

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt;">2009</div>
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☒ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>06/01/1948</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MEADWESTVACO CORPORATION</u> <u>501 SOUTH 5TH STREET</u> <u>RICHMOND, VA 23219-0501</u>	2b Employer Identification Number (EIN) <u>31-1797999</u> 2c Sponsor's telephone number <u>804-444-1000</u> 2d Business code (see instructions) <u>322100</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>ERIC LANCELOTTI</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ERIC J. LANCELLOTTI MEADWESTVACO CORPORATION 501 SOUTH 5TH STREET RICHMOND, VA 23219-0501	3b Administrator's EIN 22-3500094 3c Administrator's telephone number 804-444-7917
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	19522
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	4994
b Retired or separated participants receiving benefits.....	6b	7234
c Other retired or separated participants entitled to future benefits.....	6c	5115
d Subtotal. Add lines 6a , 6b , and 6c	6d	17343
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1779
f Total. Add lines 6d and 6e	6f	19122
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	163
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 Characteristic Codes in the instructions:
 1B 1G

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MEADWESTVACO CORPORATION		
D Employer Identification Number (EIN) 31-1797999		

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

(a) Name of insurance carrier
JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1414660	65099	GAC 853	103	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b** 0**c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 733988**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 48182(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** -1984

▶ DR ANNUAL ADJUSTMENTS REALIZED CAPITAL GAINS/LOSS

(6) Total additions **7c(6)** 46198**d** Total of balance and additions (add **b** and **c(6)**). **7d** 780186**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 21238(2) Administration charge made by carrier **7e(2)** 21999(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 43237**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 736949

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</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>	<div>Insurance 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>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
<div>A Name of plan</div> <div>MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>MEADWESTVACO CORPORATION</div>	<div>D Employer Identification Number (EIN)</div> <div>31-1797999</div>	

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

<div>(a) Name of insurance carrier</div> <div>JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY</div>
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1414660	65099	GAC 191	244	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	0
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	1208589
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	81123
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	-4923
	▶ REALIZED CAPITAL GAINS/LOSS		
	(6) Total additions	7c(6)	76200
d	Total of balance and additions (add b and c(6)).	7d	1284789
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	28849
	(2) Administration charge made by carrier	7e(2)	31000
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	5054
	▶ DR ANNUAL ADJUSTMENTS		
	(5) Total deductions	7e(5)	64903
f	Balance at the end of the current year (subtract e(5) from d)	7f	1219886

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MEADWESTVACO CORPORATION</u>	D Employer Identification Number (EIN) <u>31-1797999</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>1030138787</u>
b	Actuarial value 2b <u>991917775</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>8741</u> <u>462692742</u>
b	For terminated vested participants 3b <u>5236</u> <u>104427424</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>11937934</u>
(2)	Vested benefits 3c(2) <u>189300023</u>
(3)	Total active 3c(3) <u>5545</u> <u>201237957</u>
d	Total 3d <u>19522</u> <u>768358123</u>
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.91</u> %
6	Target normal cost 6 <u>14987309</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/24/2010</u>
Signature of actuary <u>CHRISTOFER J. CHRISTIANSEN</u>	Date <u>08-03307</u>
Type or print name of actuary <u>HEWITT ASSOCIATES LLC</u>	Most recent enrollment number <u>203-852-1100</u>
Firm name <u>45 GLOVER AVENUE</u> <u>NORWALK, CT 06850-1203</u>	Telephone number (including area code)
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	34124920	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	34124920	0
10	Interest on item 9 using prior year's actual return of <u>-9.60</u> %	-3275992	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.23</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....		0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	30848928	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	125.08 %
15	Adjusted funding target attainment percentage.....	15	129.09 %
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	149.68 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MEADWESTVACO CORPORATION	D Employer Identification Number (EIN) 31-1797999

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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--

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

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

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

SEDGWICK CMS

36-2685608

(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?
12 13	NONE	20797	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEWITT ASSOCIATES

36-2235791

(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 13	NONE	987791	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST

36-1561860

(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	NONE	224171	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEADWESTVACO CORPORATION

31-1797999

(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?
35	EMPLOYEE PLAN SPONSOR	67439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COVINGTON & BURLING

53-0188411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	33018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO USA, LLP

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	NONE	16256	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROFUND SYSTEMS

36-4120902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	5838	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
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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
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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)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MEADWESTVACO CORPORATION	D Employer Identification Number (EIN) 31-1797999	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
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)	1028196210	1167129944
(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)	1942577	1956835
(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	1030138787	1169086779

