

<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>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A	This return/report is for: <div><div>☐ a multiemployer plan</div><div>☒ a single-employer plan</div><div>☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div>☐ a DFE (specify) _____</div></div>
B	This return/report is: <div><div>☐ the first return/report</div><div>☐ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div>
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: <div><div>☐ Form 5558</div><div>☐ automatic extension</div><div>☒ the DFVC program</div><div>☐ special extension (enter description)</div></div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 01/01/1998
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) RTS PACKAGING, LLC 1 N 2ND ST HARTSVILLE, SC 29550-3300
2b	Employer Identification Number (EIN) 58-2323235
2c	Plan Sponsor's telephone number 843-383-7000
2d	Business code (see instructions) 322200

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.	06/10/2026	TODD GIAMBRONE
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor SONOCO EMPLOYEE BENEFITS COUNCIL 1 N 2ND ST HARTSVILLE, SC 29550-3300	3b Administrator's EIN 57-0248420 3c Administrator's telephone number 843-383-7000 <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	5 638
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 259 6a(2) 212 6b 260 6c 125 6d 597 6e 29 6f 626 6g(1) 6g(2) 6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1B 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
▶ 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 RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RTS PACKAGING, LLC	D Employer Identification Number (EIN) 58-2323235
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 10 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	32121385	
b	Actuarial value	2b	35333523	
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	263	26122902	26122902
b	For terminated vested participants	116	3778272	3778272
c	For active participants	259	16828253	17194263
d	Total	638	46729427	47095437
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.23 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	338732	
b	Expected plan-related expenses	6b	697421	
c	Target normal cost	6c	1036153	

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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>CHRISTINE GIURATO</div> <div>Type or print name of actuary</div> <div>AON CONSULTING, INC.</div> <div>Firm name</div> <div>MSC # 17299 P.O. BOX 551343 ATLANTA, GA 30355</div> <div>Address of the firm</div>	<div>12/23/2025</div> <div>Date</div> <div>23-07087</div> <div>Most recent enrollment number</div> <div>404-261-3400</div> <div>Telephone number (including area code)</div>
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Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>3.88</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		873
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>5.41</u> %		47
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		920
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	75.02 %
15	Adjusted funding target attainment percentage	15	75.02 %
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	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	68.20 %

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
01/12/2024	455290	0			
04/15/2024	455290	0			
07/15/2024	455290	0			
10/15/2024	455290	0			
06/13/2025	542794	0			
			Totals ►	18(b)	2363954
				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 2258746
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
0	0
(3) 3rd	(4) 4th
0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? 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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	1036153
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	11761914	1222454	
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	2258607
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	2258607
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	2258746
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	139
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021
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<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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<div>A</div> <div>Name of plan</div> <div>RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>004</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>RTS PACKAGING, LLC</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>58-2323235</div>

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).....

No

Yes

☒
- 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)

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

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

AON CONSULTING, INC.

22-2232264

(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?
11	ACTUARY	155059	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

13-2834414

(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?
11	ACTUARY	66006	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	50960	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)

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	25152	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON

13-5160382

(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?
21	TRUSTEE	8799	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:	MR. JIM RIGHTNOUR	b EIN:	13-2834414
c Position:	ENROLLED ACTUARY		
d Address:	800 EAST CANAL ST. SUITE 900 RICHMOND, VA 23219	e Telephone:	804-344-3783

Explanation: AS A RESULT OF A CHANGE IN THE FIRM PROVIDING ACTUARIAL SERVICES, THE ENROLLED ACTUARY HAS CHANGED.

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:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan 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>		<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024					
A Name of plan RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN				B Three-digit plan number (PN) ▶ 004	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 RTS PACKAGING, LLC				D Employer Identification Number (EIN) 58-2323235	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SONOCO PRODUCTS COMPANY MASTER TRUS					
b Name of sponsor of entity listed in (a): SONOCO PRODUCTS COMPANY					
c EIN-PN 57-0248420-010		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35944205		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

<div>SCHEDULE H</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>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 RTS PACKAGING, LLC	D Employer Identification Number (EIN) 58-2323235	

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)	813355 998084
	(2) Participant contributions	1b(2)	
	(3) Other	1b(3)	0 413
c	General investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
	(2) U.S. Government securities	1c(2)	
	(3) Corporate debt instruments (other than employer securities):		
	(A) Preferred	1c(3)(A)	
	(B) All other	1c(3)(B)	
	(4) Corporate stocks (other than employer securities):		
	(A) Preferred	1c(4)(A)	
	(B) Common	1c(4)(B)	
	(5) Partnership/joint venture interests	1c(5)	
	(6) Real estate (other than employer real property)	1c(6)	
	(7) Loans (other than to participants)	1c(7)	
	(8) Participant loans	1c(8)	
	(9) Value of interest in common/collective trusts	1c(9)	
	(10) Value of interest in pooled separate accounts	1c(10)	
	(11) Value of interest in master trust investment accounts	1c(11)	31326190 35944205
	(12) Value of interest in 103-12 investment entities	1c(12)	
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
	(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	32139545	36942702
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	744605	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	744605	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	31394940	36942702

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)	2363954	
(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)		2363954
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(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)		

		(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)		6798810
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9162764

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2831801	
(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)		2831801
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	25152	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	50960	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	8799	
(7) Actuarial fees	2i(7)	221065	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	477225	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		783201
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3615002

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5547762
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 540296.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 RTS PACKAGING, LLC		D Employer Identification Number (EIN) 58-2323235
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-4263716		
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 5
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) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

RTS Packaging, LLC Consolidated Pension Plan

Financial Statements
Years Ended September 30, 2024 and 2023

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



RTS Packaging, LLC Consolidated Pension Plan

Financial Statements
Years Ended September 30, 2024 and 2023

RTS Packaging, LLC Consolidated Pension Plan

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Note: Schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

The Plan Administrator
RTS Packaging, LLC Consolidated Pension Plan
Atlanta, Georgia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of RTS Packaging, LLC Consolidated Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, 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, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of September 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

BDO USA, P.C.

