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

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2017 and ending 01/28/2017

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
REXAM INVESTMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 214

1c Effective date of plan 01/01/1995

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)

BALL, INC.

10 LONGS PEAK DRIVE
BROOMFIELD, CO 80021

2b Employer Identification Number (EIN) 06-1122239

2c Plan Sponsor's telephone number 303-939-4000

2d Business code (see instructions) 339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/30/2017	JAMES G. WALKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

EMPLOYEE BENEIFTS ADMINISTRATION COMMITTEE

10 LONGS PEAK DRIVE
BROOMFIELD, CO 80021

3b Administrator's EIN: 35-0160610

3c Administrator's telephone number: 303-939-4000

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**	576
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	288
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2017 and ending 01/28/2017

A Name of plan
REXAM INVESTMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 214

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BALL, INC.

D Employer Identification Number (EIN)
06-1122239

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RET SAVINGS TRUST III

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-2186884-024	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL DRA CIT T1

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-0743367-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

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 01/01/2017 and ending 01/28/2017

A Name of plan
REXAM INVESTMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 214

C Plan sponsor's name as shown on line 2a of Form 5500
BALL, INC.

D Employer Identification Number (EIN)
06-1122239

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1229757	0
(9) Value of interest in common/collective trusts	1c(9)	6922867	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	42277211	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	50429835	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	50429835	0

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4171	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4171
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5988
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		674607
c Other income	2c		8953
d Total income. Add all **income** amounts in column (b) and enter total	2d		693719
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2185523	
(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)		2185523
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	226	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		226
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2185749
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1492030
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		48937805

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: PRICEWATERSHOUSECOOPERS LLP **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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.)	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		15000000
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 [X] **Yes** [ ] **No** **Amount:** 0

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
ARDAGH NORTH AMERICA 401(K) PLAN	35-1958205	009
BALL CORPORATION 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN	35-0160610	030

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.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2017 and ending 01/28/2017

A Name of plan
REXAM INVESTMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 214

C Plan sponsor's name as shown on line 2a of Form 5500
BALL, INC.

D Employer Identification Number (EIN)
06-1122239

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-2186884

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? 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 _____/_____/_____.

Rexam Investment Savings Plan

Financial Statements and Supplemental Schedule
January 28, 2017, December 31, 2016 and December 31, 2015

Rexam Investment Savings Plan
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Note: Other schedules required by Section 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditors

To the Administrator of Rexam Investment Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Rexam Investment Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of January 28, 2017, December 31, 2016 and December 31, 2015 and the related statements of changes in net assets available for benefits for the period ended January 28, 2017 and 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 the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of January 28, 2017, December 31, 2016 and December 31, 2015 and for the period ended January 28, 2017 and the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) at December 31, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

PricewaterhouseCoopers LLP

Charlotte, North Carolina
October 10, 2017

Rexam Investment Savings Plan
Statements of Net Assets Available for Benefits
January 28, 2017, December 31, 2016 and December 31, 2015

	January 28, 2017	December 31, 2016	December 31, 2015
Assets			
Investments, at fair value (Notes 3 and 4)	$ -	$ 49,200,078	$ 49,052,330
Receivables			
Participant contributions	-	-	41,306
Notes receivable from participants	-	1,229,757	1,527,124
Total receivables	-	1,229,757	1,568,430
Net assets available for benefits	$ -	$ 50,429,835	$ 50,620,760

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

Rexam Investment Savings Plan
Statements of Changes in Net Assets Available for Benefits
Period Ended January 28, 2017 and Year Ended December 31, 2016

	2017	2016
Additions		
Investment income		
Net appreciation in fair value of investments	$ 674,607	$ 2,533,381
Interest and dividends	10,159	1,197,028
Total investment income	684,766	3,730,409
Interest income on notes receivable from participants	-	58,639
Contributions		
Employer	-	470,833
Participants	-	1,978,403
Rollovers	-	97,321
Total contributions	-	2,546,557
Other additions		
Miscellaneous income	8,953	24,369
Total other additions	8,953	24,369
Total additions	693,719	6,359,974
Deductions		
Distributions to participants	(2,185,523)	(6,369,971)
Administrative expenses	(226)	(32,732)
Total deductions	(2,185,749)	(6,402,703)
Net increase (decrease) prior to transfers	(1,492,030)	(42,729)
Transfers from (to) other plans		
Rexam Retirement Savings Plan	-	(148,196)
Ardagh North America 401(k) Plan	(34,056,893)	-
Ball Corporation 401(k) and Employee Stock Ownership Plan	(14,880,912)	-
Total transfers from (to) other plans	(48,937,805)	(148,196)
Net increase (decrease)	(50,429,835)	(190,925)
Net assets available for benefits		
Beginning of year	50,429,835	50,620,760
End of year	$ -	$ 50,429,835

