

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information									
1a	Name of plan <u>CARAUSTAR INDUSTRIES, INC. RETIREMENT PLAN</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>07/01/1968</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>001</u>	1c	Effective date of plan	<u>07/01/1968</u>			
1b	Three-digit plan number (PN) ▶	<u>001</u>								
1c	Effective date of plan	<u>07/01/1968</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>CARAUSTAR INDUSTRIES, INC.</u> <u>5000 AUSTELL-POWDER SPRINGS ROAD</u> <u>SUITE 300</u> <u>AUSTELL, GA 30106-3227</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>80-0467749</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>770-745-3790</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>322100</u></td> </tr> </table>	2b	Employer Identification Number (EIN)	<u>80-0467749</u>	2c	Plan Sponsor's telephone number	<u>770-745-3790</u>	2d	Business code (see instructions)	<u>322100</u>
2b	Employer Identification Number (EIN)	<u>80-0467749</u>								
2c	Plan Sponsor's telephone number	<u>770-745-3790</u>								
2d	Business code (see instructions)	<u>322100</u>								

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2018	DENDALEE BAXTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2018	DENDALEE BAXTER
	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

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

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 9390
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) 1469
a(2) Total number of active participants at the end of the plan year	6a(2) 1360
b Retired or separated participants receiving benefits	6b 3478
c Other retired or separated participants entitled to future benefits	6c 3973
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 8811
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 492
f Total. Add lines 6d and 6e	6f 9303
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ 1 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan CARAUSTAR INDUSTRIES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARAUSTAR INDUSTRIES, INC.	D Employer Identification Number (EIN) 80-0467749

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	SA 13039	9303	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	343554347

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

A Name of plan <u>CARAUSTAR INDUSTRIES, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CARAUSTAR INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>80-0467749</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>309804653</u>	
b Actuarial value	2b	<u>314501646</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>3821</u>	<u>179308573</u>	<u>179308573</u>
b For terminated vested participants	<u>4146</u>	<u>88907265</u>	<u>88907265</u>
c For active participants	<u>1469</u>	<u>46794064</u>	<u>46887436</u>
d Total	<u>9436</u>	<u>315009902</u>	<u>315103274</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.91 %</u>	
6 Target normal cost	6	<u>5454525</u>	

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

SIGN HERE		
Signature of actuary	<u>09/18/2018</u>	Date
<u>KEVIN V. OSINSKI</u>	<u>17-06368</u>	Most recent enrollment number
Type or print name of actuary	<u>860-562-2252</u>	Telephone number (including area code)
<u>MASSMUTUAL LIFE INSURANCE COMPANY</u>		
Firm name		
<u>100 BRIGHT MEADOW BOULEVARD</u> <u>ENFIELD, CT 06082</u>		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1395592
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	1395592
10 Interest on line 9 using prior year's actual return of <u>7.71</u> %	0	107600
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.11</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1503192

Part III Funding Percentages

14 Funding target attainment percentage	14	99.33%
15 Adjusted funding target attainment percentage	15	99.33%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.54%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2018	4750000				
Totals ▶			18(b)	4750000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4307910

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	5454525	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	2104820		345637
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	5800162	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		1503192	1503192
36 Additional cash requirement (line 34 minus line 35)	36	4296970	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4307910	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	10940	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

SCHEDULE 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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan CARAUSTAR INDUSTRIES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARAUSTAR INDUSTRIES, INC.	D Employer Identification Number (EIN) 80-0467749

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
13 52 60 63 68 72	CONTRACT ADMINISTRATOR	883415	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BLUE PRAIRIE GROUP

76-0701903

(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?
27	INVESTMENT ADVISORY	67295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO

34-1945695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	34100	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)

MORRIS MANNING AND MARTIN

58-1269995

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ACTUARIAL	19811	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EISNER AMPER

13-1639828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	9600	Yes ☐ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

AMERICAN FUNDS

90-0342299

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

AMERICAN FUNDS

95-1411037

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

COLUMBIA

90-0342299

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

NORTHERN FUNDS

36-3209613

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

OPPENHEIMER

90-0342299

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

OPPENHEIMER

93-6305075

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PIMCO FUNDS

95-2632339

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

VANGUARD

23-1999755

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

52-0794097

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

WILMINGTON TRUST

20-3802495

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

WILMINGTON TRUST

20-3802168

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

WILMINGTON TRUST

20-3802327

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LONG DURATION BOND BARINGS 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREM SHORT DURATION BOND BARINGS 04-3212057	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREM U.S. GOVT MONEY MRKT BARINGS 04-3212059	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SP 500 INDEX NORTHERN TRUST 04-3410047	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SELECT TRPLS BLUE CHIP GROWTH 04-3556992	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEL FUNDAMENTAL VAL WLGNBWRWHNLY 04-3584138	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INSTL GOVT SLCT PRTFL NORTHERN 36-3209613	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SP MID CAP INDEX NRTN TR 45-5349772	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM MSCI EAFE INTL INDX NRTN TR 45-5357167	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DEVELOPING MARKETS OFI 90-0342299	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPACIFIC GROWTH AMERICAN 90-0342299	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL CAP INDEX COLUMBIA 90-0342299	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPACIFIC GROWTH AMERICAN 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EXTENDED DURATION PIMCO 95-2632339	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPACIFIC GROWTH AMERICAN 90-0342299	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPACIFIC GROWTH AMERICAN 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COLUMBIA	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL CAP INDEX COLUMBIA 90-0342299	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NORTHERN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INSTL GOVT SLCT PRFTL NORTHERN 36-3209613	BASIS POINTS * PLAN ASSETS	

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
OPPENHEIMER	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DEVELOPING MARKETS OFI 90-0342299	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OPPENHEIMER	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DEVELOPING MARKETS OFI 93-6305075	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EXTENDED DURATION PIMCO 95-2632339	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
500 INDEX VANGUARD 23-1999755	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MID CAP INDEX VANGUARD 23-1999755	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL CAP INDEX VANGUARD 52-0794097	BASIS POINTS * PLAN ASSETS	

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
WILMINGTON TRUST	52	0
(d) Enter name and EIN (address) of source of indirect compensation EAFE EQUITY INDEX BLACKROCK 20-3802495		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 WILMINGTON TRUST		
(b) Service Codes (see instructions) 52		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation EQUITY INDEX BLACKROCK 20-3802168		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 WILMINGTON TRUST		
(b) Service Codes (see instructions) 52		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation MID CAP EQUITY INDEX BLACKROCK 20-3802327		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2017</div> This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>CARAUSTAR INDUSTRIES, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CARAUSTAR INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>80-0467749</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CHW</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20626304</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CDK</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36348078</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CLF</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28613410</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CNJ</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9529320</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-JIE</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20557137</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-JIG</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-395</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34758984</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-JIH</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-396</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9613583</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-FQ		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30875586
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-KY		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36551710
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-Q1		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-215	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89009737
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-RF		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4399453
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-YK		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-MM		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-0J		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CBZ		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CCA		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CND		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CNF**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-B2**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-C**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-KR**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-Y1**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-395	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>CARAUSTAR INDUSTRIES, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARAUSTAR INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>80-0467749</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	4750000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	0	
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	309804653	343554347
	(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)	0	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	309804653 348304347
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 through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	309804653 348304347

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)	4750000
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	59
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	4750059
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		56669597
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		61419656

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	18667586	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	3237656	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		21905242
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)	883415	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	131305	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1014720
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		22919962

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		38499694
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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 4091314. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan CARAUSTAR INDUSTRIES, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARAUSTAR INDUSTRIES, INC.		D Employer Identification Number (EIN) 80-0467749
Part I	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): 04-1590850		
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 33
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☒ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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: 60% Investment-Grade Debt: 39% High-Yield Debt: _____% Real Estate: _____% Other: 1%

- 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):

**Caraustar Industries, Inc.
Retirement Plan**

**Financial Statements and
Supplemental Schedules**

As of and for the Years Ended
December 31, 2017 and 2016

Caraustar Industries, Inc. Retirement Plan

Financial Statements and Supplemental Schedules

As of and for the Years Ended December 31, 2017 and 2016

Caraustar Industries, Inc. Retirement Plan

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



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Independent Auditor's Report

To the Plan Administrator
Caraustar Industries, Inc. Retirement Plan
Atlanta, Georgia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Caraustar Industries, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on 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 5, which was certified by Massachusetts Mutual Life Insurance Company ("Mass Mutual"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Mass Mutual holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Mass Mutual as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by Mass Mutual is complete and accurate.

Disclaimer of Opinion

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



Other Matter

The supplemental Schedule H, line 4i-Schedule of Assets (Held at End of Year) and Schedule H, line 4j-Schedule of Reportable Transactions, as of or for the year ended December 31, 2017, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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

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

BDO USA, LLP

Atlanta, Georgia
October 9, 2018

Financial Statements

Caraustar Industries, Inc. Retirement Plan
Statements of Net Assets Available for Benefits

<i>December 31,</i>	2017	2016
Assets		
Investments, at fair value-		
Pooled separate accounts	\$ 343,554,347	\$ 309,804,653
Receivables-		
Employer contribution	4,750,000	-
Net assets available for benefits	\$ 348,304,347	\$ 309,804,653

See accompanying notes to financial statements.

Caraustar Industries, Inc. Retirement Plan

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended December 31,</i>	2017	2016
Additions:		
Net appreciation in pooled separate accounts	\$ 56,669,656	\$ 22,945,589
Employer contributions	4,750,000	-
Total additions	61,419,656	22,945,589
Deductions:		
Benefits paid to participants	(18,667,586)	(18,214,169)
Administrative expenses	(4,252,376)	(4,233,779)
Total deductions	(22,919,962)	(22,447,948)
Net increase	38,499,694	497,641
Net assets available for benefits, beginning of year	309,804,653	309,307,012
Net assets available for benefits, end of year	\$ 348,304,347	\$ 309,804,653

See accompanying notes to financial statements.

Caraustar Industries, Inc. Retirement Plan

Notes to Financial Statements

1. Description of Plan

The following brief description of the Caraustar Industries, Inc. ("Company") Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering substantially all employees of Caraustar Industries, Inc. and subsidiaries (the "Company" or "Plan Sponsor") that were hired before the partial Plan freeze effective December 31, 2004. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Plan is administered by the Caraustar Retirement Plan Committee ("the Committee"), which is a committee of the Board of Directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective December 31, 2004, the accrued benefit of all participants was frozen, except those participants who were (i) "grandfathered" by reason of having been granted at least 75 points as of December 31, 2004, or (ii) members of a unit of employees covered by a collective bargaining agreement which specifically provides for the coverage of such employees under the Plan.

Effective December 31, 2016, the Crossett Pension Plan was frozen. Employees could only participate in the Caraustar Industries, Inc. Employees' Savings Plan ("Savings Plan") effective January 1, 2017.

Effective December 31, 2017, the Tama Pension Plan is frozen for employees and Saginaw Pension Plan is frozen for all employees that were hired prior to May 1, 2014. Effective January 1, 2018, the Savings Plan replaces the Saginaw's Pension Plan for the employees who are effected.

Eligibility

Employees whose age plus credited service is 75 points or more as of the effective date will continue to earn pension benefits until they terminate employment. Employees whose age plus credited service is less than 75 points as of the effective date will have their accrued benefits frozen. The employees with less than 75 points, salaried and hourly nonunion employees hired after December 31, 2004, became eligible for the Company Retirement Contribution which the Company will make on an annual basis to the Savings Plan. Such employer contribution will depend on the number of years of credited service as of the end of each Plan year. The partial freeze did not affect union employees as of December 31, 2004.

Pension Benefits

Non-bargaining Unit Employees

Generally, beginning at normal retirement age (65), non-bargaining unit employees are entitled to monthly pension benefit payments. For employees who become Plan participants after March 31, 2000, the accrued annual benefit is equal to the greater of the following:

- 0.75% of average annual compensation multiplied by the participant's years of benefit service, as defined.
- \$144 multiplied by the participant's years of benefit service, as defined.

Caraustar Industries, Inc. Retirement Plan

Notes to Financial Statements

For employees who were participants on or before March 31, 2000, the accrued benefit generally is equal to the sum of the following:

- The greater of 0.75% of average annual compensation multiplied by the participant's years of benefit service after March 31, 2000, or \$144 multiplied by years of benefit service after March 31, 2000.
- The product of the following, but not less than \$96 multiplied by the years of service, as defined, as of March 31, 2000:
 - 1.35% of average annual compensation as of March 31, 2000, multiplied by years of benefit service, as defined, projected to normal retirement age (65) (not to exceed 33 years); offset by 0.65% of final average compensation as of March 31, 2000, multiplied by years of benefit service up to projected normal retirement age (65) (not to exceed 33 years), and;
 - A fraction where the numerator is years of benefit service, as defined, as of March 31, 2000, and the denominator is years of benefit service at normal retirement age (65).