May 27, 2026

Financial Statements

RTS Packaging, LLC Consolidated Pension Plan

Statements of Net Assets Available for Benefits

<i>September 30,</i>	2024	2023
Assets		
Plan interest in Sonoco Master Trust, at fair value	\$ 35,944,205	\$ 31,326,190
Interest receivable	413	-
Employer contributions receivable	998,084	813,355
Total Assets	36,942,702	32,139,545
Liabilities		
Due to WestRock Master Trust	-	734,258
Accrued expenses	-	10,347
Total Liabilities	-	744,605
Net Assets Available for Benefits	\$ 36,942,702	\$ 31,394,940

See accompanying notes to financial statements.

RTS Packaging, LLC Consolidated Pension Plan
Statements of Changes in Net Assets Available for Benefits

<i>Years ended September 30,</i>	2024	2023
Additions		
Employer contributions	\$ 2,363,954	\$ 1,911,475
Net investment gain (loss) from master trusts:		
WestRock Master Trust	-	2,251,686
Sonoco Master Trust	6,798,810	(1,507,806)
	6,798,810	743,880
Total Additions	9,162,764	2,655,355
Deductions		
Benefits paid to participants and beneficiaries	(2,831,801)	(2,827,446)
Administrative expenses	(783,201)	(686,645)
Total Deductions	(3,615,002)	(3,514,091)
Net Increase (Decrease)	5,547,762	(858,736)
Net Assets Available for Benefits, beginning of year	31,394,940	32,253,676
Net Assets Available for Benefits, end of year	\$ 36,942,702	\$ 31,394,940

See accompanying notes to financial statements.

RTS Packaging, LLC Consolidated Pension Plan

Notes to Financial Statements

1. Description of Plan

The following description of the RTS Packaging, LLC Consolidated Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

RTS Packaging, LLC (the Company or Plan Sponsor) sponsors the Plan. The Plan is a non-contributory defined benefit plan covering a substantial portion of employees of the Company that are specifically listed in the Plan document. The Plan was formed on January 1, 1998 from assets and liabilities spun off from certain Rock-Tenn Company pension plans and the Retirement Plan of Sonoco Products Company pursuant to the joint venture agreement between Rock-Tenn Company and Sonoco Products Company. Effective September 7, 2023, WestRock Company sold its remaining interest in the Company to Sonoco Products Company (Sonoco) and the Plan's interest in the WestRock Master Trust merged into the Sonoco Master Trust. Eligible participants must complete one year of vested service and be at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Plan Sponsor's Retirement Plan Administrative Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investments and monitors investment performance.

Pension Benefits and Vesting

The Plan provides normal retirement benefits for its participants as of the first day of the month following the attainment of age 65. Early retirement benefits are provided to eligible participants as early as age 55, and extended retirement benefits are provided for those electing continued employment past normal retirement. The Plan's benefit formula as of March 1, 2005 (2005 Formula), is based on your compensation. If you elected to continue benefit accruals after February 28, 2005, your monthly accrued benefit under this formula. The Plan's benefit formula as of March 1, 2005 (2005 Formula), is based on your compensation. If you elected to continue benefit accruals after February 28, 2005, your monthly accrued benefit under this formula is equal to one-twelfth of the sum of (a) plus (b) where: (a) equals 1% of your compensation for the period beginning on March 1, 2005, and ending on December 31, 2005; and (b) equals 1% of your compensation for each calendar year after 2005, if you elected to continue to accrue benefits under the Plan after December 31, 2005.

The benefit formula used to determine your accrued benefit under the Plan from January 1, 1998, to February 28, 2005 (Prior Formula), is based on your compensation and the Social Security wage base. Your monthly accrued benefit under this formula is equal to one-twelfth of the sum of (x) plus (y) where: (x) equals 1.2% of your compensation for each calendar year after 1997; and (y) equals 0.5% of your compensation in excess of one-half of the Social Security wage base for each calendar year after 1997. is equal to one-twelfth of the sum of (a) plus (b) where: (a) equals 1% of your compensation for the period beginning on March 1, 2005, and ending on December 31, 2005; and (b) equals 1% of your compensation for each calendar year after 2005, if you elected to continue to accrue benefits under the Plan after December 31, 2005. The benefit formula used to determine your accrued benefit under the Plan from January 1, 1998, to February 28, 2005 (Prior Formula), is based on your compensation and the Social Security wage base. Your monthly accrued benefit under

RTS Packaging, LLC Consolidated Pension Plan

Notes to Financial Statements

this formula is equal to one-twelfth of the sum of (x) plus (y) where: (x) equals 1.2% of your compensation for each calendar year after 1997; and (y) equals 0.5% of your compensation in excess of one-half of the Social Security wage base for each calendar year after 1997.

Accrued benefits are fully vested upon completion of five years of service.

Effective January 1, 2016, the Plan froze pension benefit accruals and service, except to those participants under terms of a collective bargaining agreement incorporated into the Plan.

Funding Policy

Employer contributions receivable represent those contributions remitted to the Plan after its September 30 year-end and typically consist of a) the Company's quarterly contribution due each October following its year-end and b) the Company's final contributions generally made May or June following its year-end and prior to the Company's funding deadline to meet applicable funding targets. The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement.

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

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's assets are held in the Sonoco Products Company Master Retirement Trust (Sonoco Master Trust), which holds assets on behalf of the Sonoco Pension Plan and the Plan.

Investments held by the Plan are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Purchase and sale of investments of the master trusts are accounted for on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

RTS Packaging, LLC Consolidated Pension Plan

Notes to Financial Statements

Payment of Benefits

Benefit payments are recorded upon distribution.

