

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: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>PENSION PLAN OF YORK CONTAINER COMPANY</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1966</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1966</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1966</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>YORK CONTAINER COMPANY</u> <u>P.O. BOX 3008</u> <u>YORK, PA 17402</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>23-1434215</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>717-757-7611</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>322200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>23-1434215</u>	2c Plan Sponsor's telephone number <u>717-757-7611</u>	2d Business code (see instructions) <u>322200</u>	
2b Employer Identification Number (EIN) <u>23-1434215</u>					
2c Plan Sponsor's telephone number <u>717-757-7611</u>					
2d Business code (see instructions) <u>322200</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.	10/09/2019	BILL LUDWIG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

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	5 217
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 88 6a(2) 77 6b 32 6c 100 6d 209 6e 1 6f 210 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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>PENSION PLAN OF YORK CONTAINER COMPANY</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>YORK CONTAINER COMPANY</u>	D Employer Identification Number (EIN) <u>23-1434215</u>

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

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	<u>6761871</u>	
b Actuarial value	2b	<u>6761871</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>31</u>	<u>1463408</u>	<u>1463408</u>
b For terminated vested participants	<u>98</u>	<u>1782430</u>	<u>1782430</u>
c For active participants	<u>88</u>	<u>2285104</u>	<u>2285104</u>
d Total	<u>217</u>	<u>5530942</u>	<u>5530942</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>5.85 %</u>	
6 Target normal cost	6	<u>10803</u>	

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

SIGN HERE		<u>10/04/2019</u>
Signature of actuary		Date
<u>JANICE L. REXROTH</u>		<u>17-06428</u>
Type or print name of actuary		Most recent enrollment number
<u>THE RETIREMENT ADVANTAGE, INC.</u>		<u>920-832-2544</u>
Firm name		Telephone number (including area code)
<u>26-28 WEST KING STREET, SUITE 202</u> <u>LANCASTER, PA 17603</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).....	1573	7438
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	1573	7438
10 Interest on line 9 using prior year's actual return of 14.03 %	221	1044
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 5.99%.....		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).....	1794	8482

Part III Funding Percentages

14 Funding target attainment percentage	14	122.06%
15 Adjusted funding target attainment percentage.....	15	122.25%
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	116.40%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

1st segment:

3.92%

2nd segment:

5.52%

3rd segment:

6.29%

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

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)

Prior regulation:

☒

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

Current regulation:

☐

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

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

0

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

10803

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

10803

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

0

0

b Waiver amortization installment

0

0

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

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

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

0

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

0

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

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan PENSION PLAN OF YORK CONTAINER COMPANY	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 YORK CONTAINER COMPANY	D Employer Identification Number (EIN) 23-1434215	

Part I	Service Provider Information (see instructions)
--------	---

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

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

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

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

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

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

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

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

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

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

RODNEY SQUARE NORTH
1100 NORTH MARKET STREET
WILMINGTON, DE 19890-0001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 50	NONE	32399	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	HEIDI L. KRUCK	b EIN:	93-0242990
c Position:	ENROLLED ACTUARY		
d Address:	STANDARD RETIREMENT SERVICES, INC. PO BOX 711 PORTLAND, OR 97207-0711	e Telephone:	971-321-0669

Explanation: YORK CONTAINER COMPANY CHOSE A NEW FIRM FOR ACTUARIAL SERVICES TO THEIR PENSION PLAN.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan PENSION PLAN OF YORK CONTAINER COMPANY	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 YORK CONTAINER COMPANY	D Employer Identification Number (EIN) 23-1434215	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	2591	45
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	374
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	6759280	5879733
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6761871	5880152

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	6761871	5880152
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	117111	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		117111
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		-547895
c Other income.....	2c		69
d Total income. Add all income amounts in column (b) and enter total	2d		-430715

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	418605	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		418605
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)	32399	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		32399
j Total expenses. Add all expense amounts in column (b) and enter total	2j		451004

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-881719
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: STAMBAUGH NESS, INC.

(2) EIN: 23-2846715

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 4147580. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>PENSION PLAN OF YORK CONTAINER COMPANY</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YORK CONTAINER COMPANY</u>	D Employer Identification Number (EIN) <u>23-1434215</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-3060382</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>6</u>

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

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) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



Pension Plan of York Container Company

**Financial Statements And
Independent Auditors' Report**

December 31, 2018 And 2017

CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	3 - 4
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7 - 14
SUPPLEMENTAL SCHEDULES	15
SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	16
SCHEDULE H - LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS	17

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Pension Plan of York Container Company

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan of York Container Company (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017 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.