For employees who are participants as of March 31, 2000, and are a minimum of age 50 and have a minimum of 10 years of benefit service, the accrued benefit is equal to the greater of the following:

- The formula used for employees who became participants after March 31, 2000, determined based on all benefit service both before and after March 31, 2000 (see above).
- The formula used for employees who are participants on March 31, 2000, determined based on all benefit service both before and after March 31, 2000, and on average annual compensation and final average compensation calculated as of the date of determination (see above).

Average annual compensation is defined as the average of the five consecutive years in the last 10 years of employment which produces the highest amount. Early retirement, with reduced benefits, is allowed at ages 55 through 64 with at least 10 years of service. Employees forfeit the right to receive benefits if they terminate before rendering five years of service, unless the termination is due to retirement at normal retirement age, death, or total and permanent disability. Employees may elect to receive their pension benefits in a number of forms, including the following:

- Single life annuity
- 50% joint and survivor annuity
- 75% joint and survivor annuity
- 100% joint and survivor annuity
- 10-year certain and life annuity

Bargaining Unit Employees

Several participating affiliates of the Company have bargaining unit employees who are generally entitled to monthly pension benefit payments beginning at normal retirement age (65). The benefit is equal to credited service multiplied by the benefit levels negotiated by each bargaining unit. Early retirement with reduced benefits is allowed beginning at ages 55 or 60 with at least 10, 15, or 20 years of service. Employees forfeit the right to receive benefits if they terminate before rendering five years of service, unless the termination is due to retirement at normal retirement age or death. Employees may elect to receive their pension benefits in a number of forms, including the following:

- Single life annuity
- 50% to 100% joint and survivor annuity
- 5 to 15 year certain and life annuity.

Caraustar Industries, Inc. Retirement Plan

Notes to Financial Statements

Death and Disability Benefits

Generally, if a participant dies prior to normal retirement age and has been married for at least one year, a death benefit equal to 50 percent of the participant's benefit at the time of death is paid to the participant's spouse. The benefit calculation at the time of death assumes that the participant selected the joint and survivor annuity option. No death benefits are provided if a participant is unmarried or has not been married for at least one year at the time of death.

Active employees who become totally and permanently disabled under Social Security Administration guidelines receive annual disability benefits that are equal to the normal retirement benefits they have accumulated at the time they become disabled, reduced for uncompleted years of service prior to age 55 in accordance with Plan guidelines. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits as though they had been employed until normal retirement age.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of asset, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Caraustar Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and Mass Mutual. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Caraustar Industries, Inc. Retirement Plan

Notes to Financial Statements

3. Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum contribution. During 2017 and 2016, the Company made contributions of \$4,750,000 and \$0, respectively. The Company's contributions for 2017 and 2016 met the minimum funding requirements of ERISA.

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

4. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, if any, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency), up to the applicable limitations (discussed subsequently).
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All nonvested benefits.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

5. Information Certified by Mass Mutual

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mass Mutual has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate.

<i>December 31,</i>	<i>2017</i>	<i>2016</i>
Pooled separate accounts	\$ 343,554,347	\$ 309,804,653

Caraustar Industries, Inc. Retirement Plan

Notes to Financial Statements

<i>Year Ended December 31,</i>	<i>2017</i>	<i>2016</i>
Net appreciation in pooled separate accounts	\$ 56,669,656	\$ 22,945,589

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

6. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value on a recurring basis:

Pooled Separate Accounts - Stated at fair value as determined by the issuer of the pooled separate accounts based on the net asset value ("NAV") of the underlying investments. The NAV, as provided by Mass Mutual, 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 funds less its liabilities. This practical expedient is not used when it is determined to be probable that the funds will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled separate accounts, the investment adviser reserves the right to temporarily delay withdrawal from the funds in order to ensure that securities liquidations will be carried out in an orderly business manner.

There have been no changes in the methodologies used at December 31, 2017 and 2016.

Caraustar Industries, Inc. Retirement Plan

Notes to Financial Statements

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2017 and 2016, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

Investment	Fair Value		Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
	2017	2016			
Pooled separate accounts					
(a) Long term bond funds	\$ 117,623,148	\$ 94,332,633	n/a	Daily	n/a
(b) Mid cap core funds	9,613,583	10,001,691	n/a	Daily	n/a
(c) International/global large core funds	43,228,181	41,651,868	n/a	Daily	n/a
(d) Small cap core fund	9,529,320	10,324,291	n/a	Daily	n/a
(e) Large cap value fund	36,551,710	37,152,252	n/a	Daily	n/a
(f) Large cap blend fund	34,758,984	34,628,418	n/a	Daily	n/a
(g) Emerging markets fund	20,626,304	18,967,817	n/a	Daily	n/a
(h) Large cap growth fund	36,348,078	34,531,243	n/a	Daily	n/a
(i) Short term bond fund	30,875,586	25,770,327	n/a	Daily	n/a
(j) Money market fund	4,399,453	2,444,113	n/a	Daily	n/a
Investments measured at net asset value	\$ 343,554,347	\$ 309,804,653			

(a) Long-term bond funds: The investment seeks maximum total return, consistent with prudent investment management.

(b) Mid cap core funds: The investment seeks to provide investment results approximating the aggregate price and dividend performance of the securities included in the S&P MidCap 400 Index.

(c) International/global large core funds: The investment seeks long-term growth of capital and provide investment results approximating the aggregate price and dividend performance of the securities included in the MSCI EAFE Index.

(d) Small cap core fund: The investment seeks total return that correspond to the total return of the S&P Small Cap 600 Index.

(e) Large cap value fund: The investment seeks long-term total return.

(f) Large cap blend fund: The investment seeks to approximate as closely as practicable the capitalization-weighted total rate of return of that portion of the U.S. Market for publicly-traded common stocks composed of larger-capitalized companies.

(g) Emerging markets fund: The investment seeks capital appreciation.

(h) Large cap growth fund: The investment seeks growth of capital over the long term.

(i) Short term bond fund: The investment seeks to achieve high total rate of return primarily from current income while minimizing fluctuations in capital values by investing primarily in a diversified portfolio of short-term investment grade fixed income securities.

(j) Money market fund: The investment seeks current income consistent with preservation of capital and liquidity.

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

Caraustar Industries, Inc. Retirement Plan

Notes to Financial Statements

7. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service or based on credited service multiplied by the benefit levels. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal of retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated Plan benefits based upon the most recent actuarial valuation for the Caraustar Plan is as follows:

<i>January 1,</i>	<i>2017</i>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 156,550,648
Other participants	106,701,389
Total vested benefits	263,252,037
Non-vested benefits	65,584
Total actuarial present value of accumulated plan benefits	\$ 263,317,621

The change in actuarial present value of accumulated Plan benefits is as follows:

Actuarial present value of accumulated plan benefits, beginning balance,	
January 1, 2016	\$ 256,658,903
Increase (decrease) during the year attributable to:	
Benefits accumulated	627,021
Passage of time	19,853,356
Benefits paid	(18,214,169)
Interest rate change	6,257,213
Assumption changes	(3,242,318)
Other	1,377,615
Net increase	6,658,718
Actuarial present value of accumulated plan benefits, ending balance,	
January 1, 2017	\$ 263,317,621

Caraustar Industries, Inc. Retirement Plan

Notes to Financial Statements

The significant actuarial assumptions used in the valuation as of January 1, 2017 and 2016 were as follows:

Interest rate: 7.75% per annum in 2017 and 8.0% per annum in 2016

Actuarial Cost Method: Unit credit

Pre-Retirement Mortality: RP-2014 Mortality Tables for Annuitants and Non-Annuitants, Blue Collar, Fully Generational with Scale MP-2016, and MP-2015 in 2016.

Post Retirement Mortality: RP-2014 Mortality Tables for Annuitants and Non-Annuitants, Blue Collar, Fully Generational with Scale MP-2016, and MP-2015 in 2016.

Retirement age assumption:		Termination rates assumption:	
<u>Age</u>	<u>Assumption</u>	<u>Age</u>	<u>Assumption</u>
55-60	2%	25	16.13%
61	5%	35	13.83%
62	20%	45	10.03%
63	10%	55	4.28%
64	10%	65	0%
65+	100%		

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2017 and 2016, had the valuations been performed as of December 31, there would be no material differences.

The Newark Group merged into this Plan in 2015 and as a result the actuarial assumptions that differ from the existing plan as outlined below.

All Other		Salaried	
Termination rates assumption:		Termination rates assumption:	
<u>Age</u>	<u>Assumption</u>	<u>Age</u>	<u>Assumption</u>
25	5.27%	25	2.64%
35	4.47%	35	2.24%
45	3.21%	45	1.61%
55	0.34%	55	0.17%

Retirement Rates - Newark Plan

<u>Attained Age</u>	<u>Paperworkers Mobile and Salaried</u>	<u>California</u>	<u>Book Covers Non-Union, Paperworkers NonMobile, Sierra, West Coast</u>
55-59	5.00%	5.00%	2.50%
60-64	10.00%	10.00%	5.00%
65+	100.00%	(62+) 100%	100.00%

Caraustar Industries, Inc. Retirement Plan

Notes to Financial Statements

8. Tax Status

The plan obtained its latest determination letter on September 28, 2015, in which the Internal Revenue Service ("IRS") states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan management and Plan's tax counsel believe that that Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Related Party and Party-in-Interest Transactions

Plan investments are pooled separate accounts managed by Mass Mutual and, therefore, these transactions qualify as exempt party-in-interest transactions as defined by ERISA. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers.

10. Risks and Uncertainties

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

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

11. Subsequent Event

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through October 9, 2018, the date the financial statements were available to be issued, and determined that no subsequent events occurred requiring adjustments to, or disclosures in, the financial statements.

Supplemental Schedules

Caraustar Industries, Inc. Retirement Plan

Schedule H, line 4i—Schedule of Assets (Held at End of Year)—December 31, 2017 EIN/PN: 80-0467749/001

(a) Party- in- interest	(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
Pooled separate accounts:				
*	Massachusetts Mutual Life Insurance Company	Babson Long Duration Bond	\$ 71,505,722	\$ 89,009,737
*	Massachusetts Mutual Life Insurance Company	Wellington Select Fundamental Value	31,813,190	36,551,710
*	Massachusetts Mutual Life Insurance Company	T Rowe Price Select Blue Chip Growth	27,872,000	36,348,078
*	Massachusetts Mutual Life Insurance Company	BlackRock Equity Index Fund - R	31,330,630	34,758,984
*	Massachusetts Mutual Life Insurance Company	MassMutual Prem Short Dur Bond Fd Clas	30,280,802	30,875,586
*	Massachusetts Mutual Life Insurance Company	PIMCO Extended Duration Bond	25,756,557	28,613,411
*	Massachusetts Mutual Life Insurance Company	BlackRock EAFE Equity Index Fund - R	20,666,714	22,671,043
*	Massachusetts Mutual Life Insurance Company	Oppenheimer Developing Markets	15,743,980	20,626,304
*	Massachusetts Mutual Life Insurance Company	American Funds Europacific Growth	18,461,395	20,557,138
*	Massachusetts Mutual Life Insurance Company	BlackRock Mid Cap Equity Index Fund - R	8,709,216	9,613,583
*	Massachusetts Mutual Life Insurance Company	Vanguard Small Cap Index Fd	8,302,983	9,529,320
*	Massachusetts Mutual Life Insurance Company	Northern Instl Government Select Portfolio	4,387,292	4,399,453
Total investments per Form 5500			\$ 294,830,481	\$ 343,554,347

* Represents a party-in-interest as defined by ERISA.

Caraustar Industries, Inc. Retirement Plan

Schedule H, line 4j—Schedule of Reportable Transactions—December 31, 2017

EIN\PN: 80-0467749/001

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Massachusetts Mutual Life Insurance Company	MM S&P 500 Index	\$ -	\$ 35,168,904	N/A	\$ -	\$ 28,858,969	\$ 35,168,904	\$ 6,309,935
Massachusetts Mutual Life Insurance Company	MM MSCI EAFE Intl Index	\$ -	\$ 25,128,873	N/A	\$ -	\$ 22,628,777	\$ 25,128,873	\$ 2,500,096
Massachusetts Mutual Life Insurance Company	Vanguard 500 Index Administration	\$ -	\$ 37,797,596	N/A	\$ -	\$ 35,168,904	\$ 37,797,596	\$ 2,628,692
Massachusetts Mutual Life Insurance Company	Vanguard 500 Index Administration	\$ 35,168,904	\$ -	N/A	\$ -	\$ 35,168,904	\$ 35,168,904	\$ -
Massachusetts Mutual Life Insurance Company	BlackRock EAFE Equity Index Fund - R	\$ 23,529,608	\$ -	N/A	\$ -	\$ 23,529,608	\$ 23,529,608	\$ -
Massachusetts Mutual Life Insurance Company	BlackRock Equity Index Fund - R	\$ 34,369,141	\$ -	N/A	\$ -	\$ 34,369,141	\$ 34,369,141	\$ -
Massachusetts Mutual Life Insurance Company	Northern Instl Government Select Portfolio	\$ 22,317,531	\$ -	N/A	\$ -	\$ 22,317,531	\$ 22,317,531	\$ -

A Name of Plan	B Three-digit plan Number	001
Caraustar Industries, Inc. Retirement Plan		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number	581388387
Caraustar Industries, Inc.		