Administrative Expenses

Administrative expenses include investment manager fees; benefit payment service charges; actuarial, trustee, and audit fees as well as commissions; and fees paid in connection with securities transactions and the Pension Benefit Guaranty Corporation (the PBGC) premiums. These administrative expenses are paid from the assets of the master trusts and allocated to each participating plan. Such expenses are allocated monthly either specifically to the plan they relate to or to each participating plan based on their relative beginning of year net asset balances. Expenses paid by the Company are excluded from these financial statements.

3. Interest in Master Retirement Trusts

The Plan assets are held in a master trust under the terms of the trust agreements. The Bank of New York/BNY Mellon, N.A. (BONY) was appointed trustee of the Plan effective September 7, 2023 and held the Plan's assets as of September 30, 2024. The Northern Trust Company was the trustee of the Plan until September 7, 2023 and held the Plan's assets until the transfer to BONY. Each participating plan has an undivided interest in the Master Trust. The value of the Plan's interest in the Sonoco Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income (loss) less actual distributions and administrative expenses. The Plan began participation in the Sonoco Master Trust in September 2023 and prior to this date participated in the WestRock Master Trust.

Investment income and administrative expenses relating to the WestRock Company Master Trust were allocated to the individual plans based upon the amount of the time the plan's assets were invested in the master trust. The investments of the Plan in the Sonoco Master Trust have a divided interest.

The following table presents the total net assets of the Sonoco Master Trust and the Plan's interest in the Sonoco Master Trust:

September 30, 2024

	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets		
Investments, at fair value:		
Collective trusts	\$ 82,467,156	\$ 35,944,205
Total Assets	\$ 82,467,156	\$ 35,944,205
Plan Interest Percentage in Master Trust	100.0%	43.6%

RTS Packaging, LLC Consolidated Pension Plan

Notes to Financial Statements

September 30, 2023

	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets		
Investments, at fair value:		
Collective trusts	\$ 70,040,478	\$ 31,326,190
Total Assets	\$ 70,040,478	\$ 31,326,190
Plan Interest Percentage in Master Trust	100.0%	44.7%

The Sonoco Master Trust's net investment income (loss) is as follows:

Year ended September 30,	2024	2023
Net Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	\$ 12,739,172	\$ (3,293,155)
Interest and dividends	53,309	2,496
Total Net Investment Income (Loss)	\$ 12,792,481	\$ (3,290,659)

The WestRock Master Trust's investment income is as follows:

Year ended September 30, 2023

Investment Income	
Interest	\$ 143,012,172
Dividends	3,410,995
Other investment income	8,983,277
Net appreciation in fair value of investments	35,152,561
Total Investment Income	\$ 190,559,005

4. Fair Value Measurements

The Financial Accounting Standards Board (FASB) has established a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.

RTS Packaging, LLC Consolidated Pension Plan

Notes to Financial Statements

- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the valuation methodologies used at September 30, 2024 and 2023.

The following table summarizes the Sonoco Master Trust:

September 30, 2024

	Assets Measured at Net Asset Value (NAV) ^(a)	Level 1	Level 2	Level 3	Total
Collective Trusts					
Pension assets	\$ 68,742,077	\$ -	\$ -	\$ -	\$ 68,742,077
401(h) assets	13,725,079	-	-	-	13,725,079
Total Master Trust Assets	\$ 82,467,156	\$ -	\$ -	\$ -	\$ 82,467,156

September 30, 2023

	Assets Measured at NAV ^(a)	Level 1	Level 2	Level 3	Total
Collective Trusts					
Pension assets	\$ 57,499,809	\$ -	\$ -	\$ -	\$ 57,499,809
401(h) assets	12,540,591	-	-	-	12,540,591
Total Master Trust Assets	\$ 70,040,478	\$ -	\$ -	\$ -	\$ 70,040,478

^(a) Certain assets that are measured at fair value using the NAV per share (or its equivalent) practical expedient as an estimate of fair value have not been classified in the fair value hierarchy.

Collective Trusts - The fair value of participating units held in a collective trust is based on the NAV per unit, as reported by the fund managers, as a practical expedient for fair value. The collective trusts provide for daily redemptions by the Sonoco Master Trust at reported NAV per share, generally with no advance notice requirement. One collective trust fund has an advance notice requirement of ten calendar days, and there are no unfunded commitments as of September 30, 2024 and 2023.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of

RTS Packaging, LLC Consolidated Pension Plan

Notes to Financial Statements

different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

5. Information Certified by Trustee and Custodian

The Committee has elected the method of annual reporting compliance for certain investment information as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Northern Trust Company, the trustee and a qualified institution, has certified that the following data included in the WestRock Company Master Retirement Trust is complete and accurate.

Year ended September 30, 2023

Statement of Changes in Net Assets Available for Benefits

Net appreciation of certified investments	\$	1,222,827
Dividends and interest from certified investments		1,028,859

The Bank of New York Mellon, a qualified institution, has certified the following data included in the Sonoco Master Trust is complete and accurate.

<i>September 30,</i>	2024	2023
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Statements of Net Assets Available for Benefits

Investments:

Collective trust funds	\$	35,944,205	\$	31,326,190
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<i>Years ended September 30,</i>	2024	2023
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Statements of Changes in Net Assets Available for Benefits

Net appreciation (depreciation) of certified investments	\$	6,798,810	\$	(1,507,806)
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The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements.

6. Plan Termination

Should the Plan terminate at some future time, its net assets generally may not be sufficient to provide full benefits to all participants. Whether a particular participant's accumulated plan benefits will be paid in full depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time and may also depend on the financial condition of the Plan Sponsor. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all. For further description regarding the priority of participants' claims to the assets of the Plan upon Plan termination and benefits guaranteed by the PBGC, reference is made to the information included in the Plan document available to all participants.