Auditors' 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note C, which was certified by Wilmington Trust and Standard Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Wilmington Trust held the Plan's investment assets as of December 31, 2018 and December 31, 2017 and executed investment transactions from December 18, 2017 to December 31, 2018. Standard Insurance Company held the Plan's investment assets and executed investment transactions from January 1, 2017 to December 17, 2017. The Plan Administrator has obtained a certification from the custodians as of December 31, 2018 and 2017 and for the years then ended, that the information provided to the Plan Administrator by the custodians is complete and accurate.

INDEPENDENT AUDITORS' REPORT - continued

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H - Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018 and Schedule H - Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2018, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 the 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 the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA.



York, Pennsylvania
October 4, 2019

PENSION PLAN OF YORK CONTAINER COMPANY
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	<u>2018</u>	<u>2017</u>
ASSETS		
Investments, at fair value	\$5,880,107	\$6,759,280
Receivables:		
Accrued income	<u>45</u>	<u>2,591</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$5,880,152</u></u>	<u><u>\$6,761,871</u></u>

See accompanying notes.

PENSION PLAN OF YORK CONTAINER COMPANY
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>Years ended December 31,</u>	
	<u>2018</u>	<u>2017</u>
ADDITIONS:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (547,826)	\$ 727,231
Interest and dividends	<u>117,111</u>	<u>13,858</u>
Total investment income (loss)	<u>(430,715)</u>	<u>741,089</u>
Total additions, net	(430,715)	741,089
DEDUCTIONS:		
Benefits paid to participants	418,605	419,669
Administrative expenses	<u>32,399</u>	<u>10,803</u>
Total deductions	<u>451,004</u>	<u>430,472</u>
NET INCREASE (DECREASE)	(881,719)	310,617
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>6,761,871</u>	<u>6,451,254</u>
End of year	<u><u>\$5,880,152</u></u>	<u><u>\$6,761,871</u></u>

See accompanying notes.

PENSION PLAN OF YORK CONTAINER COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

NOTE A - DESCRIPTION OF PLAN

The following description of the Pension Plan of York Container Company (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 non-contributory defined benefit pension plan covering all of the eligible classes of employees except executive, administrative, office, plant supervisory, and sales personnel of York Container Company (the Company). Employees are eligible to participate in the Plan upon attainment of age 21 and completion of one year of service (defined as 1,000 hours in a 12-month period). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

As of April 1, 2012, the Company adopted an amendment to the Plan which froze future benefit accruals and froze future participation in the Plan for employees hired after April 1, 2012.

The Company was purchased in August 2017 by a third party. There are no plans to merge or terminate the Plan as a result of the purchase.

Pension Benefits

Employees are eligible for normal retirement benefits at age sixty-five. The Plan also has provisions for early retirement benefits. The retirement benefit is payable monthly as long as the participant is alive, with payments ceasing upon the participant's death. If the present value of the pension does not exceed \$1,000, a lump-sum payment is automatic. Retirement benefits can also be paid in the form of a lump sum, joint and survivor annuity, or life annuity for a certain period.

The amount of normal annual pension benefits is equal to 1/12th of the sum of the pension credits for each year for which the participant is credited with a year of benefit service which is defined as having worked 1,000 hours during the year. A pension credit is equal to 1% of compensation for the plan year.

Death and Disability Benefits

Participants are eligible for pre-retirement death benefits if death occurs after five years of credited service or the participant is at least fifty-five years of age. The spouse will receive a benefit as though the participant retired on the date of death and elected a 50% qualified joint and survivor annuity, unless otherwise elected by the employee or beneficiary.

Participants are eligible for disability benefits if disability occurs after twenty years of credited service. The benefit will be the participant's accrued benefit to the date of disability or freeze date, whichever comes first.

PENSION PLAN OF YORK CONTAINER COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

NOTE A - DESCRIPTION OF PLAN - continued

Vesting

Participants are fully vested upon completion of five years of continuous service or attaining normal retirement age while still employed by the Company. Participants earn one year of continuous service for each year in which they are credited with at least 1,000 hours of service.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's 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. Fair value measurements are discussed in Note D. Purchases and sales are recorded on a trade date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

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. The accumulated plan benefits for active employees are based on the sum of 1/12 of 1% of compensation for each year of benefit service to date up until the applicable freeze date. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included to the extent they are attributable to employee service rendered to the valuation date.