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1030138787	1169086779
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	122397	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		122397

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	-------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		202920367
(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		203042764

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	62008421	
(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)		62008421
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	106860	
(2) Contract administrator fees	2i(2)	954001	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1025490	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2086351
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		64094772

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		138947992
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEADWESTVACO CORPORATION</u>	D Employer Identification Number (EIN) <u>31-1797999</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>128</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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 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(es). 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 and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

Stock: 33% Investment-Grade Debt: 51% High-Yield Debt: 11% Real Estate: 3% Other: 2%

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

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

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

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



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300 Arboretum Place, Suite 520
Richmond, VA 23236

Independent Auditors' Report

To the Participants and Administrator of the MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees

We were engaged to audit the financial statements and supplemental schedule of the MeadWestvaco Corporation Retirement Plan for Bargained Hourly Employees (the "Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Northern Trust Company and John Hancock Life Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

Richmond, Virginia
October 15, 2010

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **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 MeadWestvaco Corp. Retirement Plan for Bargained Hourly Employees	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MeadWestvaco Corporation	D Employer Identification Number (EIN) 31-1797999
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	1,030,138,787
b Actuarial value.....	2b	991,917,775
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	8,741
b For terminated vested participants.....	3b	5,236
c For active participants:		
(1) Non-vested benefits.....	3c(1)	11,937,934
(2) Vested benefits.....	3c(2)	189,300,023
(3) Total active.....	3c(3)	5,545
d Total.....	3d	19,522
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate.....	5	6.91 %
6 Target normal cost.....	6	14,987,309

Statement by Enrolled Actuary

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

SIGN HERE	<u>Christofer J. Christiansen</u>	09/24/2010
	Signature of actuary	Date
Christofer J. Christiansen	Type or print name of actuary	08-03307
Hewitt Associates LLC	Firm name	Most recent enrollment number
45 Glover Avenue		(203) 852-1100
Norwalk	Address of the firm	Telephone number (including area code)
CT 06850-1203		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	34,124,920	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	34,124,920	0
10 Interest on item 9 using prior year's actual return of <u>(9.60)</u> %	(3,275,992)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.23</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections		0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	30,848,928	0

Part III Funding percentages

14 Funding target attainment percentage	14	125.08 %
15 Adjusted funding target attainment percentage	15	129.09 %
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	149.68 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0

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

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

The assumed retirement age (line 22) is based on a probability by age. The estimated whole age of retirement is age 62. This was developed as follows:

(1) Age at Retirement	(2) Percentage of Total Group Retiring	Weighted Retirement Age (1) x (2)
55	5.00%	2.75
56	4.75%	2.66
57	4.51%	2.57
58	4.29%	2.49
59	4.57%	2.40
60	3.87%	2.32
61	11.03%	6.73
62	24.99%	15.50
63	11.25%	7.09
64	7.87%	5.04
65	9.18%	5.97
66	3.21%	2.12
67	2.09%	1.40
68	1.36%	0.92
69	0.88%	0.61
70	1.64%	<u>1.15</u>
		61.71

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

**Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For Funding Requirements**

Interest Rates	Based on the full Yield Curve for December 2008, with sample rates as follows:
Yield Curve	Duration 0 – 5.42% Duration 5 – 6.81% Duration 10 – 7.24% Duration 15 – 7.24% Duration 20 – 6.90% Duration 25 – 6.64% Duration 30 – 6.48%
Lump Sum Distribution Rate	4.50%.
Lump Sum Election Percentage	90% of eligible participants are assumed to elect the lump sum option.
Retirement Age	
Active Participants	See Table A.
Terminated Vested Participants	Age 65 for legacy Mead, age 62 for legacy Westvaco.
Mortality Rates	
Healthy	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table B-1 for legacy Mead hourly participants. See Table B-2 for legacy Westvaco hourly participants.
Disability Rates	See Table C.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are 3 years older than their spouses.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

**Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For Funding Requirements** (continued)

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$195,000 and the 401(a)(17) compensation limit of \$245,000.

Expenses

Expected annual administrative expenses (based on actual expenses paid out in the prior year) and investment-related expenses of 0.35% market value of assets are explicitly added to the target normal cost.

Valuation of Plan Assets

Average market value where the fair market value as of the December 31 immediately preceding the valuation date is averaged with the fair market value as of the preceding November 30 (adjusted for contributions, benefit payments, administrative expenses and assumed investment return between this date and the valuation date).