RTS Packaging, LLC Consolidated Pension Plan

Notes to Financial Statements

7. Actuarial Present Value of Accumulated Plan Benefits Obligation

The accumulated plan benefits obligation represents estimated future periodic payments, including lump-sum distributions, to be made in accordance with the Plan's provisions with respect to service which employees have rendered to the valuation date. It includes 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 are based on the monthly benefit amount designated by the Plan and in effect at the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. The effect of Plan amendments on accumulated plan benefits is recognized in the year in which such amendments become effective.

The actuarial present value of the accumulated plan benefits is determined by an independent actuary and represents the amount which 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 October 1, 2023 were as follows for the Plan:

Mortality - Assumed healthy mortality is based on the PRL-2012 Blue Collar mortality tables projected with generational mortality improvements using Scale MP-2021. The assumed disabled mortality is based on the PRL-2012 disabled retiree mortality table projected with generational mortality improvements using Scale MP-2021.

The discount rate is 3.08%.

Disability incidence, retirement age rates, withdrawal rates, vested deferred benefit commencement age, percent married, spousal age difference, or form of payment assumptions were updated based on the 2023 experience study, using data from 2018 to 2022. The terminated vested participants are assumed to retire at age 62.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2023. Had the valuations been performed as of September 30, there would be no material differences.

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

October 1, 2023

Vested benefits:	
Active participants	\$ 22,505,481
Inactive participants with deferred benefits	5,256,560
Inactive participants receiving benefits	29,814,057
Nonvested benefits	541,948
Total Actuarial Present Value of Accumulated Plan Benefits Obligations	\$ 58,118,046

RTS Packaging, LLC Consolidated Pension Plan

Notes to Financial Statements

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

Year ended September 30, 2023

Actuarial Present Value of Accumulated Plan Benefits Obligations,	
beginning of year	\$ 42,561,791
Assumption changes (primarily discount rate change)	15,242,296
Interest due as a result of the decrease in discount period	2,323,032
Benefits paid	(2,827,446)
Benefits accumulated and gains	376,703
<hr/>	
Actuarial Present Value of Accumulated Plan Benefits Obligations, end of year	\$ 58,118,046

8. Risks and Uncertainties

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

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

9. Income Tax Status

The Plan received a determination letter from the Internal Revenue Service (IRS), dated March 20, 2017, in which the IRS states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code).

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Parties-in-Interest and Related Party Transactions

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to the trustee and various service providers. These transactions are exempt party-in-interest transactions under ERISA.

11. Subsequent Events

The Plan administrator has evaluated subsequent events through May 27, 2026, the date the financial statements were available to be issued.

Effective January 2, 2025, the Plan merged into the Sonoco Pension Plan.

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 RTS Packaging, LLC Consolidated Pension Plan
 EIN: 57-0248420 PN: 004

Schedule SB, line 26a — Schedule of Active Participant Data
 as of October 1, 2023

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1	1								
25-29		2	3							
30-34		5	1							
35-39	1	5	1	6	1					
40-44	2	4	2	4	4	3				
45-49	1	2	2	9	4	4	4			
50-54	2	1	8	14	8	8	3	2		
55-59	1	1	7	12	6	16	9	6	1	
60-64	1	4	6	11	11	8	6	13	2	
65-69	1	1	1	2	2	3	1	1	2	2
70+				1		1	1		1	

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Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
RTS Packaging, LLC Consolidated Pension Plan
EIN: 57-0248420 PN: 004

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of June 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.

1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of June 2023), without regard to interest rate stabilization.

1st Segment Rate	3.03%
2nd Segment Rate	4.11%
3rd Segment Rate	4.27%

Optional Payment Form Election Percentage

Actives and Future Disableds	40% elect a life annuity 50% elect a joint and 50% survivor annuity 10% elect a joint and 100% survivor annuity
Vested Terminations	45% elect a life annuity 40% elect a joint and 50% survivor annuity 15% elect a joint and 100% survivor annuity

Retirement Age

Active Participants	See Table 1.
Terminated Vested Participants	Age 62

Mortality Rates

Healthy	2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994.

Withdrawal Rates

See Tables 2 – 3.

Disability Rates

See Table 4.

Decrement Timing

Beginning of year decrements.

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
RTS Packaging, LLC Consolidated Pension Plan
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Surviving Spouse Benefit

It is assumed that 75% of males have an eligible spouse and that their spouse is three years younger and that 50% of females have an eligible spouse, and that their spouse is one year older.

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2021 Plan Year

4.29%, limited to 6.11%.

2022 Plan Year

6.07%, limited to 5.92%.

2023 Plan Year

3.08%, limited to 5.74%.

Trust Expenses Included in Target Normal Cost

Prior year non-PBGC administrative expenses plus estimated current year PBGC premiums.

Actuarial Method

Standard unit credit cost method

Valuation Date

October 1, 2023

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
RTS Packaging, LLC Consolidated Pension Plan
EIN: 57-0248420 PN: 004

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Salaried/Nonunion Hourly Employees Component	Benefit Multiplier Component
55	3.00%	3.00%
56	3.00%	3.00%
57	3.00%	3.00%
58	3.00%	3.00%
59	3.00%	3.00%
60	3.00%	3.00%
61	13.00%	3.00%
62	13.00%	20.00%
63	13.00%	20.00%
64	13.00%	20.00%
65	35.00%	45.00%
66	35.00%	30.00%
67	35.00%	30.00%
68	35.00%	30.00%
69	35.00%	30.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 RTS Packaging, LLC Consolidated Pension Plan
 EIN: 57-0248420 PN: 004