PENSION PLAN OF YORK CONTAINER COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Actuarial Present Value of Accumulated Plan Benefits - continued

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

The significant actuarial assumptions used in the valuations as of December 31, 2017 are:

- a. Life expectancy of participants (based on the Internal Revenue Service (IRS) 2018 Small Plan Mortality tables for healthy participants and IRS Rev. Ruling 96-7 Post 94 Disablement for disabled participants)
- b. Retirement age assumptions (assumed an average retirement age of sixty-five)
- c. Rate of return on investments (8.5%)
- d. Current liability interest rate (8.5%)

These actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan 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, 2018. Had the valuation been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits is as follows:

	December 31, 2017
Vested benefits:	
Participant currently receiving payments	\$ 1,185,007
Other participants	2,703,026
Total vested benefits	3,888,033
Nonvested benefits:	-
Total actuarial present value of accumulated plan benefits:	<u>\$ 3,888,033</u>

PENSION PLAN OF YORK CONTAINER COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Actuarial Present Value of Accumulated Plan Benefits - continued

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

Actuarial present value of accumulated plan benefits - beginning of year:	\$ 3,861,920
Increase (decrease) during the year attributable to:	
Benefits accumulated and plan experience	103,732
Increase due to decrease in the discount period	310,427
Benefits paid	(419,669)
Change in assumptions	<u>31,623</u>
Net increase	<u>26,113</u>
Actuarial present value of accumulated plan benefits - end of year:	<u><u>\$ 3,888,033</u></u>

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities of the Plan are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks in the near-term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. As of December 31, 2018 and 2017, one investment fund represented approximately 11% and 52% of the total investments, respectively.

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.

PENSION PLAN OF YORK CONTAINER COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

NOTE C - INVESTMENTS

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 as of, and for the years ended, December 31, 2018 and 2017. Accordingly, the custodians have certified that the investments and investment income are complete and accurate for 2018 and 2017. The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and accompanying supplemental schedules.

At December 31, 2018 and 2017, the Plan's investments were held by the custodian, Wilmington Trust. Standard Insurance Company held the investments for the period of January 1, 2017 through December 17, 2017. Adjustments have been made to some of these amounts using additional information obtained from the Company and recordkeeper of the Plan in order to present the financial statements on an accrual basis.

NOTE D - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs consist of unobservable inputs and have the lowest priority. The Plan uses valuation techniques based on the available inputs to measure the fair value of its investment. When available, the Plan measures fair value using Level 1 inputs because they provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 and Level 2 inputs are not available.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

	Investments at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 5,879,733	\$ -	\$ -	\$ 5,879,733
Money market account	-	374	-	374
	<u>\$ 5,879,733</u>	<u>\$ 374</u>	<u>\$ -</u>	<u>\$ 5,880,107</u>
	Investments at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	<u>\$ 6,759,280</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,759,280</u>

PENSION PLAN OF YORK CONTAINER COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

NOTE D - FAIR VALUE MEASUREMENTS - continued

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2018 and 2017:

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

Money Market Account: Money market accounts are valued at cost, which approximates fair value.

NOTE E - 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 after providing for any administrative expenses:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for the 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.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a United States government agency.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

PENSION PLAN OF YORK CONTAINER COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

NOTE E - PLAN TERMINATION - continued

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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

NOTE F - FUNDING POLICY

Funding standards have been established by ERISA and the Internal Revenue Code (IRC) of 1954. The Company's funding policy is to make contributions under this Plan that meet or exceed the minimum funding standards while not exceeding the maximum funding standard. Any available accumulated funding credit is considered when determining the level of contribution. The Company met the minimum funding requirements for ERISA for 2018 and 2017.

There are no required participant contributions, nor are voluntary contributions permitted by the participants under the Plan.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Should the Plan terminate at some future time, participants would become fully vested in their employer contributions.

NOTE G - PLAN TAX STATUS

The Plan obtained its latest determination letter dated August 9, 2012, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter; however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

PENSION PLAN OF YORK CONTAINER COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

NOTE G - PLAN TAX STATUS - continued

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to income tax examinations by tax authorities for years before 2015.

NOTE H - TRANSACTIONS WITH PARTIES-IN-INTEREST

Plan investments are managed by Wilmington Trust and Standard Insurance Company, the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions. Transactions resulting in plan assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption exists. Wilmington Trust and Standard Insurance Company are parties-in-interest as defined by ERISA as a result of investing plan assets in their accounts and providing investment management services. However, these transactions are exempt under Section 408(b)(8) and are not prohibited by ERISA.

Expenses of administering the Plan are paid from plan assets or by the Company pursuant to provisions of the plan document. For the years ended December 31, 2018 and 2017, record keeping fees were paid from plan assets, and the Company paid the auditing fees and PBGC payment.