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
American Funds	900342299		American Funds received estimated Investment Management Fees of 0.42% with respect to plan assets held in the EuroPacific Growth (American) (SIA-MM).
American Funds	951411037		American Funds received estimated Investment Management Fees of 0.42% with respect to plan assets held in the EuroPacific Growth (American) (SIA-KR).
American Funds	951411037		American Funds received estimated Investment Management Fees of 0.42% with respect to plan assets held in the EuroPacific Growth (American) (SIA-JIE).
Columbia	900342299		Columbia received estimated Investment Management Fees of 0.20% with respect to plan assets held in the Small Cap Index (Columbia) (SIA-B2).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.30% with respect to plan assets held in the Developing Markets (OFI) (SIA-C).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Small Cap Index (Columbia) (SIA-B2).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Extended Duration (PIMCO) (SIA-OU).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Small Cap Index (Columbia) (SIA-B2).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the EuroPacific Growth (American) (SIA-KR).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the EuroPacific Growth (American) (SIA-MM).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the EuroPacific Growth (American) (SIA-KR).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM S&P Mid Cap Index (Nrtm Tr) (SIA-CBY).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the MM S&P 500 Index (Northern Trust) (SIA-AX).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.04% with respect to plan assets held in the Instl Govt Sict Prftl (Northern) (SIA-RF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated 12b-1 Fees of 0.25% with respect to plan assets held in the Prem Short-Duration Bond (Barings) (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the Select TRPLS Blue Chip Growth (SIA-Y1).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 0.20% with respect to plan assets held in the MM S&P Mid Cap Index (Nrtm Tr) (SIA-CBY).
Massachusetts Mutual Life Insurance Company	041590850		Barings received estimated Investment Management Fees of 0.30% with respect to plan assets held in the Long Duration Bond (Barings) (SIA-Q1).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the MM MSCI EAFE Intl Indx (Nrtm Tr) (SIA-CCA).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the Sel Fundamental Val (WlgnBrwHnly) (SIA-YK).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 0.25% with respect to plan assets held in the MM S&P 500 Index (Northern Trust) (SIA-AX).

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.15% with respect to plan assets held in the Prem Short-Duration Bond (Barings) (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the Prem U.S. Govt Money Mkt (Barings) (SIA-AG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the Prem U.S. Govt Money Mkt (Barings) (SIA-YG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.62% with respect to plan assets held in the Select TRPLS Blue Chip Growth (SIA-Y1).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.62% with respect to plan assets held in the Select TRPLS Blue Chip Growth (SIA-CKD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.10% with respect to plan assets held in the MM S&P Mid Cap Index (Ntrn Tr) (SIA-CBY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.09% with respect to plan assets held in the MM S&P 500 Index (Northern Trust) (SIA-AX).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.10% with respect to plan assets held in the MM MSCI EAFE Intl Indx (Ntrn Tr) (SIA-CBZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.10% with respect to plan assets held in the MM MSCI EAFE Intl Indx (Ntrn Tr) (SIA-CCA).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.60% with respect to plan assets held in the Sel Fundamental Val (WlgnBrwHnly) (SIA-KY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.34% with respect to plan assets held in the Sel Fundamental Val (WlgnBrwHnly) (SIA-YK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.34% with respect to plan assets held in the Prem Short-Duration Bond (Barings) (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.34% with respect to plan assets held in the Prem Short-Duration Bond (Barings) (SIA-FQ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Prem U.S. Govt Money Mkt (Barings) (SIA-AG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Prem U.S. Govt Money Mkt (Barings) (SIA-YG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Select TRPLS Blue Chip Growth (SIA-Y1).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Select TRPLS Blue Chip Growth (SIA-CKD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Sel Fundamental Val (WlgnBrwHnly) (SIA-KY).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Sel Fundamental Val (WlgnBrwHnly) (SIA-YK).
Northern Funds	363209613	Northern Funds received estimated Investment Management Fees of 0.18% with respect to plan assets held in the Instl Govt Sict Prfl (Northern) (SIA-RF).
Oppenheimer	900342299	Oppenheimer received estimated Investment Management Fees of 0.78% with respect to plan assets held in the Developing Markets (OFI) (SIA-C).
Oppenheimer	936305075	Oppenheimer received estimated Investment Management Fees of 0.78% with respect to plan assets held in the Developing Markets (OFI) (SIA-CHW).
PIMCO Funds	952632339	PIMCO Funds received estimated Investment Management Fees of 0.60% with respect to plan assets held in the Extended Duration (PIMCO) (SIA-0J).
PIMCO Funds	952632339	PIMCO Funds received estimated Investment Management Fees of 0.50% with respect to plan assets held in the Extended Duration (PIMCO) (SIA-CLF).
Vanguard	231999755	Vanguard received estimated Investment Management Fees of 0.03% with respect to plan assets held in the 500 Index (Vanguard) (SIA-CND).
Vanguard	231999755	Vanguard received estimated Investment Management Fees of 0.05% with respect to plan assets held in the Mid Cap Index (Vanguard) (SIA-CNF).
Vanguard	520794097	Vanguard received estimated Investment Management Fees of 0.05% with respect to plan assets held in the Mid Cap Index (Vanguard) (SIA-CNF).

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Wilmington Trust	203802168	assets held in the Small Cap Index (Vanguard) (SIA-CNU).
Wilmington Trust	203802495	Wilmington Trust received estimated Investment Management Fees of 0.03% with respect to plan assets held in the Equity Index (BlackRock) (SIA-JIG).
Wilmington Trust	203802327	Wilmington Trust received estimated Investment Management Fees of 0.06% with respect to plan assets held in the EAFE Equity Index (BlackRock) (SIA-JIF). Wilmington Trust received estimated Investment Management Fees of 0.07% with respect to plan assets held in the Mid Cap Equity Index (BlackRock) (SIA-JIH).

Schedule H, line 4i - Schedule of Assets (Held At End Of
Plan Sponsor: SA 013039-01

12/31/17

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of investment including maturity date, interest rate, collateral, par or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Premier Shrt-Drtm Bnd Fd (Barings) A	0	0
*	MassMutual	MM Prem U.S. Gvt Money Market Fd - R5	0	0
*	MassMutual	MM S&P 500 Index (Northern Trust) - R4	0	0
*	MassMutual	Columbia Small Cap Index Fd	0	0
*	MassMutual	Oppenheimer Dev Market Y	0	0
*	MassMutual	MM S&P Mid Cap Index Fd - A	0	0
*	MassMutual	MM MSCI EAFE Intl Index (Nrthn Tr) - I	0	0
*	MassMutual	MM MSCI EAFE Intl Index FD - I	0	0
*	MassMutual	Oppenheimer Developing Markets Fd - I	15,743,980	20,626,304
*	MassMutual	Select Blue Chip Growth Fd	27,872,000	36,348,078
*	MassMutual	PIMCO Extended Duration Fd - Inst	25,756,557	28,613,411
*	MassMutual	Vanguard 500 Index Administration	0	0
*	MassMutual	Vanguard Mid Cap Index Fund	0	0
*	MassMutual	Vanguard Small Cap Index Fd	8,302,983	9,529,320
*	MassMutual	American Fds EuroPacific Growth Fd - R6	18,461,395	20,557,138
*	MassMutual	BlackRock EAFE Equity Index Fund - R	20,666,714	22,671,043
*	MassMutual	BlackRock Equity Index Fund - R	31,330,630	34,758,984
*	MassMutual	BlackRock Mid Cap Equity Index Fund - R	8,709,216	9,613,583
*	MassMutual	Amer Fds EuroPac Gro Fd R4	0	0
*	MassMutual	Select Fdamental Val (Wellington) - I	31,813,190	36,551,710
*	MassMutual	Amer Fds EuroPacific Growth Fd Class R5	0	0
*	MassMutual	PIMCO Extended Duration Fd - P	0	0
*	MassMutual	MassMutual Prem Short Dur Bond Fd Clas	30,280,802	30,875,586
*	MassMutual	Babson LDI - Long Government Credit Fund	71,505,722	89,009,737
*	MassMutual	Northern Instl Government Select Portfolio	4,387,292	4,399,453
*	MassMutual	Sel Blue Chip Growth (T.Rowe Price) - SVC	0	0
*	MassMutual	Select Fdamental Val (Wellington) - SVC	0	0

Schedule H, line 4j - Schedule of Reportable Transactions: 12/31/17**Plan Sponsor: SA 013039-01**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with trans	(g) Cost of asset	(h) Current Value of asset on transaction date	(i) Net gain or loss
MassMutual	MM S&P 500 Index	0	35,168,904	N/A	0	28,858,969	35,168,904	6,309,935
MassMutual	MM MSCI EAFE Intl Index	0	25,128,873	N/A	0	22,628,777	25,128,873	2,500,096
MassMutual	Vanguard 500 Index	0	37,797,596	N/A	0	35,168,904	37,797,596	2,628,692
MassMutual	Vanguard 500 Index	35,168,904	0	N/A	0	35,168,904	35,168,904	0
MassMutual	BlackRock EAFE Equity	23,529,608	0	N/A	0	23,529,608	23,529,608	0
MassMutual	BlackRock Equity Index Fund	34,369,141	0	N/A	0	34,369,141	34,369,141	0
MassMutual	Northern Instl Government	22,317,531	0	N/A	0	22,317,531	22,317,531	0

* This schedule was completed considering assets held under a MassMutual group annuity contract only



Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

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

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

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

OMB No. 1210-0110

2017**This Form is Open to Public
Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

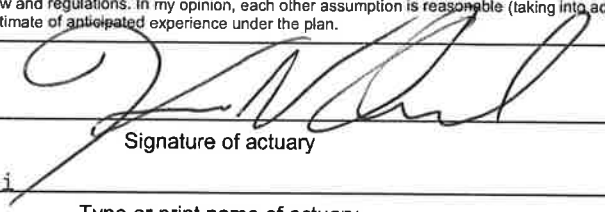
A Name of plan Caraustar Industries, Inc. Retirement Plan		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Caraustar Industries, Inc.		D Employer Identification Number (EIN) 80-0467749
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2017</u>			
2 Assets:			
a Market value.....		2a	309,804,653
b Actuarial value.....		2b	314,501,646
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	3,821	179,308,573	179,308,573
b For terminated vested participants.....	4,146	88,907,265	88,907,265
c For active participants.....	1,469	46,794,064	46,887,436
d Total.....	9,436	315,009,902	315,103,274
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....	5	5.91 %	
6 Target normal cost.....	6	5,454,525	

Statement by Enrolled Actuary

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

SIGN HERE		<u>9/18/2018</u>
	Signature of actuary	Date
<u>Kevin V. Osinski</u>	Type or print name of actuary	<u>17-06368</u>
<u>MassMutual Life Insurance Company</u>	Firm name	Most recent enrollment number
<u>100 Bright Meadow Boulevard</u>		<u>(860) 562-2252</u>
<u>Enfield</u>	Address of the firm	Telephone number (including area code)
	<u>CT 06082</u>	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2017
v. 170203**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	1,395,592
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8).....	0	1,395,592
10 Interest on line 9 using prior year's actual return of <u>7.71</u> %	0	107600
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.11</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	1503192

Part III Funding Percentages

14 Funding target attainment percentage	14	99.33%
15 Adjusted funding target attainment percentage.....	15	99.33%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.54%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2018	4,750,000				
Totals ▶			18(b)	4,750,000	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	4,307,910

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:

1st segment:

4.16 %

2nd segment:

5.72 %

3rd segment:

6.48 %

☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

5,454,525

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

2,104,820

345,637

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....**34**

5,800,162

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

1,503,192

1,503,192

36 Additional cash requirement (line 34 minus line 35)**36**

4,296,970

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

4,307,910

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

10,940

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

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

Schedule SB, Line 19 - Discounted Employer Contributions

Plan Anniversary: January 1, 2017

Plan Effective Rate: 5.91%

<u>Date</u>	<u>Amount Paid in Cash</u>	<u>Plan Year</u>	<u>Value as of January 1, 2017</u>
09/14/18	4,750,000	2017	4,307,910
Total	<u>\$ 4,750,000</u>		<u>\$ 4,307,910</u>