Table 2

Withdrawal Rates — Salaried/Nonunion Hourly Employees Component

Age	Rate	Age	Rate
15	0.00%	45	4.35%
16	0.00%	46	4.27%
17	0.00%	47	4.19%
18	25.00%	48	4.14%
19	13.80%	49	4.10%
20	12.22%	50	3.94%
21	14.86%	51	3.84%
22	15.58%	52	3.75%
23	15.27%	53	3.57%
24	14.13%	54	3.02%
25	12.96%	55	2.04%
26	11.89%	56	1.58%
27	10.87%	57	1.44%
28	9.91%	58	1.48%
29	9.11%	59	1.59%
30	8.53%	60	1.54%
31	8.01%	61	1.63%
32	7.49%	62	1.79%
33	6.94%	63	1.75%
34	6.48%	64	1.83%
35	6.15%	65	1.97%
36	5.86%	66	2.06%
37	5.60%	67	2.00%
38	5.31%	68	2.06%
39	5.06%	69	2.45%
40	4.90%	70+	2.82%
41	4.70%		
42	4.58%		
43	4.50%		
44	4.43%		

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 RTS Packaging, LLC Consolidated Pension Plan
 EIN: 57-0248420 PN: 004

Table 3

Withdrawal Rates — Benefit Multiplier Component

Age	Years of Service				
	0	1	2	3	4+
15	0.00%	0.00%	0.00%	0.00%	0.00%
16	0.00%	0.00%	0.00%	0.00%	0.00%
17	0.00%	0.00%	0.00%	0.00%	0.00%
18	29.40%	26.25%	24.15%	22.05%	16.28%
19	28.67%	25.52%	23.42%	21.32%	15.54%
20	27.93%	24.78%	22.68%	20.58%	14.81%
21	27.20%	24.05%	21.95%	19.85%	14.07%
22	26.46%	23.31%	21.21%	19.11%	13.34%
23	25.73%	22.58%	20.48%	18.38%	12.60%
24	24.99%	21.84%	19.74%	17.64%	11.87%
25	24.26%	21.11%	19.01%	16.91%	11.13%
26	23.52%	20.37%	18.27%	16.17%	10.40%
27	22.79%	19.64%	17.54%	15.44%	9.66%
28	22.05%	18.90%	16.80%	14.70%	8.93%
29	21.53%	18.38%	16.28%	14.18%	8.40%
30	21.00%	17.85%	15.75%	13.65%	7.88%
31	20.69%	17.54%	15.44%	13.34%	7.56%
32	20.37%	17.22%	15.12%	13.02%	7.25%
33	20.16%	17.01%	14.91%	12.81%	7.04%
34	19.95%	16.80%	14.70%	12.60%	6.83%
35	19.74%	16.59%	14.49%	12.39%	6.62%
36	19.53%	16.38%	14.28%	12.18%	6.51%
37	19.32%	16.17%	14.07%	11.97%	6.41%
38	19.11%	15.96%	13.86%	11.76%	6.30%
39	18.90%	15.75%	13.65%	11.55%	6.20%

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 RTS Packaging, LLC Consolidated Pension Plan
 EIN: 57-0248420 PN: 004

Table 3 continued

Withdrawal Rates — Benefit Multiplier Component

Age	Years of Service				
	0	1	2	3	4+
40	18.69%	15.54%	13.44%	11.34%	6.09%
41	18.48%	15.33%	13.23%	11.13%	5.99%
42	18.27%	15.12%	13.02%	10.92%	5.88%
43	18.06%	14.91%	12.81%	10.71%	5.78%
44	17.85%	14.70%	12.60%	10.50%	5.67%
45	17.64%	14.49%	12.39%	10.29%	5.57%
46	17.43%	14.28%	12.18%	10.08%	5.46%
47	17.22%	14.07%	11.97%	9.98%	5.36%
48	17.01%	13.86%	11.76%	9.87%	5.25%
49	16.80%	13.65%	11.55%	9.77%	5.15%
50	16.59%	13.44%	11.34%	9.66%	5.04%
51	16.38%	13.23%	11.24%	9.56%	4.94%
52	16.17%	13.02%	11.13%	9.45%	4.83%
53	15.96%	12.81%	11.03%	9.35%	4.73%
54	15.75%	12.60%	10.92%	9.24%	4.62%
55	15.54%	12.50%	10.82%	9.14%	4.52%
56	15.33%	12.39%	10.71%	9.03%	4.41%
57	15.12%	12.29%	10.61%	8.93%	4.31%
58	14.91%	12.18%	10.50%	8.82%	4.20%
59	14.70%	12.08%	10.40%	8.72%	4.10%
60	14.60%	11.97%	10.29%	8.61%	3.99%
61	14.49%	11.87%	10.19%	8.51%	3.89%
62	14.39%	11.76%	10.08%	8.40%	3.78%
63	14.28%	11.66%	9.98%	8.30%	3.68%
64	14.18%	11.55%	9.87%	8.19%	3.57%

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 RTS Packaging, LLC Consolidated Pension Plan
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Table 3 continued

Withdrawal Rates — Benefit Multiplier Component

Age	Years of Service				
	0	1	2	3	4+
65	14.07%	11.45%	9.77%	8.09%	3.47%
66	13.97%	11.34%	9.66%	7.98%	3.36%
67	13.86%	11.24%	9.56%	7.88%	3.26%
68	13.76%	11.13%	9.45%	7.77%	3.15%
69	13.65%	11.03%	9.34%	7.67%	3.05%
70+	13.55%	10.92%	9.24%	7.56%	2.94%

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 RTS Packaging, LLC Consolidated Pension Plan
 EIN: 57-0248420 PN: 004