NOTE I - SUBSEQUENT EVENTS

Management has evaluated subsequent events through the date of the independent auditors' report, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

PENSION PLAN OF YORK CONTAINER COMPANY
SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. #23-1434215
PLAN #002
DECEMBER 31, 2018

<u>(a)</u>	<u>(b) Identity of issuer or similar party</u>	<u>(c) Description of investment</u>	<u>(d) Cost</u>	<u>(e) Current value</u>
	Vanguard Institutional Index Class I	Mutual fund	\$ 680,448	\$ 630,088
	WCM Focused International Growth Fund	Mutual fund	560,156	502,496
	Vanguard Short-Term Inv Grd CL ADML	Mutual fund	452,310	451,034
	Federated Ultra Short Bond CL I	Mutual fund	451,589	449,609
	Metwest Unconstrained Bond CL I	Mutual fund	446,252	441,357
	Cambiar International Equity Fund	Mutual fund	482,886	387,908
	Vanguard Int-Trm Bond IDX CL ADML	Mutual fund	318,889	311,422
	Ishares Russell 2000 ETF	Mutual fund	321,969	279,048
	Ishares Russell 1000 Growth	Mutual fund	292,473	278,838
	AQR Style Premia Alternative Fund	Mutual fund	286,336	270,923
	Diamond Hill Large Cap Fund	Mutual fund	280,904	239,876
	T. Rowe Price Large Cap Growth Fund	Mutual fund	213,074	202,011
	Virtus Kar Small-Cap Growth I Fund	Mutual fund	188,370	184,163
	LSV Value Equity Fund Strategy	Mutual fund	218,642	173,146
	Ishares Core MSCI Emerging	Mutual fund	203,061	169,976
	Nuveen Small Cap Value Fund	Mutual fund	206,669	163,883
	Baillie Gifford Emerg Mkts CL K	Mutual fund	199,979	153,188
	Virtus SEIX FLT RT HI Inc-I	Mutual fund	134,778	128,620
	American Beacon SIM	Mutual fund	122,403	122,403
	Vanguard Inflation-Protected Fund	Mutual fund	126,176	121,094
	Spdr DJ Intl Real Estate ETF	Mutual fund	124,592	108,953
	Ishares Core MSCI EAFE ETF	Mutual fund	94,637	77,000
	Blackrock Federal Trust Fund	Mutual fund	32,697	32,697
	Interest-bearing cash	Money market account	374	374
	TOTAL INVESTMENTS		<u><u>\$ 6,439,664</u></u>	<u><u>\$ 5,880,107</u></u>

PENSION PLAN OF YORK CONTAINER COMPANY
SCHEDULE H - LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. #23-1434215
PLAN #002
FOR THE YEAR ENDED DECEMBER 31, 2018

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value	(i) Net gain or (loss)
Single Transactions						
Blackrock Liquidity Federal Fund Institute	Mutual Fund	N/A	\$2,789,000	\$2,789,000	N/A	\$ -
Federated Ultra Short Bond CL I	Mutual Fund	\$ 447,000	N/A	N/A	\$ 447,000	N/A
JP Morgan US Small Comp-Inst	Mutual Fund	N/A	401,278	404,924	N/A	(3,646)
MetWest Unconstrained Bond CL I	Mutual Fund	447,000	N/A	N/A	447,000	N/A
Vanguard Int-Trm Bond Idx CL Adml	Mutual Fund	2,000,000	N/A	N/A	2,000,000	N/A
Vanguard Int-Trm Bond Idx CL Adml	Mutual Fund	N/A	1,516,200	1,563,218	N/A	(47,018)
Vanguard Short-Term Inv Grd CL Adml	Mutual Fund	447,000	N/A	N/A	447,000	N/A
Series Transactions						
Blackrock Liquidity Fed Fund Inst. Federal Fund Institute	Mutual Fund	529,812	N/A	N/A	529,812	N/A
Blackrock Liquidity Fed Fund Inst. Federal Fund Institute	Mutual Fund	N/A	3,979,144	3,979,144	N/A	-
Federated Ultra Short Bond CL I	Mutual Fund	447,000	N/A	N/A	447,000	N/A
JP Morgan US Small Comp-Inst	Mutual Fund	N/A	401,278	404,924	N/A	(3,646)
MetWest Unconstrained Bond CL I	Mutual Fund	447,000	N/A	N/A	447,000	N/A
Vanguard Int-Trm Bond Idx CL Adml	Mutual Fund	2,330,000	N/A	N/A	2,330,000	N/A
Vanguard Int-Trm Bond Idx CL Adml	Mutual Fund	N/A	1,986,200	2,047,087	N/A	(60,887)
Vanguard Short-Term Inv Grd CL Adml	Mutual Fund	447,000	N/A	N/A	447,000	N/A
Vanguard Institutional Index CL I	Mutual Fund	439,000	N/A	N/A	439,000	N/A

Name of Plan: Pension Plan For York Container Company
Plan Sponsor's EIN: 23-1434315
Plan Number: 002

