is an officer of HCT Packaging, Inc. (“HCT”), the Employer, has entered into a trustee agreement with MidAtlantic Trust Company (the “Trustee”).

Participant Accounts: Individual accounts are maintained for each Plan participant. Each participant’s account reflects all contributions made by the employee and the Employer as well as income, gains, losses, withdrawals, distributions and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the amount of the vested balance in the participant’s account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Employee Contributions: Eligible employees may elect to contribute to the Plan upon completion of 90 days of service and attainment of age 21. Participating employees may make contributions ranging from 1% to 96% of base salary on a pretax or after-tax basis, or a combination of both. All contributions are subject to IRS annual calendar year maximums. In addition, the Plan accepts qualified plan rollovers from eligible participants.

Employer Contributions: The employer may make a discretionary matching contribution. The percentage of the employee contributions matched, if any, is a percentage determined by the Employer and shall apply to all eligible participants for the entire plan year. The Employer will also make a qualified nonelective contribution of 3% of annual compensation for participants who were active participants at any time during the plan year, excluding any compensation earned during the year for which the participant was not active in the plan.

Vesting: Participants are immediately vested in their contributions and rollovers plus actual earnings thereon, as well as the Employer’s qualified nonelective contribution. Vesting in the remainder of their accounts, plus earnings thereon, is based on years of continuous service. A participant is 100% vested after five years of credited service. A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

Participant Loans: Participating employees may borrow from the Plan on such terms and conditions as have been approved by the Employer, thereby resulting in the Plan’s notes receivable from participants (the “notes”), which are secured by an assignment of the vested balance in the participant’s account. The rate of interest on the notes is determined based on rates available for similar loans from commercial lending institutions. Notes have maturities of one to ten years, and must be repaid through payroll deductions over a period of not more than five years unless the proceeds are used to purchase a principal residence, in which case the note can be repaid over not more than ten years. The maximum amount borrowable is the lesser of (i) 50% of the participating employee’s vested account balance or (ii) \$50,000. This \$50,000 maximum is reduced, however, by the amount of the participating employee’s highest outstanding notes balance for the immediately preceding 12-month period; Participating employees may have a maximum of one loan outstanding at any time, and may receive only one new loan in a 12-month period.

Benefit Distributions: Upon termination from active service, if a participant’s vested account balance does not exceed \$5,000, unless the participant makes a timely election to roll over the vested account to an Individual Retirement Account (“IRA”) or another eligible retirement plan, or elects to have the vested account balance distributed, the vested account balance will be paid in a single-sum payment as soon as administratively feasible.

(Continued)

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE 1 - PLAN DESCRIPTION (Continued)

If a participant's vested account balance exceeds \$5,000 upon termination from active service, the participant may defer their distribution election under the Plan. They may also elect to roll over the vested account balance to an IRA or another eligible retirement plan, or elect a distribution in the form of a single-sum payment.

In addition, the Plan allows participants to make hardship withdrawals, as well as withdrawals of after-tax contributions on such terms as may be determined by the Employer.

Forfeited Account Balances: Forfeited non-vested Employer matching contributions are used exclusively to reduce the future contributions. The total forfeited non-vested account balances at December 31, 2016 and 2015 were \$0. During the year ended December 31, 2016, there were no forfeitures available to reduce Employer contributions from the forfeited non-vested account balances.

Plan Termination: While the Employer has not expressed any intent to discontinue their contributions or terminate the Plan, in the event of termination, Plan assets would be distributed to the participants and beneficiaries in the order prescribed by ERISA. In the event of Plan termination, participants would become 100% vested in all contribution accounts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The Plan's financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), including the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP requires Plan Management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates and assumptions and such differences could be material.

Risks and Uncertainties: The Plan provides for various investment options. Investments, in general, are exposed to various risks, such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Investment Valuation and Income Recognition: The Plan's investments, other than the fully benefit responsive investment contract, are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contract, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions.

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. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

(Continued)

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances. Related fees are recorded as administrative expenses and are expenses when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits: Benefit distributions and withdrawals are recorded upon payment.