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

Caraustar					California				
Age	prob ret	rets	remaining		prob ret	rets	remaining		
55	0.02	2.0000	98.0000	110.0000	0.05	5.0000	95.0000	275.0000	
56	0.02	1.9600	96.0400	109.7600	0.05	4.7500	90.2500	266.0000	
57	0.02	1.9208	94.1192	109.4856	0.05	4.5125	85.7375	257.2125	
58	0.02	1.8824	92.2368	109.1783	0.05	4.2869	81.4506	248.6388	
59	0.02	1.8447	90.3921	108.8394	0.05	4.0725	77.3781	240.2793	
60	0.02	1.8078	88.5842	108.4705	0.10	7.7378	69.6403	464.2686	
61	0.05	4.4292	84.1550	270.1819	0.10	6.9640	62.6763	424.8057	
62	0.20	16.8310	67.3240	1043.5223	1.00	62.6763	0.0000	3885.9279	
63	0.10	6.7324	60.5916	424.1413	1.00	0.0000	0.0000	0.0000	
64	0.10	6.0592	54.5325	387.7864	1.00	0.0000	0.0000	0.0000	
65	1.00	54.5325	0.0000	3544.6097	1.00	0.0000	0.0000	0.0000	
				6325.9755				6062.1328	
				63.2598				60.6213	
								62.0652	
Paper					Other				
Age	prob ret	rets	remaining		prob ret	rets	remaining		
55	0.05	5.0000	95.0000	275.0000	0.03	2.5000	97.5000	137.5000	
56	0.05	4.7500	90.2500	266.0000	0.03	2.4375	95.0625	136.5000	
57	0.05	4.5125	85.7375	257.2125	0.03	2.3766	92.6859	135.4641	
58	0.05	4.2869	81.4506	248.6388	0.03	2.3171	90.3688	134.3946	
59	0.05	4.0725	77.3781	240.2793	0.03	2.2592	88.1096	133.2940	
60	0.10	7.7378	69.6403	464.2686	0.05	4.4055	83.7041	264.3287	
61	0.10	6.9640	62.6763	424.8057	0.05	4.1852	79.5189	255.2975	
62	0.10	6.2676	56.4086	388.5928	0.05	3.9759	75.5429	246.5085	
63	0.10	5.6409	50.7678	355.3744	0.05	3.7771	71.7658	237.9603	
64	0.10	5.0768	45.6910	324.9137	0.05	3.5883	68.1775	229.6505	
65	1.00	45.6910	0.0000	2969.9144	1.00	68.1775	0.0000	4431.5378	
				6215.0001				6342.4360	
				62.1500				63.4244	

Weighted average retirement age: 63

Actuarial Assumptions

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been mandated by statute and regulation or selected to reasonably anticipate future experience with respect to these variables.

Funding Target

Interest Rate for Funding Target: September 2016 IRS Segmented Yield Curve limited by the MAP-21 corridor as amended by HATFA

Interest Rate for Liability for

	<u>Funding Target</u>
1st Segment	4.16%
2nd Segment	5.72%
3rd Segment	6.48%

Preretirement Mortality: IRC § 430 2017 Static Non-Annuitant Tables

Postretirement Mortality: IRC § 430 2017 Static Annuitant Tables

Retirement Age: Tabular (see rates on next page)

Termination: Tabular (see rates on next page)

Disability Rates - Newark UAW Disability Incidence Retirement Table

Disability Rates - Caraustar None

Salary Scale: 2.50%

Asset Smoothing Rate 6.00% but no greater than the appropriate third segment rate for each year as described in Internal Revenue Code § 430(h) and associated guidance.

Marriage: It is assumed that 80% of participants are married for Caraustar and 90% are married for Newark and that a male is three years older than his female spouse for all locations.

Expenses: Administrative expenses that are expected to be paid from plan funds.

Optional forms: Any portion of a benefit that can be distributed as a Lump Sum (without Section 436 Benefit Restrictions) is assumed to be paid as a lump sum. All other benefits are assumed to be distributed as annuities.

Actuarial Assumptions

Termination (sample rates) (Caraustar)

<u>Age</u>	<u>Rate</u>
25	16.13%
35	13.83%
45	10.03%
55	4.28%

Termination (sample rates) (Newark)

<u>Salaried</u>		<u>All Other Plans</u>
<u>Age</u>	<u>Rate</u>	<u>Rate</u>
25	2.64%	5.27%
35	2.24%	4.47%
45	1.61%	3.21%
55	0.17%	0.34%

Assumed Retirement Age (Caraustar)

<u>Age</u>	<u>Probability of Retirement</u>
55-60	2.00%
61	5.00%
62	20.00%
63-64	10.00%
65+	2.00%

Assumed Retirement Age (Newark)

<u>Paperworkers Mobile and Salaried</u>	
<u>Age</u>	<u>Probability of Retirement</u>
55-59	5.00%
60-64	10.00%
65+	100.00%

California

<u>Age</u>	<u>Probability of Retirement</u>
55-59	5.00%
60-61	10.00%
62+	100.00%

All Other Locations

<u>Age</u>	<u>Probability of Retirement</u>
55-59	2.50%
60-64	5.00%
65+	100.00%

Weighted Average Retirement Age: 63

Summary of Changes to Actuarial Assumptions

As required by the IRS, the interest rate assumption for valuing the Funding Target was changed from the September 2015 IRS Segmented Yield Curve limited by the MAP-21 corridor as amended by HATFA in 2016 to the September 2016 IRS Segmented Yield Curve limited by the MAP-21 corridor as amended by HATFA in 2017.

As required by the IRS, the mortality assumption has been changed from the prescribed tables for 2016 to the prescribed tables for use in 2017.

Funding Methods

Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the Valuation Date of the increase in the accrued benefit arising from the service and salary increase in the current Plan Year plus administrative expenses expected to be paid out of Plan assets. The Funding Target as of the Valuation Date is the present value of the accrued benefit as of the Valuation Date.

Asset Valuation Method

The Actuarial Value of Assets is determined using a three-year averaging method described in IRS Notice 2009-22. See the following page.

Development of Actuarial Value of Assets

1. January 1, 2015 Adjusted Market Value of Assets as of January 1, 2017

a. Market Value of Assets as of 1/1/2015 including prior year accrued contributions:	\$ 330,651,838
b. Contributions made for the 2015 and 2016 Plan Years not included in assets above:	2,391,211
c. Benefit payments and expenses paid during the 2015 and 2016 Plan Years not included in assets above:	(41,274,894)
d. Expected return at an annual rate of 6.00%	<u>37,204,650</u>
e. 1/1/2015 Adjusted Market Value of Assets as of 1/1/2017: (a) + (b) + (c) + (d)	\$ 328,972,805

2. January 1, 2016 Adjusted Market Value of Assets as of January 1, 2017

a. Market Value of Assets as of 1/1/2016 including prior year accrued contributions:	\$ 309,291,384
b. Contributions made for the 2015 and 2016 Plan Years not included in assets above:	0
c. Benefit payments and expenses paid during the 2015 and 2016 Plan Years not included in assets above:	(22,447,948)
d. Expected return at an annual rate of 6.00%	<u>17,884,045</u>
e. 1/1/2016 Adjusted Market Value of Assets as of 1/1/2017: (a) + (b) + (c) + (d)	\$ 304,727,481

3. January 1, 2017 Average Adjusted Market Value of Assets

a. 1/1/2015 Adjusted Market Value of Assets as of 1/1/2017:	\$ 328,972,805
b. 1/1/2016 Adjusted Market Value of Assets as of 1/1/2017:	\$ 304,727,481
c. January 1, 2017 Market Value of Assets (including discounted receivables):	<u>\$ 309,804,653</u>
d. Average Adjusted Market Value of Assets: [(a) + (b) + (c)] / 3	\$ 314,501,646

4. 90% of 1/1/2017 Market Value of Assets \$ 278,824,188

5. 110% of 1/1/2017 Market Value of Assets \$ 340,785,118

6. 1/1/2017 Actuarial Value of Assets:
(3d), no less than (4) and no greater than (5) \$ 314,501,646

Summary of Plan Provisions

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

Plan: Caraustar Industries Inc. Retirement Plan
Non-Bargained

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Accruals frozen for participants with less than 75 point as of December 31, 2004.
No new entrants to the plan for nonunion employees after December 31, 2004.

Eligibility: 1st of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year

Credited Service: One year if over 1000 hours in a calendar year
Credited Service is frozen as of December 31, 2004 for participants with less than 75 points.

Average Annual Compensation (AAC): Average of 5 highest consecutive calendar year Pensionable Earnings in the last 10 calendar years

Final Average Compensation (FAC): Lesser of the average of the last 2 consecutive full calendar year Pensionable Earnings, where each year is limited to the wage base, and Covered Compensation.

Normal Retirement Date: First day of the month coincident with or next following the date a Participant attains age 65.

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Vesting Service

Normal Retirement Benefit:

Grandfathered as of March 31, 2000: Maximum of A, B, and C

A) $0.75\% \times \text{Credited Service} \times \text{AAC}$

B) $(1.35\% \text{ of AAC} - 0.65\% \text{ of FAC}) \times (\text{Credited Service} / \text{Credited Service at NRA}) \times (\text{the lesser of i. and ii.})$

i. Credited Service at NRA

ii. 33 years

C) $\$144 \times \text{Credited Service}$

Note: the offset in B must be no more than half of the benefit pre-offset

Summary of Plan Provisions

Not Grandfathered as of March 31, 2000: Greater of A and B, plus the greater of C and D

- A) 3/31/2000 frozen benefit using Grandfathered formula
- B) $\$96 \times \text{Credited Service pre-3/31/2000}$
- C) $0.75\% \times \text{Credited Service post-3/31/2000} \times \text{AAC}$
- D) $\$144 \times \text{Credited Service post-3/31/2000}$

Termination: Benefit equal to Early Retirement Benefit with at least 5 years of Vesting Service or age 65.

Early Retirement Benefit: Normal Retirement Benefit reduced by:

Years Preceding NRA	Factor
1	0.9231
2	0.8462
3	0.7692
4	0.7308
5	0.6923

Years Preceding NRA	Factor
6	0.6538
7	0.6154
8	0.5769
9	0.5292
10	0.4862

Normal Form: Single life annuity

Optional Forms:

Caraustar: Single life annuity, 10 year Certain & Life, Lump Sum for pre-88 Accrued Benefit

Garber: Single life annuity, 5 year Certain & Life, 10 year Certain & Life, 15 year Certain & Life

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Chattanooga Paperboard - Appendix A

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed and has no active Plan participants

Eligibility: 1st of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year
1/12th partial credit for each full month being paid

Credited Service: Elapsed time basis in years and completed months, no credit for partial months

Normal Retirement Date: First day of the month coincident with or next following the date a Participant attains age 65.

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Credited Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Benefit Level	Effective Date	Benefit Level
12/19/2002	\$29.50	12/19/2005	\$32.00
12/19/2003	\$30.50	12/19/2006	\$33.00
12/19/2004	\$31.50	12/19/2007	\$33.50

Termination Benefit: Accrued benefit reduced by 0.5% per month between ERA and NRA.

Early Retirement Benefit: Normal Retirement Benefit reduced by:

- 0.5% per month between ERA and 62, if 30 or more years of Credited Service
- 0.5% per month between ERA and NRA otherwise

Disability Benefit: Accrued Benefit as of Disability Retirement Date, unreduced.

Normal Form: Single life annuity

Optional Forms: 10 Year Certain & Life, 100% Joint and Survivor, 75% Joint and Survivor (if married), 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Chicago Paperboard UPIU 1208- Mill - Appendix A

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed and has no active Plan Participants

Eligibility: 1st of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year

Credited Service: Elapsed time basis in years and completed months, no credit for partial months

Normal Retirement Date: First day of the month coincident with or next following the date a Participant attains age 65.

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Credited Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Benefit Level
6/19/1996	\$20.00
6/19/1997	\$21.50
6/19/1998	\$23.50
6/19/1999	\$25.50

Effective Date	Benefit Level
6/19/2000	\$27.50
6/19/2001	\$30.00
3/20/2005	\$36.00

Termination Benefit: Accrued benefit reduced by 0.5% per month between ERA and NRA.

Early Retirement Benefit: Normal Retirement Benefit reduced by:

- 0.5% per month between ERA and 62, if 30 or more years of Credited Service
- 0.5% per month between ERA and NRA otherwise

Disability Benefit: Accrued Benefit as of Disability Retirement Date, unreduced.

Normal Form: Single life annuity

Optional Forms: 10 Year Certain & Life, 100% Joint and Survivor (regardless of marital status), 75% Joint and Survivor (if married), 50% Joint and Survivor (if single)

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Cincinnati Paperboard IUOE 20 - Appendix A

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Continuing accruals but frozen to Employees hired or rehired on or after January 1, 2014

Eligibility: 1st of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year
1/12th partial credit for each full month being paid

Credited Service: Elapsed time basis in years and completed months, no credit for partial months

Normal Retirement Date: First day of the month coincident with or next following the date a Participant attains age 65.