Valuation Date 1/1/2018

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	20 to 24	25 to 29	30 to 34	35 to 39	40 and up		
	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.		
Under 25	0	0	0	0	0	0	0	0	0	0		
25 to 29	0	0	3	0	0	0	0	0	0	0		
30 to 34	0	0	4	3	0	0	0	0	0	0		
35 to 39	0	0	4	2	1	0	0	0	0	0		
40 to 44	0	0	4	4	3	0	0	0	0	0		
45 to 49	0	0	4	2	2	2	0	0	0	0		
50 to 54	0	0	3	5	2	0	2	4	0	0		
55 to 59	0	0	1	4	2	0	2	5	9	2		
60 to 64	0	0	0	2	0	0	0	0	2	4		
65 to 69	0	0	0	1	0	0	0	0	0	0		
70 & up	0	0	0	0	0	0	0	0	0	0		
	0	0	23	23	10	2	4	9	11	6		
									Total	88		

Name of Plan: Pension Plan for York Container Company

Plan Sponsor's EIN: 23-1434315

Plan Number: 002

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

Actuarial Methods

Actuarial Cost Method	Method as prescribed by the Pension Protection Act of 2006
Valuation Date	First day of the Plan Year (January 1, 2018)
Asset Valuation Method	Fair Market Value, including contributions receivable

Prescribed Actuarial Assumptions

Interest Rates – Minimum Required Contribution and Funding Percentages	<p>Each 24-month average segment rate is adjusted so that it is no less than 90% and no more than 110% of the corresponding segment rates for the 25-year period ending September 30, 2017 from IRS Notice 2018-11; the applicable segment rates, considering the above corridor, are as follows:</p> <table><tr><td><u>Benefit Payments occurring in Plan Years Beginning</u></td><td><u>Segment Rate</u></td></tr><tr><td>2018 – 2022 (5 years)</td><td>3.92%</td></tr><tr><td>2023– 2037 (15 years)</td><td>5.52%</td></tr><tr><td>2038 and beyond (more than 20 Years)</td><td>6.29%</td></tr></table>	<u>Benefit Payments occurring in Plan Years Beginning</u>	<u>Segment Rate</u>	2018 – 2022 (5 years)	3.92%	2023– 2037 (15 years)	5.52%	2038 and beyond (more than 20 Years)	6.29%
<u>Benefit Payments occurring in Plan Years Beginning</u>	<u>Segment Rate</u>								
2018 – 2022 (5 years)	3.92%								
2023– 2037 (15 years)	5.52%								
2038 and beyond (more than 20 Years)	6.29%								
Effective Interest Rate – Minimum Required Contribution	5.85% based on above rates and expected benefit payments accrued to date; 5.99% was the effective rate for the prior year								
Interest Rates – Maximum Contribution	<p>24-month average corporate bond segment rates as of September 2017 (4 month lookback under the election of IRS Regulation 1.430(h)(2)-1(e)(2)); the applicable segment rates are as follows:</p> <table><tr><td><u>Benefit Payments occurring in Plan Years Beginning</u></td><td><u>Segment Rate</u></td></tr><tr><td>2018 – 2022 (5 years)</td><td>1.75%</td></tr><tr><td>2023– 2037 (15 years)</td><td>3.76%</td></tr><tr><td>2038 and beyond (more than 20 Years)</td><td>4.66%</td></tr></table>	<u>Benefit Payments occurring in Plan Years Beginning</u>	<u>Segment Rate</u>	2018 – 2022 (5 years)	1.75%	2023– 2037 (15 years)	3.76%	2038 and beyond (more than 20 Years)	4.66%
<u>Benefit Payments occurring in Plan Years Beginning</u>	<u>Segment Rate</u>								
2018 – 2022 (5 years)	1.75%								
2023– 2037 (15 years)	3.76%								
2038 and beyond (more than 20 Years)	4.66%								
Effective Interest Rate – Maximum Contribution	4.21% based on above rates and expected benefit payments accrued to date								
Interest Rates used for Asset Valuations	Because the third segment rate for the Minimum Required Contribution is higher than the third segment rate for the Maximum Contribution, asset values for calculating the Minimum Required Contribution may also be used for calculating the Maximum Contribution.								
Pre- and Post-Retirement Mortality – Annuities	2018 static optional combined annuitant and non-annuitant mortality tables for small plans (male and female) as published by the IRS in Notice 2017-60 (based on RP-2000 tables)								
Interest Rates – Lump Sums	Funding rates as required by IRS in Regulation 1.430(d)-1(f)(4)(iii)(B) (a rate of 5.50% is used when 415 limit applies)								
Pre- and Post-Retirement Mortality - Lump Sums	2018 Applicable Mortality Table (blended 50% male/50% female) as published by the IRS in Notice 2017-60								
Post – Disablement Mortality	Revenue Ruling 96-7 Post 94 Disablement								
Mortality Improvement	<p>Improvement of 7 years for annuitant and 15 years for non-annuitant is included in the above annuity mortality tables</p> <p>MP-2016 is included in the above lump sum mortality table</p>								