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the fair values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Administrative Expenses: The Plan's administrative expenses consist of loan processing fees and short-term trading fees (as provided in the Plan document), as well as investment advisory consulting fees, the costs of participant communications and professional and other fees charged by the Trustee. Other administrative expenses of the Plan are borne by HCT. The Plan Administrator is an employee or officer of HCT and provides certain services without charge.

NOTE 3 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Substantially all information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including the associated net investment income and interest earned on notes receivable from participants, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Principal Trust Company ("Principal Trust") and MidAtlantic Trust Company ("MidAtlantic"). This information has not been audited by independent accountants.

NOTE 4 - FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

(Continued)

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE 4 - FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Investments measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at December 31, 2016, Using				
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 6,494,337	\$ 6,494,337	\$ -	\$ -

Investments measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at December 31, 2015, Using				
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 5,301,356	\$ 5,301,356	\$ -	\$ -

(Continued)

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan previously held a fully benefit-responsive investment contract issued by Principal Life Insurance Company ("Principal Life") known as the Fixed Income Guarantee Option ("FIGO") as of December 31, 2015. The investment contract was terminated during 2016. Principal Life maintained the contributions in its general account and guaranteed the Plan a return of principal and interest under the terms of the contract. Participants were ordinarily permitted to direct the withdrawal or transfer of all or a portion of their investment at contract value.

Contract value, as reported to the Plan by Principal Life as of December 31, 2015, represented contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Participants were ordinarily able to direct the withdrawals or transfer of all or a portion of their investment at contract value. There was no reserves against contract value for credit risk of the contract issuer or otherwise as of December 31, 2015. The crediting interest rate was based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates were reviewed on a semi-annual basis for resetting.

Certain events previously limited the Plan's ability to transact at contract value with Principal Life. Such events included the following: (a) changes to the Plan's prohibition on completing investment options or deletion of equity wash provisions, (b) bankruptcy of the Plan Sponsor or other Plan Sponsor event that cause a significant withdrawal from the Plan, (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (d) the Plan level liquidation of the investment with the Plan Sponsor's request of irrevocable advance prior to the twelve (12) month delay for such payment, which would be subject to a 5% surrender fee, changes to the Plan's prohibition on completing investment options or deletion of equity wash provisions. By definition, the FIGO was an investment contract. As a result, the Plan was previously able transact according to the terms defined in the contract at any time.

The guaranteed investment contract permitted Principal Life to terminate the contract upon the occurrence of one or more of the following: (a) the Plan does not submit contributions, fees, or data in a timely manner, (b) the Plan provides Principal Life with incorrect or outdated information that would require Principal Life to rebuild Plan records at a cost greater than those costs outlined in the written service agreement, (c) amendments to the Plan document, (d) failure of the Plan to abide by any written agreements, or (e) Principal Life chooses to no longer do business with the Plan for any reason deemed appropriate to Principal Life.

NOTE 6 - FEDERAL INCOME TAX STATUS

The Plan has adopted the Principal Financial Group Prototype Basic Savings Plan (Prototype Plan). The Prototype Plan received a favorable tax opinion letter dated March 31, 2014. Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

(Continued)

HCT PACKAGING, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Parties in interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employers, and certain others. Certain officers and employees of HCT perform administrative services related to the operation, recordkeeping and financial reporting of the Plan. HCT pays their salaries and they receive no compensation from the Plan. HCT pays other administrative expenses on behalf of the Plan.

The Plan held a fully benefit-responsive group annuity contract issued by Principal Life. Principal Life is a service provider to the Plan and, therefore, these transactions and the Plan's payment of fees to Principal Life qualify as party-in-interest transactions.