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Credited Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Benefit Level
6/19/1997	\$20.00
6/19/1998	\$22.00
6/19/1999	\$24.00
6/19/2000	\$26.00
6/19/2001	\$28.00
6/19/2002	\$30.00
6/19/2003	\$31.00
6/19/2004	\$31.50

Effective Date	Benefit Level
6/19/2005	\$32.50
6/19/2006	\$33.00
6/19/2007	\$33.50
6/19/2008	\$34.00
1/1/2012	\$35.00 future only
1/1/2013	\$35.50 future only
1/1/2014	\$36.50 future only
1/1/2015	\$37.00 future only
1/1/2016	\$37.50 future only

Termination Benefit: Accrued benefit reduced by 0.5% per month between ERA and NRA.

Early Retirement Benefit: Normal Retirement Benefit reduced by:

- 0.5% per month between ERA and 62, if 30 or more years of Credited Service
- 0.5% per month between ERA and NRA otherwise

Disability Benefit: Accrued Benefit as of Disability Retirement Date, unreduced.

Normal Form: Single life annuity

Optional Forms: 10 Year Certain & Life, 100% Joint and Survivor (regardless of marital status), 75% Joint and Survivor (if married), 50% Joint and Survivor (if single)

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Cincinnati Paperboard UPIU 609 - Appendix A

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Continuing accruals but frozen to Employees hired or rehired on or after January 1, 2014

Eligibility: 1st of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year

Credited Service: Elapsed time basis in years and completed months, no credit for partial months

Normal Retirement Date: First day of the month coincident with or next following the date a Participant attains age 65.

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Credited Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Benefit Level
6/19/1997	\$20.00
6/19/1998	\$22.00
6/19/1999	\$24.00
6/19/2000	\$26.00
6/19/2001	\$28.00
6/19/2002	\$30.00
6/19/2003	\$31.00
6/19/2004	\$31.50
6/19/2005	\$32.50

Effective Date	Benefit Level
6/19/2006	\$33.00
6/19/2007	\$33.50
6/19/2008	\$34.00
1/1/2011	\$34.50 future only
1/1/2012	\$35.00 future only
1/1/2013	\$35.50 future only
1/1/2014	\$36.50 future only
1/1/2015	\$37.00 future only
1/1/2016	\$37.50 future only

Termination Benefit: Accrued benefit reduced by 0.5% per month between ERA and NRA.

Early Retirement Benefit: Normal Retirement Benefit reduced by:

- 0.5% per month between ERA and 62, if 30 or more years of Credited Service
- 0.5% per month between ERA and NRA otherwise

Disability Benefit: Accrued Benefit as of Disability Retirement Date, unreduced.

Normal Form: Single life annuity

Optional Forms: 10 Year Certain & Life, 100% Joint and Survivor (regardless of marital status), 75% Joint and Survivor (if married), 50% Joint and Survivor (if single)

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Buffalo Paperboard - Appendix B

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed and has no active Plan Participants

Eligibility: 1st of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year

Credited Service: One year if over 1000 hours in a calendar year
1/10 partial credit for each 100 hours.

Normal Retirement Date: First day of the month coincident with or next following the date a Participant attains age 65.

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 15 years of Credited Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Benefit Level
5/1/1999	\$23.00
5/1/2000	\$24.00
5/1/2001	\$25.00

Effective Date	Benefit Level
5/1/2002	\$26.00
5/1/2003	\$27.00
5/1/2004	\$28.00

Note: This location was closed in March of 2003.

Termination Benefit: Accrued benefit actuarially reduced

Early Retirement Benefit: Accrued benefit actuarially reduced

Disability Benefit: Accrued Benefit unreduced.

Normal Form: Single life annuity

Optional Forms: 5 Year Certain & Life, 10 Year Certain & Life, 100%, 75%, 66 2/3% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Federal Packaging - Appendix C

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Sold in October 2007. No active participants.

Eligibility: First of the month following date of hire.

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level
1/1/2000	\$12.00
1/1/2001	\$13.00
1/1/2002	\$14.00

Effective Date	Monthly Benefit Level
1/1/2003	\$15.00
1/1/2004	\$16.25
1/1/2005	\$17.50

Termination Benefit: Accrued benefit actuarially reduced

Early Retirement Benefit: Accrued benefit actuarially reduced

Disability Benefit: Accrued Benefit as of Disability Retirement Date, unreduced.

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Richmond Paperboard - Appendix D

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Continuing accruals and open to new entrants

Eligibility: First of the month following date of hire.

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: According to the following schedule

Hours of Service	Credited Service
> 1530	1.00 year
1361-1530	0.90 year
1191-1360	0.80 year
1021-1190	0.70 year
851-1020	0.60 year
681-850	0.50 year

Hours of Service	Credited Service
511-680	0.40 year
341-510	0.30 year
171-340	0.20 year
1-170	0.10 year
0	0.00 year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 60 with 15 years of Vesting Service

Normal Retirement Benefit:

Pre-2006: Credited Service x Benefit Level at exit

Post-2005: Credited Service pre-12/4/2005 x Benefit Level at 1/1/2004 + Credited Service post 12/3/2005 x Benefit Level in effect during that period

Effective Date	Monthly Benefit Level
12/4/1998	\$13.50
12/4/1999	\$14.00
1/1/2001	\$18.00
1/1/2002	\$19.00
1/1/2003	\$20.00
1/1/2004	\$21.00

Effective Date	Monthly Benefit Level for Service Accrued After Effective Date
1/1/2006	\$21.50
1/1/2007	\$22.00
1/1/2008	\$22.50
1/1/2009	\$23.00
1/1/2010	\$23.50

Termination Benefit: Normal Retirement Benefit reduced by 0.4% per month between age 55 and age 60, and 0.6% per month between age 60 and age 65.

Early Retirement Benefit: Normal Retirement Benefit reduced 0.4% per month between age 55 and 60 and 0.6% per month between 60 and 65.

Disability Benefit: \$175 per month until Normal Retirement Age, then full unreduced accrued benefit.

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 5 year Certain & Life, 15 year Certain and Life, 100%, 75%, 66 2/3%, and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Rittman Paperboard- Guards - Appendix E

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed in 2006 and 2007

Eligibility: First of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 60 with 15 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit, less Tenneco offset

Effective Date	Monthly Benefit Level
6/1/1998	\$21.50
6/1/1999	\$24.00
6/1/2001	\$27.50
6/1/2002	\$28.50
6/1/2003	\$29.50

Effective Date	Monthly Benefit Level
6/1/2004	\$30.00/\$30.50*
6/1/2005	\$30.00/\$31.00*
6/1/2006	\$30.00/\$31.50*
6/1/2007	\$30.00/\$32.00*

*Rates for Pre/Post Acquisition Date 7/15/1996

Termination Benefit: Accrued Benefit actuarially reduced

Early Retirement Benefit: Normal Retirement Benefit reduced by:

- 0.5% per month between Early Retirement Age and 62, if 30 or more years of Vesting Service
- 0.5% per month between Early Retirement Age and 62 plus 0.25% per month between age 62 and Normal Retirement Age otherwise

Disability Benefit: Full unreduced accrued benefit (no Tenneco offset until Normal Retirement Age)

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Rittman Paperboard- Mill - Appendix E

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed in 2006

Eligibility: First of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 60 with 15 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit, less Tenneco offset

Effective Date	Monthly Benefit Level
6/1/1998	\$24.00
6/1/1999	\$26.50
6/1/2001	\$27.50
6/1/2002	\$28.50
6/1/2003	\$29.50

Effective Date	Monthly Benefit Level
6/1/2004	\$30.00/\$30.50*
6/1/2005	\$30.00/\$31.00*
6/1/2006	\$30.00/\$31.50*
6/1/2007	\$30.00/\$32.00*

*Rates for Service Pre/Post Acquisition Date of 7/15/1996

Termination Benefit: Accrued Benefit actuarially reduced

Early Retirement Benefit: Normal Retirement Benefit reduced by:

- i. 0.5% per month between Early Retirement Age and 62, if 30 or more years of Vesting Service
- ii. 0.5% per month between Early Retirement Age and 62 plus 0.25% per month between age 62 and Normal Retirement Age otherwise

Disability Benefit: Full unreduced accrued benefit (no Tenneco offset until Normal Retirement Age)

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75%, and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Tama Paperboard - Appendix F

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Continuing accruals but closed to Employees hired or rehired on or after October 2, 2014

Eligibility: First of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 with 15 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit, less Tenneco offset

Effective Date	Monthly Benefit Level	Effective Date	Monthly Benefit Level
10/2/2001	\$22.50	10/2/2006	\$25.50/\$27.50*
10/2/2002	\$23.50	10/2/2007	\$26.00/\$28.50*
10/2/2003	\$24.00/\$24.50	10/2/2008	\$26.50/\$29.50*
10/2/2004	\$24.50/\$25.50	10/2/2009	\$27.50/\$30.50*
10/2/2005	\$25.00/\$26.50	10/2/2013	\$27.50/\$31.50*

*Rates for Service Pre/Post Acquisition Date of 7/15/1996

Termination Benefit: Accrued Benefit actuarially reduced

Early Retirement Benefit: Normal Retirement Benefit reduced by 0.6% per month between Early Retirement Age and 65

Disability Benefit: Full unreduced accrued benefit (no Tenneco offset until Normal Retirement Age)

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Cleveland Paper Stock - Appendix G

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Continuing accruals but closed to Employees hired on or rehired on or after June 1, 2013

Eligibility: First of the month following completion of 1000 hours of service in the 12-month period following the date of hire, or any subsequent calendar year.

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credit Service: One year if over 1000 hours in a calendar year, no credit for partial year
Maximum of 30 years

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 60 and 15 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level	Effective Date	Monthly Benefit Level
12/19/1997	\$8.25	12/19/2001	\$14.00
12/19/1998	\$8.50	6/1/13 - 1/1/11	\$18.00
12/19/1999	\$10.00	1/1/2011	\$19.00 future only
12/19/2000	\$12.00	1/1/2012	\$21.00 future only

Termination Benefit: Accrued benefit actuarially reduced

Early Retirement Benefit: Normal Retirement Benefit reduced by 0.6% per month preceding Normal Retirement Date

Disability Benefit: Accrued Benefit as of Disability Retirement Date, unreduced.
No Tenneco offset until Normal Retirement Age

Normal Forms: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Oak Tree- York - Appendix J-1

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed during 2006 and 2007

Eligibility: First of the month following date of hire.

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: According to the following schedule

Hours of Service	Credited Service
> 1614	1.00 year
1445-1614	0.90 year
1275-1444	0.80 year
1105-1274	0.70 year
935-1104	0.60 year
765-934	0.50 year

Hours of Service	Credited Service
595-764	0.40 year
425-594	0.30 year
255-424	0.20 year
85-254	0.10 year
< 85	0.00 year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 with 20 years of Vesting Service or age 60 with 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level
3/1/2002	\$23.00
3/1/2003	\$24.00
3/1/2004	\$25.00

Effective Date	Monthly Benefit Level
3/1/2005	\$26.00
3/1/2006	\$27.00
3/1/2007	\$28.00

Termination Benefit: Normal Retirement Benefit reduced 0.4% per month between age 55 and 60 and 0.6% per month between 60 and 65.

Early Retirement Benefit: Normal Retirement Benefit reduced 0.4% per month between Early Retirement Date and age 65.

Disability Benefit: \$325 per month until Normal Retirement Age, then full unreduced accrued benefit.

Normal Form: Single life annuity

Optional Forms: 100% Joint and Survivor, 75% Joint and Survivor, 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Oak Tree- Versailles - Appendix J-2

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Sold in October 2007. No active participants.

Eligibility: First of the month following date of hire.

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: According to the following schedule

Hours of Service	Credited Service
> 1614	1.00 year
1445-1614	0.90 year
1275-1444	0.80 year
1105-1274	0.70 year
935-1104	0.60 year
765-934	0.50 year

Hours of Service	Credited Service
595-764	0.40 year
425-594	0.30 year
255-424	0.20 year
85-254	0.10 year
< 85	0.00 year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 with 20 years of Vesting Service or age 60 with 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level
7/1/2000	\$19.50
7/1/2001	\$20.00
7/1/2002	\$21.00 *
7/1/2003	\$22.00 *
7/1/2004	\$23.00 *
7/1/2005	\$24.00 *

Effective Date	Monthly Benefit Level
7/1/2006	\$24.50 *
7/1/2007	\$25.00 *
7/1/2008	\$25.50 *
7/1/2010	\$26.00 *
7/1/2011	\$26.50 *
7/1/2012	\$27.00 *

*Effective 7/1/2002, Benefit Levels shown apply to all service from 6/3/1991

Termination Benefit: Normal Retirement Benefit reduced 0.4% per month between age 55 and 60 and 0.6% per month between 60 and 65.