Name of Plan: Pension Plan for York Container Company

Plan Sponsor's EIN: 23-1434315

Plan Number: 002

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

Non-Prescribed Actuarial Assumptions

Assumed Retirement Date	Normal Retirement Date or immediately, if past this date.								
Turnover before Retirement	<p>The Actuary's Pension Handbook T-1 Table; following are sample rates:</p> <table><tr><th><u>Age</u></th><th><u>Male and Female Rates</u></th></tr><tr><td>25</td><td>4.97%</td></tr><tr><td>40</td><td>1.33%</td></tr><tr><td>55</td><td>1.04%</td></tr></table> <p>The above is an estimation of the Table D-1 Rates used by the prior Actuary.</p>	<u>Age</u>	<u>Male and Female Rates</u>	25	4.97%	40	1.33%	55	1.04%
<u>Age</u>	<u>Male and Female Rates</u>								
25	4.97%								
40	1.33%								
55	1.04%								
Disability Rates	<p>1987 Commissioner's Group Disability Table Male Standard; following are sample rates:</p> <table><tr><th><u>Age</u></th><th><u>Male and Female Rates</u></th></tr><tr><td>25</td><td>0.04%</td></tr><tr><td>40</td><td>0.08%</td></tr><tr><td>55</td><td>0.48%</td></tr></table> <p>The above is an estimation of the 50% Society of Actuary's Male 1987 Group Long Term Disability Table used by the prior Actuary.</p>	<u>Age</u>	<u>Male and Female Rates</u>	25	0.04%	40	0.08%	55	0.48%
<u>Age</u>	<u>Male and Female Rates</u>								
25	0.04%								
40	0.08%								
55	0.48%								
Annual Benefit Limit	\$220,000 for 2018								
Beneficiary Assumption	100% of actives are assumed to be married at retirement, with the beneficiary being the opposite sex and females are 3 years younger than males								
Lump Sum Election	70% election on lump sums; the normal form is assumed to be elected for all others								
Expenses Paid from Plan Assets	Investment and Plan Related Expenses paid from Plan Assets are assumed to be equal to the prior year actual expenses								

Plan Accounting Assumptions

Interest Rate	An annual rate of 8.50%, the same rate as last year
All Other Assumptions	Same as above

PBGC Premium Assumptions – Standard Method

Interest Rates	Segment rates published by the PBGC for the Plan Year: 2.33% for the first 5 years, 3.55% for the next 15 years and 4.11% for remaining years
All Other Assumptions	Same as above
Vested Benefits	Temporary Disability benefit for active participants are not included in Vested Benefits

PENSION PLAN OF YORK CONTAINER COMPANY
SCHEDULE H - LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. #23-1434215
PLAN #002
FOR THE YEAR ENDED DECEMBER 31, 2018

(a) Identity of party	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value	(i) Net gain or (loss)
Single Transactions						
Blackrock Liquidity Federal Fund Institute	Mutual Fund	N/A	\$2,789,000	\$2,789,000	N/A	\$ -
Federated Ultra Short Bond CL I	Mutual Fund	\$ 447,000	N/A	N/A	\$ 447,000	N/A
JP Morgan US Small Comp-Inst	Mutual Fund	N/A	401,278	404,924	N/A	(3,646)
MetWest Unconstrained Bond CL I	Mutual Fund	447,000	N/A	N/A	447,000	N/A
Vanguard Int-Trm Bond Idx CL Adml	Mutual Fund	2,000,000	N/A	N/A	2,000,000	N/A
Vanguard Int-Trm Bond Idx CL Adml	Mutual Fund	N/A	1,516,200	1,563,218	N/A	(47,018)
Vanguard Short-Term Inv Grd CL Adml	Mutual Fund	447,000	N/A	N/A	447,000	N/A
Series Transactions						
Blackrock Liquidity Fed Fund Inst. Federal Fund Institute	Mutual Fund	529,812	N/A	N/A	529,812	N/A
Blackrock Liquidity Fed Fund Inst. Federal Fund Institute	Mutual Fund	N/A	3,979,144	3,979,144	N/A	-
Federated Ultra Short Bond CL I	Mutual Fund	447,000	N/A	N/A	447,000	N/A
JP Morgan US Small Comp-Inst	Mutual Fund	N/A	401,278	404,924	N/A	(3,646)
MetWest Unconstrained Bond CL I	Mutual Fund	447,000	N/A	N/A	447,000	N/A
Vanguard Int-Trm Bond Idx CL Adml	Mutual Fund	2,330,000	N/A	N/A	2,330,000	N/A
Vanguard Int-Trm Bond Idx CL Adml	Mutual Fund	N/A	1,986,200	2,047,087	N/A	(60,887)
Vanguard Short-Term Inv Grd CL Adml	Mutual Fund	447,000	N/A	N/A	447,000	N/A
Vanguard Institutional Index CL I	Mutual Fund	439,000	N/A	N/A	439,000	N/A