Notes receivable from participants and all direct and indirect expenses paid for by the Plan also reflect party-in-interest transactions.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016, to the Form 5500:

	<u>2016</u>	<u>2015</u>
Net assets available for benefits per the financial statements	\$ 6,949,245	\$ 5,243,489
Employer contribution receivable	(334,495)	
Amounts allocated to withdrawing participants	<u>-</u>	<u>20</u>
Net assets per the Form 5500	<u>\$ 6,614,750</u>	<u>\$ 5,243,509</u>

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2016 and 2015, per the financial statements to the net income reported in the 2014 Form 5500:

	<u>2016</u>
Increase in net assets available for benefits per the financial statements	\$ 1,249,848
Employer contribution accrued, not yet received	<u>(334,495)</u>
Net income per the Form 5500	<u>\$ 915,353</u>

NOTE 9 - SUBSEQUENT EVENTS

Management has reviewed and evaluated all significant events and transactions that occurred through October 6, 2017, the date that these financial statements were available to be issued, and noted no items requiring adjustment of the financial statements or disclosures.

SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2016

Name of Plan Sponsor:	HCT Packaging, Inc.
Employer Identification Number:	22-3467200
Three-Digit Plan Number:	001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description	(d) Cost	(e) Current Value
		<u>Mutual Funds</u>		
	American Funds	New Perspective R6	#	\$ 200,753
	Baron Capital Group	Real Estate Institutional	#	10
	DFA	International Small Cap Value Institutional		20,942
	Eagle Funds	Mid Cap Growth R5	#	109,634
	JPMorgan	Prime Money Market	#	87,053
	Janus	Triton Fund Class N	#	79,056
	Lazard	International Strategic Equity Institutional		61
	Lord Abbett	Growth Leaders Fund R6	#	173,375
	Lord Abbett	High Yield Class R6	#	40,679
	Lord Abbett	Short Duration Income R6	#	50,655
	Oppenheimer Funds	Developing Markets Y	#	77,776
	Oppenheimer Funds	International Growth I	#	56,091
	Oppenheimer Funds	International Small-Mid Cap I	#	24,085
	Pioneer	Bond Fund Class K	#	1,656
	PIMCO	Income P	#	337,068
	Putnam	Dynamic Asset Allocation Growth A	#	174,986
	T. Rowe Price	Retirement I 2015	#	10,710
	T. Rowe Price	Retirement I 2020	#	284,194
	T. Rowe Price	Retirement I 2025	#	116,717
	T. Rowe Price	Retirement I 2030	#	394,044
	T. Rowe Price	Retirement I 2035	#	582,567
	T. Rowe Price	Retirement I 2040	#	400,798
	T. Rowe Price	Retirement I 2045	#	1,209,406
	T. Rowe Price	Retirement I 2050	#	469,160
	T. Rowe Price	Retirement I 2055	#	108,323
	T. Rowe Price	Retirement I 2060	#	241
	T. Rowe Price	Retirement Balanced	#	121,892
	Vanguard	Balanced Index Admiral	#	320,200
	Vanguard	High Yield Corporate Admiral	#	581
	Vanguard	International Value Fund Investor	#	233
	Vanguard	Inflation Protected Securities Admiral	#	68,139
	Vanguard	Large Cap Index Admiral	#	309,991
	Vanguard	LifeStrategy Conservative Growth	#	157,359
	Vanguard	Mid Cap Value Index Admiral	#	15,180
	Vanguard	Mid-Cap Index Admiral	#	177,083
	Vanguard	REIT Index Fund Admiral	#	53,165
	Vanguard	Small Cap Index Admiral	#	58,532
	Vanguard	Small Cap Value Index Admiral	#	40,357
	Vanguard	Total Bond Market Index Admiral	#	42,245
	Vanguard	Value Index Admiral	#	119,340
				6,494,337

(Continued)

FORM 5500, SCHEDULE H, PART IV, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2016

Name of Plan Sponsor: HCT Packaging, Inc.
Employer Identification Number: 22-3467200
Three-Digit Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description	(d) Cost	(e) Current Value
		<u>Notes Receivable</u>		
*	Notes Receivable from participants -Interest rates of 4.25%		#	\$ <u>120,357</u>
	Total			\$ <u>6,614,694</u>

Investment is participant-directed, cost not required.

* Denotes a party-in-interest.

See accompanying Independent Auditor's Report.