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0053%	0.0058%	45	0.0505%	0.0808%
16	0.0058%	0.0063%	46	0.0565%	0.0855%
17	0.0060%	0.0065%	47	0.0638%	0.0978%
18	0.0063%	0.0068%	48	0.0713%	0.1085%
19	0.0068%	0.0073%	49	0.0800%	0.1200%
20	0.0073%	0.0075%	50	0.0895%	0.1333%
21	0.0075%	0.0080%	51	0.1013%	0.1480%
22	0.0080%	0.0088%	52	0.1163%	0.1650%
23	0.0085%	0.0095%	53	0.1348%	0.1863%
24	0.0090%	0.0105%	54	0.1565%	0.2118%
25	0.0095%	0.0118%	55	0.1805%	0.2380%
26	0.0100%	0.0130%	56	0.2055%	0.2613%
27	0.0105%	0.0145%	57	0.2310%	0.2788%
28	0.0110%	0.0163%	58	0.2575%	0.2825%
29	0.0115%	0.0180%	59	0.2853%	0.2860%
30	0.0120%	0.0200%	60	0.3140%	0.2898%
31	0.0125%	0.0223%	61	0.3420%	0.2933%
32	0.0135%	0.0248%	62	0.3688%	0.2970%
33	0.0148%	0.0275%	63	0.3930%	0.3085%
34	0.0160%	0.0308%	64	0.4158%	0.3230%
35	0.0173%	0.0340%	65	0.4383%	0.3395%
36	0.0193%	0.0375%	66	0.4615%	0.3575%
37	0.0213%	0.0413%	67	0.4875%	0.3763%
38	0.0238%	0.0450%	68	0.5158%	0.3955%
39	0.0263%	0.0488%	69	0.5450%	0.4160%
40	0.0293%	0.0528%	70+	0.0000%	0.0000%
41	0.0328%	0.0573%			
42	0.0368%	0.0625%			
43	0.0410%	0.0683%			
44	0.0455%	0.0738%			

<div>SCHEDULE SB (Form 5500) <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>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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 RTS PACKAGING, LLC CONSOLIDATED PENSION PLAN		B Three-digit plan number (PN)	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RTS PACKAGING, LLC		D Employer Identification Number (EIN) 58-2323235	
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 10 Day 01 Year 2023			
2 Assets:			
a Market value.....	2a	32,121,385	
b Actuarial value	2b	35,333,523	
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	263	26,122,902	26,122,902
b For terminated vested participants.....	116	3,778,272	3,778,272
c For active participants.....	259	16,828,253	17,194,263
d Total	638	46,729,427	47,095,437
4 If the plan is in at-risk status, check the box and complete lines (a) and (b).....			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	5.23%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	338,732	
b Expected plan-related expenses	6b	697,421	
c Target normal cost.....	6c	1,036,153	

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.

<div>SIGN HERE</div> <div>CHRISTINE GIURATO</div> <div>Signature of actuary</div>	<div>12/23/2025</div> <div>Date</div> <div>2307087</div> <div>Most recent enrollment number</div> <div>404-261-3400</div> <div>Telephone number (including area code)</div>
<div>CHRISTINE GIURATO</div> <div>Type or print name of actuary</div> <div>Aon Consulting, Inc.</div> <div>Firm name</div> <div>MSC # 17299 P.O. Box 551343 Atlanta GA 30355</div> <div>Address of the firm</div>	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>3.88</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		873
	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>5.41</u> %		47
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		920
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	75.02 %
15	Adjusted funding target attainment percentage	15	75.02 %
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	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	68.20 %

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
01/12/2024	455,290	0			
04/15/2024	455,290	0			
07/15/2024	455,290	0			
10/15/2024	455,290	0			
06/13/2025	542,794	0			
Totals ►			18(b)	2,363,954	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 2,258,746
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
0	0
(3) 3rd	(4) 4th
0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">1st segment: 4.75 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2nd segment: 5.00 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">3rd segment: 5.74 %</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code).....		21b 4
22	Weighted average retirement age		22 63
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? 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 6c).....		31a 1,036,153
b	Excess assets, if applicable, but not greater than line 31a		31b 0
32	Amortization installments:		
a	Net shortfall amortization installment	Outstanding Balance 11,761,914	Installment 1,222,454
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 2,258,607
35	Balances elected for use to offset funding requirement.....	Carryover balance 0	Prefunding balance 0
36	Additional cash requirement (line 34 minus line 35)		36 2,258,607
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 2,258,746
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 139
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years.....		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021		

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
RTS Packaging, LLC Consolidated Pension Plan
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Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 10/1/2023 at 5.23%	Interest Adjusted Contribution
January 12, 2024	\$ 455,290	103	\$ 448,805
April 15, 2024	455,290	197	442,967
July 15, 2024	455,290	288	437,388
October 15, 2024	455,290	380	431,817
June 13, 2025	542,794	621	497,769
Total Contribution	\$ 2,363,954		\$ 2,258,746

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

Benefit Multiplier Component

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	3.00%	1.0000	1.65
56	3.00%	0.9700	1.63
57	3.00%	0.9409	1.61
58	3.00%	0.9127	1.59
59	3.00%	0.8853	1.57
60	3.00%	0.8587	1.55
61	3.00%	0.8330	1.52
62	20.00%	0.8080	10.02
63	20.00%	0.6464	8.14
64	20.00%	0.5171	6.62
65	45.00%	0.4137	12.10
66	30.00%	0.2275	4.51
67	30.00%	0.1593	3.20
68	30.00%	0.1115	2.27
69	30.00%	0.0780	1.62
70	100.00%	0.0546	3.82
Weighted Average			63.42

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
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Salaried/Nonunion Hourly Employees Component

(a)	(b)	(c)	(d) Product
Age	Rate	Weight	(a) × (b) × (c)
55	3.00%	1.0000	1.65
56	3.00%	0.9700	1.63
57	3.00%	0.9409	1.61
58	3.00%	0.9127	1.59
59	3.00%	0.8853	1.57
60	3.00%	0.8587	1.55
61	13.00%	0.8330	6.61
62	13.00%	0.7247	5.84
63	13.00%	0.6305	5.16
64	13.00%	0.5485	4.56
65	35.00%	0.4772	10.86
66	35.00%	0.3102	7.17
67	35.00%	0.2016	4.73
68	35.00%	0.1311	3.12
69	35.00%	0.0852	2.06
70	100.00%	0.0554	3.88
Weighted Average			63.59