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 2018 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

- **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 Pension Plan of York Container Company	B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF York Container Company	D Employer Identification Number (EIN) <u>23-1434215</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I	Basic Information																				
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>																				
2	Assets:																				
	<table style="width: 100%;"> <tr> <td style="width: 70%;">a Market value.....</td> <td style="width: 10%; text-align: center;">2a</td> <td style="width: 20%; text-align: right;">6,761,871</td> </tr> <tr> <td>b Actuarial value</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">6,761,871</td> </tr> </table>	a Market value.....	2a	6,761,871	b Actuarial value	2b	6,761,871														
a Market value.....	2a	6,761,871																			
b Actuarial value	2b	6,761,871																			
3	Funding target/participant count breakdown																				
	<table style="width: 100%;"> <tr> <th></th> <th style="width: 15%;">(1) Number of participants</th> <th style="width: 25%;">(2) Vested Funding Target</th> <th style="width: 20%;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment</td> <td style="text-align: center;">31</td> <td style="text-align: right;">1,463,408</td> <td style="text-align: right;">1,463,408</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: center;">98</td> <td style="text-align: right;">1,782,430</td> <td style="text-align: right;">1,782,430</td> </tr> <tr> <td>c For active participants</td> <td style="text-align: center;">88</td> <td style="text-align: right;">2,285,104</td> <td style="text-align: right;">2,285,104</td> </tr> <tr> <td>d Total</td> <td style="text-align: center;">217</td> <td style="text-align: right;">5,530,942</td> <td style="text-align: right;">5,530,942</td> </tr> </table>		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment	31	1,463,408	1,463,408	b For terminated vested participants	98	1,782,430	1,782,430	c For active participants	88	2,285,104	2,285,104	d Total	217	5,530,942	5,530,942
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target																		
a For retired participants and beneficiaries receiving payment	31	1,463,408	1,463,408																		
b For terminated vested participants	98	1,782,430	1,782,430																		
c For active participants	88	2,285,104	2,285,104																		
d Total	217	5,530,942	5,530,942																		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐																				
	<table style="width: 100%;"> <tr> <td style="width: 70%;">a Funding target disregarding prescribed at-risk assumptions.....</td> <td style="width: 10%; text-align: center;">4a</td> <td style="width: 20%;"></td> </tr> <tr> <td>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</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>	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															
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 5.85%																				
6	Target normal cost																				
	6 10,803																				

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 Janice L. Rexroth Type or print name of actuary The Retirement Advantage, Inc. Firm name 26-28 West King Street, Suite 202 Lancaster PA 17603 Address of the firm	<u>10/04/2019</u> Date <u>1706428</u> Most recent enrollment number <u>920-832-2544</u> Telephone number (including area code)
------------------	---	---

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

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).....	1,573	7,438
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	1,573	7,438
10	Interest on line 9 using prior year's actual return of <u>14.03%</u>	221	1,044
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>5.99%</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).....	1,794	8,482

Part III		Funding Percentages	
14	Funding target attainment percentage	14	122.06%
15	Adjusted funding target attainment percentage.....	15	122.25%
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	116.40%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
				0	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?			
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: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %
		☐ N/A, full yield curve used		
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)		Prior regulation:	☒ Prescribed - combined	☐ Prescribed - separate
		Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate
			☐ Substitute	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	10,803
b Excess assets, if applicable, but not greater than line 31a		31b	10,803
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
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

Name of Plan: Pension Plan for York Container Company

Plan Sponsor's EIN: 23-1434315

Plan Number: 002

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

Retirement Age	Percent Assumed to Retire	Weighted Average Retirement Age
65	100%	65