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

1. Description of the Plan

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

General

The Plan was established January 1, 1995 by the Plan's former administrator, American National Can Company ("ANCC"). ANCC was acquired by Rexam, Inc. (the "Company"), subsequently a wholly-owned subsidiary of Rexam PLC. On June 30, 2016, Ball Corporation completed its acquisition of Rexam PLC. The plan administrator name changed from Rexam Inc. to Ball Inc. effective November 1, 2016. The Company is now a wholly-owned subsidiary of Ball Corporation ("Plan Administrator"). The Plan provides benefits to eligible non-union hourly associates of Rexam Beverage Can Americas ("BCA"). The Plan is a voluntary defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Employee Benefits Administration Committee (the "Committee") of Ball Corporation is responsible for oversight of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

In conjunction with the closing of the Rexam PLC acquisition, Ball Corporation completed the required sale of the divestment business (certain metal beverage can manufacturing assets and support locations in Europe, Brazil and the United States) to Ardagh Group, an unrelated third party. From June 30, 2016 to December 31, 2016, Ardagh Group was a participating employer in the Plan. Participation ceased on December 31, 2016.

On December 31, 2016, the Plan was frozen to new participants and no further contributions were made to the plan by either the participants or employers. This was in preparation for the transfer of assets to an Ardagh Group sponsored plan and the transfer of the remaining Plan participants to another Plan Administrator defined contribution plan in January of 2017.

On January 12, 2017, $34,056,893 of related participants' plan assets were transferred to the Ardagh North America 401(k) Plan, a comparable tax qualified defined contribution plan. This transfer of assets represents approximately 70% of plan assets as of December 31, 2016. On January 27, 2017, $14,880,912 of related participants' plan assets were transferred to the Ball Corporation 401(k) and Employee Stock Ownership Plan, a comparable tax qualified defined contribution plan. This transfer of assets represents approximately 30% of plan assets as of December 31, 2016. As all assets of the plan were transferred to other defined contribution plans on January 27, 2017, the Plan was essentially terminated.

Eligibility

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

Contributions

Participants may elect to make contributions up to 50% of their eligible compensation on a pretax and/or after tax basis. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan provides for a Company matching contribution of 50% of the first 6% of a participant's contributions. There are limitations, under

regulations issued pursuant to the Internal Revenue Code (the "IRC"), on the maximum amount of total annual additions that can be credited to the account of any one participant. The BCA non-union hourly sector is not eligible for retirement contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans.

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

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

Vesting
Participants are immediately 100% vested in their contributions and the related Company matching plus actual earnings thereon.

Forfeitures
Forfeitures of nonvested accounts are used to reduce employer contributions and/or to pay plan administrative expenses. The balances are included within the investment accounts. Forfeitures available at January 28, 2017, December 31, 2016 and December 31, 2015 were $0, $13,308 and $113,392, respectively, whereas forfeitures to pay plan administrative expenses in the period ended January 28, 2017 and the year ended December 31, 2016 were $0 and $9,993, respectively.

Notes Receivable from Participants
Participants may borrow from their fully vested accounts up to the lesser of 50% of their vested account balance or $50,000 (minus their highest outstanding note balance during the last 12 month period). Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Notes must be repaid over a period of no more than five years, or up to 15 years if the note is used to purchase a primary residence. All notes become due and payable within 90 days upon termination of employment. The notes are collateralized by the balances in the participant's account and currently bear an interest rate of 1% over the prime interest rate. Interest rates on outstanding notes receivable from participants at December 31, 2016 ranged from 4.25% to 9.25%. There were no notes receivable from participants outstanding at January 28, 2017. Principal and interest are paid ratably through payroll deductions. Interest income from the notes receivable from participants was $0 and $58,639 for the period ended January 28, 2017 and the year ended December 31, 2016, respectively.