Number of Active Benefit Multiplier Employees: 157

Number of Active Salaried/NonUnion Employees: 102

Weighted Average Retirement Age= $[(157 * 63.42) + (102 * 63.59)] / (157 + 102) = 63.48$

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
RTS Packaging, LLC Consolidated Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions

The RTS Packaging, LLC Consolidated Pension Plan consists of the following participating employees:

- **Benefit Multiplier Component**
 - Hourly paid members of the United Paperworkers International Union Local No. 895, or, effective 5/1/2006, USW Local No. 4-0895, employed at the Dallas plant in Texas.
 - Hourly paid members of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen & Helpers of America Local No. 777 employed at the Hillside Plant in Illinois.
 - An hourly paid Employee at the Merced Plant who is a member of the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International (USW) Local Number 819.
- **Salaried/Nonunion Hourly Employees Component**
 - Nonunion employees of RTS Packaging LLC who are not eligible to participant in any other pension plan maintained by an affiliate and who satisfied the eligibility for participation conditions below by December 31, 2004.
 - All benefit accruals under this plan were frozen effective December 31, 2004 for Covered Employees who were under age 35 or had less than 5 years of Vesting Service as of December 31, 2004, unless covered by a bargaining agreement.
 - During 2005, all other covered employees were given the choice to stop benefit accruals under this plan in order to participate in an alternative retirement program.

Effective Date

October 1, 2010. The RTS Packaging, LLC Consolidated Pension Plan was last amended effective September 2021.

Plan Year

October 1 through September 30.

Maximum on Benefits

All benefits for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
RTS Packaging, LLC Consolidated Pension Plan
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Benefit Multiplier Component

Participation Date

All employees are eligible on the first of the month following the later of:

- (1) The attainment of age 21
- (2) The completion of one year of service
- (3) The date he or she becomes a covered employee

Benefit Formulas

Benefit unit at the time of termination multiplied by years of credited service.

Dallas

Date of Termination	Multiplier
03/31/2003 – 03/30/2004	\$19.50
03/31/2004 – 04/30/2006	\$21.50
05/01/2006 – 03/30/2008	\$22.50
03/31/2008 – 03/31/2012	\$23.50
04/01/2012 – 03/31/2012	\$24.00
04/01/2013 – 03/31/2013	\$24.50
04/01/2014 – 12/31/2015	\$25.00
01/01/2016 – 12/31/2016	\$26.50
01/01/2017 – 12/31/2019	\$28.00
01/01/2020 – 12/31/2021	\$29.25
01/01/2022 – 12/31/2023	\$30.50
01/01/2024 +	\$ 0.00

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 RTS Packaging, LLC Consolidated Pension Plan
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Hillside

Date of Termination	Multiplier
02/01/2003 – 01/31/2004	\$21.00
02/01/2004 – 01/31/2005	\$22.00
02/01/2005 – 01/31/2006	\$23.00
02/01/2006 – 01/31/2007	\$24.00
02/01/2007 – 01/31/2008	\$25.00
02/01/2008 – 01/31/2009	\$26.00
02/01/2009 – 01/31/2010	\$27.00
02/01/2010 – 01/31/2011	\$28.00
02/01/2011 – 01/31/2012	\$29.00
02/01/2012 – 01/31/2015	\$29.75
02/01/2015 – 01/31/2016	\$30.75
02/01/2016 – 01/31/2019	\$31.75
02/01/2019 – 01/31/2020	\$32.75
02/01/2020 – 01/31/2023	\$33.75
02/01/2023 – 01/31/2024	\$34.75
02/01/2024 +	\$35.75 ¹

Merced

Date of Termination	Multiplier
12/31/2017 – 12/31/2019	\$37.28
01/01/2020 – 12/31/2021	\$38.53
01/01/2022 +	\$39.78

Merced participants will also receive \$3.00 per month for each year of PIUMPF service prior to December 31, 2017, increasing to \$4.25 effective January 1, 2020 and \$5.50 effective January 1, 2022.

¹ February 1, 2024 Hillside multiplier increase recognized in January 1, 2024 financial accounting valuation, but not in October 1, 2023 funding and plan reporting valuations.

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
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Normal Retirement Date	Age 65.
Early Retirement	
Dallas	Age 55 and 20 years of vesting service. The accrued benefit is reduced 4.8% per year prior to age 65.
Hillside and Merced	Age 55. The accrued benefit is reduced 3.6% per year prior to age 65.
Late Retirement	After age 65. Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.
Vested Benefit	
Dallas	Eligibility is five years of vesting service or age 65. The accrued benefit at termination is payable at normal retirement date. A reduced benefit is payable under the same terms as early retirement.
Hillside and Merced	Eligibility is five years of vesting service or age 55. The accrued benefit at termination is payable at normal retirement date. A reduced benefit is payable under the same terms as early retirement.
Disability Retirement	
Dallas	Immediate upon disability. Accrued benefit at date of disability payable immediately.
Hillside and Merced	Eligibility is age 50 and 15 years of vesting service. Accrued benefit as date of disability payable immediately.
Preretirement Death Benefit	All married participants with a vested benefit are eligible. The benefit is the amount the eligible spouse would have received had the participant terminated on the date of his death, chosen the 50% joint and survivor form of payment to commence at age 65. The surviving spouse may elect earlier payment under the same terms that would have applied to the participant.