Early Retirement Benefit: Normal Retirement Benefit reduced 0.4% per month between Early Retirement Date and age 65.

Disability Benefit: \$300 per month until Normal Retirement Age, then full unreduced accrued benefit.

Normal Form: Single life annuity

Optional Forms: 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Chesapeake Fiber - Appendix K-1

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Sold to Green Bay Packaging 12/31/2005. No active Plan participants

Eligibility: First of the month following the date of hire.

Vesting Service: One year if over 750 hours in a calendar year, half year if 375 - 749 hours

Credited Service:

Hours of Service	Credited Service
> 1349	1.00 year
1012-1349	0.75 year
675-1011	0.50 year
337-674	0.25 year
< 337	0.00 year

Normal Retirement Date: Later of age 65 and 5th anniversary of participation date

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 5 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Annual Benefit Level
8/1/2000	\$108.00
8/1/2001	\$115.00
8/1/2002	\$122.00

Effective Date	Annual Benefit Level
8/1/2003	\$144.00
8/1/2004	\$150.00
8/1/2005	\$156.00

Note: This location closed in December of 2005.

Termination Benefit: Accrued benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced by:

- 0.4% per month between ERA and 65, if Date of Commencement is before age 60
- 0.3% per month between ERA and 65, if Date of Commencement is after age 60

Disability Benefit: Accrued Benefit as of Disability Retirement Date, unreduced.

Normal Form: Single life annuity

Optional Forms: Lump Sum (if monthly benefit is less than \$50), 100%, 75%, 66 2/3% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Chesapeake Paperboard - Appendix K-2

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed and has no active Plan participants

Eligibility: Date of hire.

Vesting Service: One year if over 750 hours in a calendar year, half year if 375 - 749 hours

Credited Service:

Hours of Service	Credited Service
> 1349	1.00 year
1012-1349	0.75 year
675-1011	0.50 year
337-674	0.25 year
< 337	0.00 year

Normal Retirement Date: Later of age 65 and 5th anniversary of participation date

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 5 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Annual Benefit Level
2/11/1995	\$132.50
2/11/1998	\$156.00
2/11/1999	\$162.00

Effective Date	Annual Benefit Level
2/11/2000	\$168.00
2/11/2001	\$180.00
2/11/2002	\$192.00

Note: This location closed in April of 2000.

Termination Benefit: Accrued benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced by:

- 0.4% per month between ERA and 65, if Date of Commencement is before age 60
- 0.3% per month between ERA and 65, if Date of Commencement is after age 60

Disability Benefit: Accrued Benefit as of Disability Retirement Date, unreduced.

Normal Form: Single life annuity

Optional Forms: Lump Sum (if monthly benefit is less than \$50), 10 Year Certain & Life, 100%, 75%, 66 2/3% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Sprague Paperboard - Appendix L

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Sold in 2006

Eligibility: 1st of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year
1/12th partial credit for each full month being paid

Credited Service: Elapsed time basis in years and completed months, no credit for partial months

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 with 10 years of Credited Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level
4/8/1999	\$25.00
7/10/2002	\$26.00
7/10/2003	\$27.00

Effective Date	Monthly Benefit Level
7/10/2004	\$28.00
7/10/2005	\$29.00

Termination Benefit: Accrued benefit reduced by 0.5% per month between ERA and NRA.

Early Retirement Benefit: Normal Retirement Benefit reduced by:

- i. 0.5% per month between ERA and 62, if 30 or more years of Credited Service
- ii. 0.5% per month between ERA and NRA otherwise

Disability Benefit: Accrued Benefit as of Disability Retirement Date, unreduced.

Normal Form: Single life annuity

Optional Forms: 10 Year Certain & Life, 100% Joint and Survivor (regardless of marital status), 75% Joint and Survivor (if married), 50% Joint and Survivor (if single)

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Caraustar Packaging- Denver Carton - Appendix M

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Continuing accruals but closed to Employees hired on or rehired on or after October 1, 2012

Eligibility: First of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Participation is frozen on October 1, 2012 for new and rehired employees.

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: One year if over 1000 hours in a calendar year, no credit for partial year
Maximum of 40 years

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 60 with 15 years of Vesting Service

Normal Retirement Benefit:

Pre-7/1/2006: Credited Service x Benefit Level at exit

Post-7/1/2006: Credited Service pre-7/1/2006 x Benefit Level at 7/1/2005 + Credited Service post-6/30/2006 x Benefit Level in effect during that period

Effective Date	Monthly Benefit Level
6/1/1999	\$17.50
1/1/2000	\$18.50
7/1/2005	\$20.00

Effective Date	Monthly Benefit Level
7/1/2006	\$20.50
7/1/2007	\$21.00
7/1/2008	\$21.50

Termination Benefit: Accrued Benefit actuarially reduced

Early Retirement Benefit: Normal Retirement Benefit reduced by 0.6% per month between Early Retirement Age and 65

Disability Benefit: Full unreduced accrued benefit (no Tenneco offset until Normal Retirement Age)

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Caraustar Packaging- Grand Rapids Carton - Appendix N

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Continuing accruals but closed to Employees hired on or rehired on or after September 2, 2014

Eligibility: First of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 with 10 years of Vesting Service

Normal Retirement Benefit:

Pre-9/2/2008: Credited Service x Benefit Level at exit, less Tenneco offset

Post-9/1/2008: (Credited Service pre-6/1/1999 x Benefit Level at 9/2/2007 + Credited Service post-6/1/1999 x Benefit Level at exit) less Tenneco offset

Effective Date	Monthly Benefit Level
9/2/2002	\$25.50
9/2/2003	\$26.00
9/2/2004	\$27.50
9/2/2005	\$28.00
9/2/2006	\$28.50
9/2/2007	\$29.00

Effective Date	Monthly Benefit Level
9/2/2008*	\$29.50
9/2/2009*	\$30.00
9/2/2010*	\$30.50
1/1/12 - 12/31/12*	\$31.00
01/01/2013*	\$31.50
* +\$29.00 for service before 6/1/1999	

Termination Benefit: Accrued Benefit actuarially reduced

Early Retirement Benefit: Normal Retirement Benefit reduced by 0.5% per month between Early Retirement Age and 65

Disability Benefit: Full unreduced accrued benefit (no Tenneco offset until Normal Retirement Age)

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Caraustar Packaging- Mentor Carton - Appendix O

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed and has no active Plan participants

Eligibility: First of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: One year if over 1000 hours in a calendar year, no credit for partial year
Maximum of 42 years

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 with 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit, less Tenneco offset

Effective Date	Monthly Benefit Level
2/1/2000	\$21.00
2/1/2001	\$21.50
2/1/2002	\$22.00

Effective Date	Monthly Benefit Level
2/1/2003	\$22.50
2/1/2004	\$23.00
2/1/2005	\$23.50

Termination Benefit: Accrued Benefit actuarially reduced

Early Retirement Benefit: Normal Retirement Benefit reduced by 0.5% per month between Early Retirement Age and 65

Disability Benefit: Full unreduced accrued benefit (no Tenneco offset until Normal Retirement Age)

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Caraustar Packaging- Salt Lake City - Appendix P

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed and has no active Plan participants

Eligibility: First of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: One year if over 1000 hours in a calendar year, no credit for partial year
Maximum of 30 years

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 with 15 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit, less Tenneco offset

Effective Date	Monthly Benefit Level	Effective Date	Monthly Benefit Level
5/28/1997	\$17.00	6/1/2001	\$19.50
6/1/1998	\$18.00	6/1/2002	\$20.00
1/1/1999	\$19.00	6/1/2003	\$20.75

Termination Benefit: Accrued Benefit actuarially reduced

Early Retirement Benefit: Normal Retirement Benefit reduced by 0.6% per month between Early Retirement Age and 65

Disability Benefit: Full unreduced accrued benefit (no Tenneco offset until Normal Retirement Age)

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Caraustar Packaging- St. Louis Carton - Appendix Q

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Continuing accruals but closed to Employees hired on or rehired on or after August 1, 2013

Eligibility: First of the month following completion of 1000 hours of service in the 12-month period following date of hire, or any subsequent calendar year

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: One year if over 1000 hours in a calendar year, no credit for partial year
Maximum of 45 years

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 60 with 15 years of Vesting Service

Normal Retirement Benefit:

Pre-8/1/2008: Credited Service x Benefit Level at exit, less Tenneco offset

Post-8/1/2008: (Credited Service pre-8/1/2008 x Benefit Level at 8/1/2007 + Credited Service post-8/1/2008 x Benefit Level at exit) less Tenneco offset

Effective Date	Monthly Benefit Level in effect through 8/1/2008 (for all service)
8/1/1999	\$19.25
8/1/2000	\$20.00
8/1/2001	\$20.75
8/1/2002	\$22.00
8/1/2003	\$23.00
8/1/2004	\$24.00

* + \$26.00 for service before 8/1/2008

Effective Date	Monthly Benefit Level in effect through 8/1/2008 (for all service)
11/21/2005	\$24.50
8/1/2006	\$25.00
8/1/2007	\$26.00
Effective Date	Benefit Level for Service after 8/1/2008
8/1/2008*	\$27.00

Termination Benefit: Accrued Benefit actuarially reduced

Early Retirement Benefit: Normal Retirement Benefit reduced by 0.6% per month between Early Retirement Age and 65

Disability Benefit: Full unreduced accrued benefit (no Tenneco offset until Normal Retirement Age)

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Halifax Paperboard - Appendix R

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed and has no active Plan participants

Eligibility: First of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year

Credited Service: One year if over 1000 hours in a calendar year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 with 20 years of Vesting Service or age 60 with 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit, less Tenneco offset

Effective Date	Monthly Benefit Level	Effective Date	Monthly Benefit Level
5/2/1991	\$13.00	5/2/1997	\$15.00
5/2/1992	\$13.50	5/2/1999	\$15.50
5/2/1993	\$14.00	5/2/2000	\$15.50
5/2/1994	\$14.50	5/2/2001	\$15.50

Termination Benefit: Normal Retirement Benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced by 0.4% per month between age 55 and 60 and 0.6% per month between age 60 and 65.

Disability Benefit: Full unreduced accrued benefit offset by Prior Plan Benefit, not less than \$175 per month.

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Arrow Paper (Saginaw) - Appendix S

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Continuing accruals but closed to Employees hired on or rehired on or after May 1, 2014

Eligibility: First of the month following date of hire.

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credited Service: According to the following schedule

Hours of Service	Credited Service
>1742	1 year
1584-1742	11/12 year
1426-1583	10/12 year
1268-1425	9/12 year
1109-1267	8/12 year
951-1108	7/12 year
793-950	6/12 year

Hours of Service	Credited Service
634-792	5/12 year
476-633	4/12 year
318-475	3/12 year
159-317	2/12 year
158-158	1/12 year
<158	0 year

*35 year cap on Credited Service

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 60 with 15 years Vesting Service and 10 years of participation

Normal Retirement Benefit:

Before 5/1/2008: Credited Service x Benefit Level at exit

After 5/1/2008: Credited Service prior to 5/1/1987 x \$18 + Credited Service after 5/1/1987 x Benefit Level at exit for Service after 5/1/1987

Effective Date	Monthly Benefit Level
5/1/2001	\$12.00
5/1/2002	\$13.00
5/1/2003	\$14.00
5/1/2004	\$15.00
5/1/2005	\$16.00
5/1/2006	\$17.00
5/1/2007	\$18.00

Effective Date	Benefit Level after 5/1/1987
5/1/2008	\$18.00
05/01/2009 - 4/30/11	\$19.00
5/1/2011	\$20.00
5/1/2012	\$20.50
5/1/2013	\$21.00

If more than 35 years of service, benefit is determined using the benefit levels in effect for each of the first 35 years.

Termination Benefit: Normal Retirement Benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced 1/15th for the first 5 years and 1/30th for the next 5 years

Disability Benefit: Accrued Benefit as of Disability Retirement Date, unreduced.