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

Rollovers
Eligible employees are permitted to rollover distributions from other qualified plans to their account at any time during the Plan year. Total rollovers from other qualified plans were $0 and $97,320 in 2017 and 2016, respectively. Rollover amounts are included in participant contributions on the statement of changes in net assets available for benefits.

2. Summary of Significant Accounting Policies

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

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

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

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

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

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of January 28, 2017, December 31, 2016 and December 31, 2015. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

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

Recently Adopted Accounting Pronouncements
In May 2015, the Financial Accounting Standard Board ("FASB") issued Accounting Standards Update ("ASU") 2015-07 *(Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)).* ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. Investments that calculate net asset value per share (or its equivalent), but for which the practical expedient is not applied, will continue to be included in the fair value hierarchy along with the related required disclosures. ASU 2015-07 is effective for the fiscal years beginning after December 15, 2016, with early adoption permitted to be applied retrospectively. Management has adopted ASU 2015-07 in the notes to financial statements as of December 31, 2016, and has retrospectively applied the disclosure provisions of ASU No. 2015-07 to all investments measured using the net asset value per share practical expedient. Upon adoption, the common/collective trusts were excluded from the fair value hierarchy. The standard involves presentation and disclosure, and, therefore, did not have a material impact on the Plan's statement of net assets available for benefits.

3. Investments

The following is a summary of the information included in the Plan's financial statements that was prepared by the Trustee as of January 28, 2017, December 31, 2016 and December 31, 2015 and for the period ended January 28, 2017 and the year ended December 31, 2016, and furnished to the plan administrator. The plan administrator has obtained certifications from the Trustee, that such information is complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2017	2016	2015
Statements of net assets available for benefits			
Investments, at fair value	$ -	$ 49,200,078	$ 49,052,330
Notes receivable from participants	$ -	1,229,757	1,527,124
Statement of changes in net assets available for benefits			
Investment income			
Interest and dividends	$ 10,159	$ 1,197,028	
Net appreciation in fair value of investments	674,607	2,533,381	
Total investment income	$ 684,766	$ 3,730,409	
Interest income on notes receivable from participants	$ -	$ 58,639	

4. Fair Value Measurements

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities observable in active markets.

Level 2 Inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at January 28, 2017, December 31, 2016 and December 31, 2015.

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

Common/collective trust: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily.

The Vanguard Retirement Savings Trust ("VRST") is a common/collective trust that holds investments in traditional contracts issued by insurance companies and banks and synthetic investment contracts. The fair value of the Plan's investment in the VRST was $0, $6,922,867 and $6,973,944 at January 28, 2017, December 31, 2016 and December 31, 2015, respectively. The net asset value is used as a practical expedient to estimate fair value, which is based on the fair value of the underlying assets in the trust, as discussed above, less its liabilities.

Generally, under ordinary market conditions, all common/collective trust positions provide daily market liquidity to plan participants and the Plan. The Plan invests in the VRST, in which participant transactions (issuances and redemptions) may occur daily. Were the Plan to initiate a full redemption of the trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. Common/collective trusts represent 0%, 14%, and 14% of investments held at the end of year as of January 28, 2017, December 31, 2016 and December 31, 2015, respectively. There are no unfunded commitments with respect to these investments as of January 28, 2017, December 31, 2016 and December 31, 2015.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan

Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and December 31, 2015. As all Plan assets were transferred as of January 28, 2017, the investment fair value is zero for all levels as of that date, and, therefore, is not included in the table.

	Investments at Fair Value as of December 31, 2016			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 42,277,211	$ -	$ -	$ 42,277,211
Investments measured at net asset value [(1)]				6,922,867
Total investments, at fair value				$ 49,200,078

	Investments at Fair Value as of December 31, 2015			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 42,078,386	$ -	$ -	$ 42,078,386
Investments measured at net asset value [(1)]				6,973,944
Total investments, at fair value				$ 49,052,330

(1) In accordance with ASU No. 2015-07, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient (the "NAV") have not been classified in the fair value hierarchy. These investments, consisting of common collective trusts, are valued using the NAV provided by the Trustee. The NAV is based on the underlying investments held by the fund that are traded in an active market, less its liabilities. These investments can be redeemed in the near-term. Significant investment strategies have not been disclosed for investments measured at net asset value using the practical expedient which represent investments filing Form 5500 as direct filing entities.