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
RTS Packaging, LLC Consolidated Pension Plan
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Definitions

Vesting Service	Service is credited from date of hire calculated by the number of days worked.
Merced prior to 12/31/2017	Equal to vesting service under PIUMPF Plan that is attributable to RTS and its Affiliates as of December 31, 2017.
Credited Service	
Dallas	All months of service worked from the later of date of hire or March 31, 1981.
Hillside	All months of service worked from the later of date of hire or January 1, 1985.
Merced	All service after December 31, 2017. Service prior to December 31, 2017 with RTS will be credited only for purposes of the PIUMPF service benefit.
Normal Form of Annuity	For single participants, a straight life annuity; for married participants, an actuarially equivalent 50% joint and survivor annuity.
Optional Forms of Annuity	
Dallas	10-year certain and life, single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, five or ten year installment annuity or Social Security level income annuity.
Hillside	Single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity.
Merced	Single life annuity, joint and 50%, 75%, or 100% annuity, 10-year certain and life, five or ten year installment annuity.
Optional Form Conversion Factors	All optional forms are the actuarial equivalent of the single life annuity based on the following conversion factors:
Dallas	5% interest and 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries
Hillside	9% interest and 1984 UP mortality table, with no set-back for participants and set back 3 years for beneficiaries.

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Merced

5% interest and 1984 UP mortality table, with
no set-back for participants and set back 3 years for
beneficiaries.

For lump sum calculations

IRC section 417(e) mortality table.

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Salaried/Nonunion Hourly Employees Component

Participation Date

Covered employees enter the plan on the October 1, January 1, April 1, or July 1 following attainment of age 21 and completion of 1 year of service.

Employees hired or rehired after January 1, 2005 are not eligible to participate in the plan.

Benefit Formulas

For Grandfathered employees, the greater of the new benefit formula or the old benefit formula. For all other employees, only the new benefit formula applies.

In all cases, the accrued benefit is frozen for covered employees who have ceased benefit accruals under the plan. Effective December 31, 2015, the accrued benefit is frozen.

New Benefit Formula

The sum of (1), (2), and (3) as follows:

- (1) The old benefit formula frozen as of December 31, 1997, or the frozen Sonoco accrued benefit, if applicable.
- (2) 1.2% of pensionable earnings each year after 1997 until March 1, 2005 and 1.0% compensation for each year after March 1, 2005 through December 31, 2015.
- (3) 0.5% of pensionable earnings in excess of 50% of the Social Security wage base (if any) for each year after 1997 until March 1, 2005.

The (3) portion does not apply to service after March 1, 2005.

Old Benefit Formula

The greater of:

- (1) 0.75% if average compensation times benefit service.
- (2) \$12.00 per month per year of benefit service
- (3) The product of:
 - (a) 50% of average compensation minus 50% of the primary Social Security benefit, and
 - (b) Benefit service up to 25 years divided by 25
- (4) Accrued benefit as of September 30, 1985 under the Rock-Tenn Pension Plan.

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Normal Retirement Date	Age 65.
Early Retirement	Age 55 and 10 years of vesting service. Accrued benefit reduced by 1/180 for each of the first 60 months prior to age 65 and 1/360 for each of the next 60 months prior to age 65.
Late Retirement	After age 65. Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.
Vested Benefit	The earlier of five years of vesting service or attainment of age 65. A participant with ten or more years of vesting service may begin payments as early as age 55. The benefit will be the actuarial equivalent of the benefit payable at normal retirement date.
Disability Retirement	Permanent disability for covered employees who have opted to continue accruals under the plan. Benefit accruals continue during the period of disability until age 65 at the rate of compensation in effect at the time of the disability.
Preretirement Death Benefit	All married participants with a vested benefit are eligible. The benefit is the amount the eligible spouse would have received had the participant terminated on the date of his death, chosen the 50% joint and survivor form of payment to commence at age 65. The surviving spouse may elect earlier payment under the same terms that would have applied to the participant.
Definitions	
Vesting Service	Completed months from date of hire.
Credited Service	Service while a covered employee.
Pensionable Earnings	Hourly participants: Total wages paid in a calendar year. Salaried participants: Base salary. Pensionable earnings do not include pay earned after December 31, 2015.
Primary Social Security Benefit	The estimated monthly Social Security benefit payable at age 65 assuming level future earnings after termination.
Average Compensation	The highest average monthly compensation for any five years out of the last ten years of employment. Pensionable earnings after December 31, 2015 will not be included in the average compensation.
Grandfathered Employees	Covered employees who attained age 55 and completed at least 10 years of vesting service as of January 1, 1998.

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Normal Form of Annuity

For single participants, a straight life annuity; for married participants, an actuarially equivalent 50% joint and survivor annuity.

Optional Forms of Annuity

Single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, 10-year certain and life, or Social Security level income annuity.

Optional Form Conversion Factors

All optional forms are the actuarial equivalent of the single life annuity based on the following conversion factors:

7% interest and 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries.

For lump sum calculations: IRC section 417(e) mortality table.

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Plan Changes for the October 1, 2023 Valuation

The funding valuations reflects the following plan changes:

- The legislated increase in the Section 415 dollar limits for defined benefit plans from \$245,000 for 2022 to \$265,000 for 2023.
- Effective February 1, 2023, the Hillside multiplier increased from \$33.75 to \$34.75.

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

Form 5500 EFAST Software Limitations

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Change in Enrolled Actuary

As a result of a change in the firms providing actuarial services, the Enrolled Actuary has changed from Jim Rightnour (23-07312) of Mercer to Christine Giurato (23-07087) of Aon Consulting, Inc. The Plan is not required to file for a funding method change as this change meets the requirements of a takeover plan. Since this change occurred during the 10/1/2023 plan year, it will be reported on the Schedule C attached to the 10/1/2023 Form 5500 filing.

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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 6,802,883	October 1, 2019	11	\$ 778,146
Shortfall	\$ (709,923)	October 1, 2020	12	\$ (76,114)
Shortfall	\$ (1,767,031)	October 1, 2021	13	\$ (178,778)
Shortfall	\$ 4,099,293	October 1, 2022	14	\$ 393,623
Shortfall	\$ 3,336,692	October 1, 2023	15	\$ 305,577

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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on assets from 6.07 percent to 3.08 percent.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.