Normal Form: Single life annuity

Optional Forms: Lump Sum, Period Certain, Any Contingent Annuity, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Beardstown Tube - Appendix T

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Benefit Accruals Frozen as of 12/31/2005

Eligibility: First of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credit Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level
1/1/2003	\$19.00
1/1/2004	\$19.50
1/1/2005	\$20.00

Termination Benefit: Normal Retirement Benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced as follows:

Years Preceding Age 65	Factor	Years Preceding Age 65	Factor
1	0.9231	6	0.6538
2	0.8462	7	0.6154
3	0.7692	8	0.5769
4	0.7308	9	0.5292
5	0.6923	10	0.4862

Disability Benefit:

If not eligible for Social Security Disability: Base Benefit of \$12 per month for each year of Credited Service

If eligible for Social Security Disability: Reduction Factor x (Accrued Benefit - Base Amount) + Base Amount

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Cedartown Paperboard - Appendix T

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed and has no active Plan participants

Eligibility: First of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credit Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level
1/1/2003	\$22.00
1/1/2005	\$23.00
1/1/2006	\$24.00

Termination Benefit: Normal Retirement Benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced as follows:

Years Preceding Age 65	Factor	Years Preceding Age 65	Factor
1	0.9231	6	0.6538
2	0.8462	7	0.6154
3	0.7692	8	0.5769
4	0.7308	9	0.5292
5	0.6923	10	0.4862

Disability Benefit:

If not eligible for Social Security Disability: Base Benefit of \$12 per month for each year of Credited Service

If eligible for Social Security Disability: Reduction Factor*(Accrued Benefit - Base Amount) + Base Amount

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Columbus Tube - Appendix T

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed and has no active Plan participants

Eligibility: First of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credit Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit, less Tenneco offset

Effective Date	Monthly Benefit Level
1/1/2003	\$22.00
1/1/2004	\$22.50
1/1/2005	\$23.00

Termination Benefit: Normal Retirement Benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced as follows:

Years Preceding Age 65	Factor
1	0.9231
2	0.8462
3	0.7692
4	0.7308
5	0.6923

Years Preceding Age 65	Factor
6	0.6538
7	0.6154
8	0.5769
9	0.5292
10	0.4862

Disability Benefit:

If not eligible for Social Security Disability: Base Benefit of \$12 per month for each year of Credited Service

If eligible for Social Security Disability: Reduction Factor x (Accrued Benefit - Base Amount) + Base Amount

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Crosset Tube - Appendix T

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Benefit accruals frozen as of December 31, 2016

Eligibility: First of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credit Service: One year if over 1000 hours, benefit service frozen as of 12/31/2016.

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit, less Tenneco offset

Effective Date	Monthly Benefit Level
1/1/2003	\$19.50
1/1/2004	\$20.00
1/1/2005	\$20.50
1/1/2006	\$21.00
1/1/2007	\$21.25

Effective Date	Monthly Benefit Level
1/1/2008	\$21.50
1/1/13 - 1/1/14	\$21.50
1/1/14 - 1/1/16*	\$22.00
1/1/2016**	\$22.50

*\$21.50 times service prior to 1/1/14

**\$22.00 times service from 1/1/14 - 1/1/15

Termination Benefit: Normal Retirement Benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced as follows:

Years Preceding Age 65	Factor
1	0.9231
2	0.8462
3	0.7692
4	0.7308
5	0.6923

Years Preceding Age 65	Factor
6	0.6538
7	0.6154
8	0.5769
9	0.5292
10	0.4862

Disability Benefit:

If not eligible for Social Security Disability: Base Benefit of \$12 per month for each year of Credited Service

If eligible for Social Security Disability: Reduction Factor x (Accrued Benefit - Base Amount) + Base Amount

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
DeQuincy Tube -Appendix T

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed in February 2006. No active participants.

Eligibility: First of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credit Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level
1/1/2003	\$18.00
2/1/2003	\$19.00
2/1/2004	\$19.50

Effective Date	Monthly Benefit Level
2/1/2005	\$20.00
2/1/2006	\$20.50

Termination Benefit: Normal Retirement Benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced as follows:

Years Preceding Age 65	Factor
1	0.9231
2	0.8462
3	0.7692
4	0.7308
5	0.6923

Years Preceding Age 65	Factor
6	0.6538
7	0.6154
8	0.5769
9	0.5292
10	0.4862

Disability Benefit:

If not eligible for Social Security Disability: Base Benefit of \$12 per month for each year of Credited Service

If eligible for Social Security Disability: Reduction Factor x (Accrued Benefit - Base Amount) + Base Amount

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Hendersonville Tube - Appendix T

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Benefit Accruals Frozen as of 12/31/2005

Eligibility: First of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credit Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level
1/1/2003	\$21.50
10/1/2003	\$22.00
10/1/2004	\$22.50

Termination Benefit: Normal Retirement Benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced as follows:

Years Preceding Age 65	Factor	Years Preceding Age 65	Factor
1	0.9231	6	0.6538
2	0.8462	7	0.6154
3	0.7692	8	0.5769
4	0.7308	9	0.5292
5	0.6923	10	0.4862

Disability Benefit:

If not eligible for Social Security Disability: Base Benefit of \$12 per month for each year of Credited Service

If eligible for Social Security Disability: Reduction Factor x (Accrued Benefit - Base Amount) + Base Amount

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan
Jacksonville Tube - Appendix T

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Closed and has no active Plan participants

Eligibility: First of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credit Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level
1/1/2003	\$19.50
1/1/2004	\$20.00
1/1/2005	\$20.50

Termination Benefit: Normal Retirement Benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced as follows:

Years Preceding Age 65	Factor	Years Preceding Age 65	Factor
1	0.9231	6	0.6538
2	0.8462	7	0.6154
3	0.7692	8	0.5769
4	0.7308	9	0.5292
5	0.6923	10	0.4862

Disability Benefit:

If not eligible for Social Security Disability: Base Benefit of \$12 per month for each year of Credited Service

If eligible for Social Security Disability: Reduction Factor x (Accrued Benefit - Base Amount) + Base Amount

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, and 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Mobile Tube - Appendix T

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Benefit accruals frozen as of 12/31/2005. Closed in 2005. No active participants.

Eligibility: First of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credit Service: One year if over 1000 hours in a calendar year, no credit for partial year

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level
1/1/2003	\$18.50
4/1/2003	\$19.00
4/1/2004	\$19.50

Termination Benefit: Normal Retirement Benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced as follows:

Years Preceding Age 65	Factor	Years Preceding Age 65	Factor
1	0.9231	6	0.6538
2	0.8462	7	0.6154
3	0.7692	8	0.5769
4	0.7308	9	0.5292
5	0.6923	10	0.4862

Disability Benefit:

If not eligible for Social Security Disability: Base Benefit of \$12 per month for each year of Credited Service

If eligible for Social Security Disability: Reduction Factor x (Accrued Benefit - Base Amount) + Base Amount

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

Plan: Caraustar Industries Inc. Retirement Plan

Tacoma Paperboard - Appendix T

Employer Identification Number/Plan Number: 80-0467749 / 001

Effective Date: July 1, 1968

Plan Year: January 1- December 31

Employer: Caraustar Industries Inc.

Status: Accruals frozen as January 1, 2016.

Eligibility: First of the month following date of hire

Vesting Service: One year if over 1000 hours in a calendar year, no credit for partial year

Credit Service: One year credited if over 1000 hours in a calendar year, no credit for partial year. No Benefit Service credited for service on and after January 1, 2011 for (i) any Employee with fewer than 5 years of Vesting Service (ii) any Employee hired or rehired on or after 1/1/11, or (iii) any disabled Employee who returns to work on or after 1/1/11. Service is frozen for all employees as of January 1, 2016. Vesting Service will continue to accrue.

Normal Retirement Date: First of the month after attaining age 65

Early Retirement Date: First day of the month coincident with or next following the date a Participant attains age 55 and 10 years of Vesting Service

Normal Retirement Benefit: Credited Service x Benefit Level at exit

Effective Date	Monthly Benefit Level
1/1/2003	\$37.00
1/1/2004	\$39.00
6/1/2005	\$40.00

Effective Date	Monthly Benefit Level
6/1/2006	\$41.00
6/1/2007	\$42.00
6/1/2008	\$43.00
3/1/2010	\$44.00

Termination Benefit: Normal Retirement Benefit reduced as for Early Retirement

Early Retirement Benefit: Normal Retirement Benefit reduced as follows:

Years Preceding Age 65	Factor
1	0.9231
2	0.8462
3	0.7692
4	0.7308
5	0.6923

Years Preceding Age 65	Factor
6	0.6538
7	0.6154
8	0.5769
9	0.5292
10	0.4862

Disability Benefit:

If not eligible for Social Security Disability: Base Benefit of \$12 per month for each year of Credited Service

If eligible for Social Security Disability: Reduction Factor x (Accrued Benefit - Base Amount) + Base Amount

Normal Form: Single life annuity

Optional Forms: 10 year Certain & Life, 100%, 75% and 50% Joint and Survivor

Death Benefits:

Pre-retirement: If the participant has 5 years Vesting Service, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except by the form of annuity elected

Summary of Plan Provisions

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

Plan: The Newark Group, Inc. Salaried Employees' Pension Plan

Effective Date: May 1, 1976

Coverage: The plan covers all salaried employees.

Eligibility: Employees hired after July 1, 1991 enter the plan on the May 1 or November 1 following the completion of 12 months of service (date of hire if hired before July 1, 1991). Any salaried employee hired or rehired on or after May 1, 2006, or who transfers from hourly to salary status on or after July 1, 2006, shall not be eligible to participate in the plan.

Vesting Service: Completed years from date of hire.

Benefit Service: Completed years and months from date of hire. Service is frozen as of December 31, 2011.

Normal Retirement Date: First day of the month coinciding with or next following a participant's 65th birthday.

Compensation: Average total pay during the final 10 years of employment. Pay is frozen as of December 31, 2011.

Normal Retirement Benefit: 1% of Compensation multiplied by Benefit Service, plus 0.5% of Compensation in excess of the Social Security Wage Base multiplied by Benefit Service to a maximum of 35 years. Additional benefits may be applicable to members previously covered under the Profit Sharing Plan, and prior employees of Fairfield Non Bargaining Unit Pension Plan and the Yorktowne Paperboard Employee's Retirement Plan. Benefits are frozen effective December 31, 2011.

Form of Annuity: Life Annuity.

Early Retirement: Eligible at age 55 with 10 years of Vesting Service. The Early Retirement Benefit, actuarially reduced by $1/180^{\text{th}}$ per month for the first 60 months and $1/360^{\text{th}}$ for the next 60 months.

Vesting: A participant becomes 100% vested in his or her accrued retirement benefit upon completion of five years of Vesting Service.

Disability Benefit: A participant who becomes totally and permanently disabled becomes vested upon disability.

Pre-retirement Death Benefit: For a married participant with a deferred vested benefit, a surviving spouse benefit is payable upon the later of the participant's date of death or earliest retirement date. The amount of the monthly benefit is 50% of the benefit the participant would have received if he or she had terminated employment upon death and had elected a 50% joint and survivor annuity, reduced for early commencement.

Summary of Plan Provisions

Plan: Book Covers, Inc. Hourly Employees Pension Plan

Coverage: The plan covers all hourly employees covered by the collective bargaining agreement and employed at the Newark, New Jersey location.

Eligibility: Employees enter the plan on the May 1 or November 1 following the completion of 1,000 hours in an Eligibility Year (beginning on date of hire or subsequent plan year). No new participants may enter on or after March 1, 2009.

Vesting Service: Completed years from date of hire.

Benefit Service: Completed years and months from date of hire while also covered under the collective bargaining agreement. No service on or after March 1, 2009.

Normal Retirement Date: First day of the month coinciding with or next following a participant's 65th birthday.

Normal Retirement Benefit: The monthly benefit amount per year of Benefit Service is:

Date of Termination	Rate
1/15/98-1/14/03	\$12.00
1/15/03-1/14/04	\$12.50
1/15/04-1/14/05	\$13.00
1/15/05-1/14/06	\$13.50
1/15/06-1/14/08	\$14.00
1/15/08 or later	\$14.50

Form of Annuity: Life Annuity

Early Retirement Benefit: Eligible at age 55 with 15 years of Vesting Service to receive the accrued Normal Retirement Benefit, actuarially reduced for early commencement.

Vesting: A participant becomes 100%vested in his or her accrued retirement benefit upon completion of five or more years of Vesting Service or at age 65, if earlier.

Disability Benefit: A participant who becomes totally and permanently disabled after completing 15 years of Vesting Service and 6 months of disability shall become eligible to receive a monthly disability pension equal to the accrued Normal Retirement Benefit based on Benefit Service at date of disability.

Pre-retirement Death Benefit: For a married participant with a deferred vested benefit, a surviving spouse benefit is payable upon the later of the participant's date of death or earliest retirement date. The amount of the monthly benefit is 50% of the benefit the participant would have received if he or she had terminated employment upon death and had elected a 50% joint and survivor annuity, reduced for early commencement

Summary of Plan Provisions

Plan: California Paperboard Corp. Pension Plan for Pulp and Paper Workers

Coverage: The plan covers all employees who are covered by Local No. 657 of the Association of Western Pulp and Paper Workers collective bargaining agreement.

Eligibility: Employees enter the plan on the May 1 or November 1 following the completion of 1,000 hours in an Eligibility Year (beginning on date of hire or subsequent plan year). No employee may enter the plan on or after July 1, 2008.