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

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the period ended January 28, 2017 and the year ended December 31, 2016, there were no transfers in or out of levels 1, 2, or 3.

5. Income Tax Status

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

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of January 28, 2017 and December 31, 2016, 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.

6. Related Party and Party-in-Interest Transactions

Certain plan investments are shares of mutual funds and units of a common/collective trust managed by Vanguard. Vanguard is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Total investment in Vanguard funds and trusts is $0, $48,877,484 and $48,770,816 at January 28, 2017, December 31, 2016 and December 31, 2015, respectively. The Plan Administrator pays the Trustee administrative expenses in accordance with the Plan document. These transactions qualify as party-in-interest transactions that are allowable under ERISA.

Vanguard receives revenue from mutual fund and collective trust fund service providers for services Vanguard provides to the funds. The revenue may be applied to offset certain amounts owed to Vanguard for its administrative services to the Plan. If the revenue received exceeds the amount owed under the Master Plan Services Agreement, Vanguard remits the excess to the Plan's trust on an annual basis. During 2017 and 2016, there were no excess amounts. The Plan or the Company may make a payment to Vanguard for administrative expenses not covered by revenue sharing.

7. Risks and Uncertainties

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

8. Subsequent Events

The Plan has evaluated subsequent events through October 10, 2017, the date the financial statements were available to be issued. Based on such evaluation, no events have occurred that in the opinion of management warrant adjustments or disclosure to the financial statements.

Supplemental Schedule

Rexam Investment Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value 2016
*	Vanguard Institutional Index Fund Institutional Shares	Mutual fund	**	$ 10,543,996
*	Vanguard Wellington Fund Admiral Shares	Mutual fund	**	8,341,011
*	Vanguard Retirement Savings Trust III	Common/collective fund	**	6,922,867
*	Vanguard Prime Money Market Fund Admiral Shares	Mutual fund	**	2,354,028
*	Vanguard Institutional Target Retirement 2020 Fund	Mutual fund	**	2,353,320
*	Vanguard Total Bond Market Index Fund Institutional Shares	Mutual fund	**	2,336,665
*	Vanguard Institutional Target Retirement 2025 Fund	Mutual fund	**	1,849,829
*	Vanguard Small-Cap Index Fund Institutional Shares	Mutual fund	**	1,800,778
*	Vanguard Institutional Target Retirement 2040 Fund	Mutual fund	**	1,486,368
*	Vanguard Institutional Target Retirement 2050 Fund	Mutual fund	**	1,307,275
*	Vanguard Mid-Cap Index Fund Institutional Shares	Mutual fund	**	1,305,420
*	Vanguard PRIMECAP Fund Admiral Shares	Mutual fund	**	1,234,090
*	Vanguard Institutional Target Retirement 2035 Fund	Mutual fund	**	1,225,341
*	Vanguard Institutional Target Retirement 2045 Fund	Mutual fund	**	1,207,988
*	Vanguard Total International Stock Index Institutional Shares	Mutual fund	**	1,195,423
*	Vanguard Institutional Target Retirement 2030 Fund	Mutual fund	**	1,141,435
*	Vanguard Total International Growth Fund Admiral Shares	Mutual fund	**	632,141
*	Vanguard Institutional Target Retirement 2015 Fund	Mutual fund	**	612,969
*	Vanguard Institutional Target Retirement Income Fund	Mutual fund	**	444,692
*	Vanguard Institutional Target Retirement 2010 Fund	Mutual fund	**	334,588
	Eaton Vance Atlanta Capital SMID-Cap Fund Class R6	Mutual fund	**	270,982
*	Vanguard Institutional Target Retirement 2055 Fund	Mutual fund	**	244,266
	Prncipal Diversified Real Asset CIT; Tier 1	Mutual fund	**	51,612
*	Vanguard Institutional Target Retirement 2060 Fund	Mutual fund	**	2,994
	Notes receivable from participants	4.25% to 9.25% due through April 2029	**	1,229,757
	Total investments and notes receivable at fair value			$ 50,429,835

* Party-in-interest.

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

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