Name of Plan: Pension Plan for York Container Company

Plan Sponsor's EIN: 23-1434315

Plan Number: 002

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1966 (Most recently restated effective January 1, 2012)						
Plan Year	January 1 – December 31						
Eligibility for Participation	Each employee shall enter the Plan on the first day of the month coinciding with or next following the completion of 1 Year of Service with at least 1,000 hours and the attainment of age 21. Effective April 1, 2012, there will be no new Participants in the Plan.						
Employer Contribution	Entire cost of the Plan						
Normal Retirement Date	The first day of the month coincident with or next following the attainment of age 65						
Formula for Normal Annual Retirement Benefit	1.0% times Compensation for each Plan Year of Service. Effective April 1, 2012, the Plan was amended to freeze current accrued benefits and cease future benefit accruals.						
Plan Year of Service	1,000 hours in a Plan Year while a participant						
Normal Form of Benefit Payments	Single Life Annuity						
Designated Qualified Joint and Survivor Annuity	Joint and 50% Survivor Annuity, which is the Actuarial Equivalent of the Normal Form						
Optional Forms of Benefit Payments	Optional Forms include Single Life Annuity, Joint and 50% Survivor Annuity, Joint and 75% Survivor Annuity, Joint and 100% Survivor Annuity, 5 Year Certain and Life, 10 Year Certain and Life, 15 Year Certain and Life, and lump sum with force-out						
Optional Forms Conversion Factors	Factors found in Appendix C of the Plan document						
Early Retirement Date	The first day of the month coincident with or next following the attainment of age 55 and the completion of 5 Years of Vesting Service						
Early Retirement Benefit	The Accrued Benefit reduced by the factors found in Appendix A of the Plan document						
Late Retirement Benefit	The Accrued Benefit increased by the factors found in Appendix B of the Plan document						
Disability Benefit	Accrued benefit beginning 6 months after the date of Total and Permanent Disability, as determined under the federal Social Security Acts, if the Participant has 20 Years of Service for vesting purposes. Benefit ends on the earlier of cessation of disability, death or Normal Retirement						
Pre-Retirement Death Benefit	50% Survivor portion of the Joint and 50% Survivor benefit payable at the Participant's Early Retirement Date. For Terminated Vested Participants, death benefit is the Actuarial Equivalence of the vested Accrued Benefit.						
Vesting	Each Participant will be vested as follows: <table> <tr> <td><u>Years of Service</u></td><td><u>Percent Vested</u></td></tr> <tr> <td>Less than 5 years</td><td>0%</td></tr> <tr> <td>5 or more</td><td>100%</td></tr> </table>	<u>Years of Service</u>	<u>Percent Vested</u>	Less than 5 years	0%	5 or more	100%
<u>Years of Service</u>	<u>Percent Vested</u>						
Less than 5 years	0%						
5 or more	100%						
Year of Service for Vesting	1,000 hours in a Plan Year						

PENSION PLAN OF YORK CONTAINER COMPANY
SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. #23-1434215
PLAN #002
DECEMBER 31, 2018

<u>(a)</u>	<u>(b) Identity of issuer or similar party</u>	<u>(c) Description of investment</u>	<u>(d) Cost</u>	<u>(e) Current value</u>
	Vanguard Institutional Index Class I	Mutual fund	\$ 680,448	\$ 630,088
	WCM Focused International Growth Fund	Mutual fund	560,156	502,496
	Vanguard Short-Term Inv Grd CL ADML	Mutual fund	452,310	451,034
	Federated Ultra Short Bond CL I	Mutual fund	451,589	449,609
	Metwest Unconstrained Bond CL I	Mutual fund	446,252	441,357
	Cambiar International Equity Fund	Mutual fund	482,886	387,908
	Vanguard Int-Trm Bond IDX CL ADML	Mutual fund	318,889	311,422
	Ishares Russell 2000 ETF	Mutual fund	321,969	279,048
	Ishares Russell 1000 Growth	Mutual fund	292,473	278,838
	AQR Style Premia Alternative Fund	Mutual fund	286,336	270,923
	Diamond Hill Large Cap Fund	Mutual fund	280,904	239,876
	T. Rowe Price Large Cap Growth Fund	Mutual fund	213,074	202,011
	Virtus Kar Small-Cap Growth I Fund	Mutual fund	188,370	184,163
	LSV Value Equity Fund Strategy	Mutual fund	218,642	173,146
	Ishares Core MSCI Emerging	Mutual fund	203,061	169,976
	Nuveen Small Cap Value Fund	Mutual fund	206,669	163,883
	Baillie Gifford Emerg Mkts CL K	Mutual fund	199,979	153,188
	Virtus SEIX FLT RT HI Inc-I	Mutual fund	134,778	128,620
	American Beacon SIM	Mutual fund	122,403	122,403
	Vanguard Inflation-Protected Fund	Mutual fund	126,176	121,094
	Spdr DJ Intl Real Estate ETF	Mutual fund	124,592	108,953
	Ishares Core MSCI EAFE ETF	Mutual fund	94,637	77,000
	Blackrock Federal Trust Fund	Mutual fund	32,697	32,697
	Interest-bearing cash	Money market account	374	374
	TOTAL INVESTMENTS		<u><u>\$ 6,439,664</u></u>	<u><u>\$ 5,880,107</u></u>