Vesting Service: A year of Vesting Service is granted for each 12-month period beginning on date of hire with at least 500 hours.

Benefit Service: For each 12-month period beginning May 1. Benefit Service is credited based on hours while covered under the collective bargaining agreement as follows:

Hours	Benefit Service
0-499	0
500-999	0.5
1000+	1

However, no benefit service will be granted for employment after July 1, 2008.

Normal Retirement Date: First day of the month coinciding with or next following the later of a participant's 62nd birthday or attainment of 35 years of Vesting Service.

Normal Retirement Benefit: The monthly benefit amount per year of benefit Service is:

Date of Termination	Rate
5/1/04-4/30/05	\$23.50
5/1/05-4/30/06	\$24.50
5/1/06-4/30/07	\$25.50
5/1/07 and later	\$26.50

**a specific group of 11 participants, each of whom are at least age 55 and have at least 5 years of benefit service, are entitled to a rate of \$27.50 per year of benefit service.*

Form of Annuity: 5 year certain & life.

Early Retirement: Eligible at age 55 with 10 years of Vesting Service or 30 years of Vesting Service, regardless of age. The early retirement benefit is the accrued Normal Retirement Benefit, actuarially reduced for early commencement according to the following:

Age	Early Retirement Factor
62	1.0000
61	0.9736
60	0.9473
59	0.9242
58	0.9012
57	0.8797
56	0.8600
55	0.8402

Vesting: A participant becomes 100% vested in his or her accrued retirement benefit upon the earlier of completion of five years of Vesting Service or age 62 or disability.

Disability Benefit: A participant who becomes totally and permanently disabled who was employed before May 1, 1979 and has been a participant in the plan for 5 years or an employee who was hired after April 30, 1979 and has been a participant in the plan for 10 years shall become eligible to receive a monthly disability pension based on the following:

Vesting Service	Percentage of Accrued Benefit
20 years	100%
15 years	75%
5 years	50%

Pre-retirement Death Benefit: For a married participant with a deferred vested benefit, a surviving spouse benefit is payable upon the later of the participant's date of death or earliest retirement date. The amount of the monthly benefit is 50% of the benefit the participant would have received if he or she had terminated employment upon death and had elected a 50% joint and survivor annuity, reduced for early commencement.

Summary of Plan Provisions

Plan: The Newark Group, Inc. Non-Union Hourly Employees' Pension Plan

Coverage: All hourly employees who are not covered by a collective bargaining agreement.

Eligibility: Employees enter the plan on the May 1 or November 1 following the completion of 1,000 hours in an Eligibility Year (beginning on date of hire or subsequent plan year). No employee may enter the plan on or after May 1, 2006.

Vesting Service: Completed years from date of hire.

Benefit Service: Completed years and months from date of hire but no earlier than the date of acquisition. However, no Benefit Service will be granted for employment after April 30, 2006.

Normal Retirement Date: First day of the month coinciding with or next following a participant's 65th birthday.

Normal Retirement Benefit: The monthly benefit amount per year of Benefit Service is:

Location	Rate
Bay Minette (AL)	\$13.00
BCI - Franklin (OH)	\$13.20
BCI - LA (CA)	\$111.00
Cedartown (GA)*	\$13.00
Jacksonville (FL)	\$13.00
RF Northeast	\$11.00
RF Western	\$11.00
RF Southeast	\$11.00
RF Midwest (WI & OH)*	\$11.00
Wisconsin*	\$26.50
Bennington (NY)	\$21.00
Denver (CO)	\$13.00
NPP Greenville (PA)*	\$16.00
NPP Lawrence (MA)	\$16.00
NPP Winston-Salem(NC)	\$13.00
NPP Midwest**	\$15.00
Newark America	\$20.00
NSP-US	\$10.00

* Have additional benefits from merged plans

** Includes Neenah, Oshkosh and New London locations

There are additional locations with no active employees as of the valuation date.

Form of Annuity: Life Annuity

Early Retirement: Eligible at age 55 with 15 years of Vesting Service to receive the accrued Normal Retirement Benefit, actuarially reduced for early commencement.

Vesting: A participant becomes 100% vested in his or her accrued retirement benefit upon completion of five years of Vesting Service or attainment of age 65.

Disability Benefit: A participant who becomes totally and permanently disabled after completing 15 years of Vesting Service and 6 months of disability shall become eligible to receive a monthly disability pension equal to the accrued Normal Retirement Benefit based on Benefit Service at date of disability.

Pre-retirement Death benefit: For a married participant with a deferred vested benefit, a surviving spouse benefit is payable upon the later of the participant's date of death or earliest retirement date. The amount of the monthly benefit is 50% of the benefit the participant would have received if he or she had terminated employment upon death and had elected a 50% joint and survivor annuity, reduced for early commencement.

Summary of Plan Provisions

Plan: The Newark Group Paperworkers Pension Plan

Coverage: The plan covers hourly employees who are in an applicable Local of Paperworkers, Allied-Industrial, Chemical, and Energy Workers (PACE).

Eligibility: Employees enter the plan on the May 1 or November 1 following the completion of 1,000 hours in an Eligibility Year (beginning on date of hire or subsequent plan year). Participation is frozen for all locations.

Vesting Service: Completed years from date of hire.

Benefit Service: Completed years and months from date of hire while also covered under the collective bargaining agreement. However, no Benefit Service will be granted for employment after the benefit service end date below:

Location	Benefit Service End Date
NPP Atlanta	5/1/2010
BCI Chicago	9/1/2006
Franklin Box	7/1/2008
Haverhill	5/1/2008
Mobile	3/1/2010
Newark Pacific	1/1/2007
RF - Eastern	4/1/2007
Ohio Paperboard	5/1/2009
Yorktowne	12/1/2007
NPP Chicopee	1/1/2007
NPP South Gardiner	1/1/2007
NPP York	6/1/2008

Normal Retirement Date: First day of the month coinciding with or next following a participant's 65th birthday.

Normal Retirement Benefit: The monthly benefit year of Benefit Service is:

Location	Effective for Terminations on or After	Rate
NPP Atlanta	5/1/2007	\$13.50
BCI Chicago	5/1/1999	\$14.00
Franklin Box	10/25/2005	\$24.50
Haverhill	6/1/2005	\$27.00
Mobile	9/3/2008	\$23.50
Newark Pacific	8/10/2005	\$26.50
RF - Eastern	12/1/2001	\$12.00
Ohio Paperboard	9/1/2008	\$22.50
Yorktowne	9/26/2006	\$20.00
NPP Chicopee	8/23/2005	\$16.50
NPP South Gardiner	10/5/2006	\$16.00
NPP York	2/27/2007	\$16.00

Participants at the following locations with prior benefit service from Stone Container receive an additional monthly benefit per year of benefit service with Stone Container:

Location	Effective for Terminations on or After	Rate
Franklin	10/25/2005	\$10.50
Mobile	9/3/2008	\$14.50

Form of Annuity: Life Annuity, with the exception of the Mobile location where the standard benefit is a 5 year Certain & Life.

Early Retirement: Eligible at age 55 with 15 years of Vesting Service. The early retirement benefit is the accrued Normal Retirement Benefit, actuarially reduced, except for the Franklin and Mobile locations which allow for subsidized early retirement benefits at age 55 with 10 years of Vesting Service. Reductions are 0.4% per month for Franklin and 0.5% per month for Mobile.

Vesting: A participant becomes 100% vested in his or her accrued retirement benefit upon completion of five years of Vesting Service or at age 65, if earlier.

Disability Benefit: A participant who becomes totally and permanently disabled after completing 15 years of Vesting Service (10 years for Franklin Boxboard, Mobile Paperboard, and Yorktowne Paperboard locations) and 6 months of disability shall become eligible to receive a monthly disability pension equal to the accrued Normal Retirement Benefit based on Benefit Service at date of disability.

Pre-retirement Death Benefit: For a married participant with a deferred vested benefit, a surviving spouse benefit is payable upon the later of the participant's date of death or earliest retirement date. The amount of the monthly benefit is 50% of the benefit the participant would have received if he or she had terminated employment upon death and had elected a 50% joint and survivor annuity, reduced for early commencement.

Summary of Plan Provisions

Plan: Newark Sierra Paperboard Hourly Employees' Pension Plan

Coverage: The plan covers all hourly employees of Newark Sierra Paperboard covered by the Local No. 320 of the Association of Western Pulp and Paper Workers collective bargaining agreement. The Newark Sierra Paperboard location ceased operations as of March 10, 2003.

Eligibility: First of the month following date of hire.

Vesting Service: Completed years from date of hire.

Benefit Service: Completed years and month from date of hire excluding service prior to August 24, 1989.

Normal Retirement Date: First day of the month coinciding with or next following a participant's 65th birthday.

Normal Retirement Benefit: For terminations on or after August 23, 2001, the monthly benefit is equal to \$20.50 per year of Benefit Service.

Form of Annuity: Life Annuity

Early Retirement Benefit: Eligible at age 55 with 15 years of Benefit Service to receive the accrued Normal Retirement Benefit, actuarially reduced for early commencement.

Vesting: A participant becomes 100% vested in his or her accrued retirement benefit upon completion of five years of Vesting Service or attainment of age 65.

Pre-retirement Death Benefit: For a married participant with a deferred vested benefit, a surviving spouse benefit is payable upon the later of the participant's date of death or earliest retirement date. The amount of the monthly benefit is 50% of the benefit the participant would have received if he or she had terminated employment upon death and had elected a 50% joint and survivor annuity, reduced for early commencement.

Summary of Plan Provisions

Plan: The Newark Group, Inc. West Coast Converters Pension Plan

Coverage: The plan covers employees who are members of the applicable local of the Graphic Communications International Union (GCIU).

Eligibility: Employees enter the plan on the May 1 or November 1 following the completion of 1,000 hours in an Eligibility Year (beginning on date of hire or subsequent plan year). There will be no new participants at the Mira Loma location after February 1, 2008 or at the Longview location after November 1, 2008.

Vesting Service: Completed years from date of hire.

Benefit Service: Completed years and months from date of hire while also covered under the collective bargaining agreement. However, no Benefit Service will be granted for employment after the benefit service end date below:

Location	Benefit Service End Date
Longview (WA)	11/1/2008
Mira Loma (CA)	2/1/2008

Normal Retirement Date: First day of the month coinciding with or next following a participant's 65th birthday.

Normal Retirement Benefit: The monthly benefit per year of Benefit Service is:

Location	Date of Termination	Rate
Longview (WA)	9/1/2007 or later	\$15.00
Mira Loma (CA)	9/11/2005 or later	\$12.00

Form of Annuity: Life Annuity

Early Retirement Benefit: Eligible at age 55 with 15 years of Benefit Service to receive the accrued Normal Retirement Benefit, actuarially reduced for early commencement.

Vesting: A participant becomes 100% vested in his or her accrued retirement benefit upon completion of five years of Vesting Service or at age 65, if earlier.

Disability Benefit: A participant who becomes totally and permanently disabled after completing 15 years of Vesting Service and 6 months of disability shall become eligible to receive a monthly disability pension equal to the accrued Normal Retirement Benefit based on Benefit Service at date of disability.

Pre-retirement Death Benefit: For a married participant with a deferred vested benefit, a surviving spouse benefit is payable upon the later of the participant's date of death or earliest retirement date. The amount of the monthly benefit is 50% of the benefit the participant would have received if he or she had terminated employment upon death and had elected a 50% joint and survivor annuity, reduced for early commencement.

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		2		1		0		0	
25 to 29	0		8		6		0		0	
30 to 34	1		19		7		2		1	
35 to 39	0		43		30		12		4	
40 to 44	0		42		39		30		8	
45 to 49	0		11		57		49		28	
50 to 54	0		55		58		49		51	
55 to 59	2		60		69		44		51	
60 to 64	1		44		47		38		35	
65 to 69	0		11		11		11		6	
70 & up	0		2		2		3		1	

Attained Age	Years of Credited Service									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		0		0		0		0	
25 to 29	0		0		0		0		0	
30 to 34	0		0		0		0		0	
35 to 39	0		0		0		0		0	
40 to 44	6		0		0		0		0	
45 to 49	8		5		0		0		0	
50 to 54	23		18		6		2		0	
55 to 59	46		29		16		10		3	
60 to 64	25		15		10		9		31	
65 to 69	3		3		4		3		4	
70 & up	0		1		0		1		0	

Schedule SB, Line 32, Schedule of Amortization Bases

Summary as of January 1, 2017

<u>Effective Date</u>	<u>Base Type</u>	<u>Initial Amount</u>	<u>Outstanding Balance</u>	<u>Years Remaining</u>	<u>Installments</u>
January 1, 2017	Shortfall	2,104,820	2,104,820	6	345,637
January 1, 2018	Shortfall	(110,479)	(110,479)	7	(18,036)
Total		\$ 1,994,341	\$ 1,994,341		\$ 327,601