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Table A

Probability of Retirement—Hourly Employees

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	15.00%
62	40.00%
63	30.00%
64	30.00%
65	50.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
Table B-1
Probability of Withdrawal Before Retirement—Legacy Mead Hourly Employees

For participants with 5 or less years of service:

Service	Rate
1	17%
2	14%
3	10%
4	9%
5	5.5%

For participants with more than 5 years of service:

Age	Rate	Age	Rate
25	5.5%	40	3.7%
26	5.5%	41	3.6%
27	5.5%	42	3.5%
28	5.3%	43	3.4%
29	5.1%	44	3.3%
30	4.9%	45	3.2%
31	4.7%	46	3.1%
32	4.5%	47	3.0%
33	4.4%	48	3.0%
34	4.3%	49	3.0%
35	4.2%	50	3.0%
36	4.1%	51	3.0%
37	4.0%	52	3.0%
38	3.9%	53	2.0%
39	3.8%	54	1.0%

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Table B-2

Probability of Withdrawal Before Retirement—Legacy Westvaco Hourly Employees

Service	Rate
0	30.00%
1	23.00%
2	16.00%
3	12.00%
4	10.00%
5	9.00%
6	7.00%
7	6.00%
8	6.00%
9	6.00%
10	5.00%
11	5.00%
12	5.00%
13	4.00%
14	4.00%
15	4.00%
16	4.00%
17	4.00%
18	4.00%
19+	3.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
Table C
Probability of Disability—Hourly Employees

Age	Male	Female	Age	Male	Female
15	0.04%	0.04%	45	0.22%	0.34%
16	0.04%	0.04%	46	0.25%	0.37%
17	0.04%	0.04%	47	0.29%	0.41%
18	0.04%	0.04%	48	0.34%	0.46%
19	0.04%	0.04%	49	0.40%	0.51%
20	0.04%	0.04%	50	0.46%	0.56%
21	0.04%	0.04%	51	0.55%	0.62%
22	0.04%	0.04%	52	0.65%	0.68%
23	0.04%	0.04%	53	0.75%	0.75%
24	0.04%	0.04%	54	0.85%	0.82%
25	0.04%	0.05%	55	0.96%	0.89%
26	0.04%	0.05%	56	1.07%	0.96%
27	0.04%	0.05%	57	1.20%	1.04%
28	0.04%	0.05%	58	1.33%	1.12%
29	0.04%	0.05%	59	1.47%	1.19%
30	0.04%	0.06%	60	1.61%	1.27%
31	0.04%	0.06%	61	1.77%	1.34%
32	0.04%	0.07%	62	1.94%	1.41%
33	0.04%	0.08%	63	2.11%	1.47%
34	0.05%	0.09%	64	2.29%	1.52%
35	0.05%	0.10%	65+	0.00%	0.00%
36	0.06%	0.11%			
37	0.07%	0.13%			
38	0.08%	0.14%			
39	0.09%	0.16%			
40	0.11%	0.18%			
41	0.12%	0.21%			
42	0.14%	0.24%			
43	0.17%	0.27%			
44	0.19%	0.30%			

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

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

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2009 by MeadWestvaco Corporation. Asset information and the dates and amounts of contributions are based on information supplied by MeadWestvaco Corporation.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

MeadWestvaco

Merged legacy Westvaco Hourly and Mead Bargaining Plans as of December 31, 2002. Merged the Container Retirement Plan, Container Pension Plan, and the Envelope Pension Plan with the MeadWestvaco Bargained Hourly Plan as of December 31, 2003.

Eligibility for Participation

Legacy Mead Locations

Full-time employees are enrolled on the first of the month on or after the completion of 1 year of Company Service, except for Rumford, Georgia Kraft, and Consumer and Office Products employees who are enrolled on the first day of the next month following date of hire. At-A-Glance employees need to attain age 21 to participate. Part-time employees are enrolled at the end of the first 12-month period during which they work 1,000 hours.

Legacy Westvaco Locations

All nonsalaried nonunion employees and former Container Division participants.

Eligibility for Benefits

Normal Retirement

Age 65.

Early Retirement

Legacy Mead Locations

A participant may retire early after attainment of age 55 and completion of the Years of Company Service as shown below:

Years of Company Service Required for Early Retirement	
Location	
025B	10
025G	10
025T	10
026B	5
029B	5
034B	5
405B	5
490B	5
AAG	5
All Others	0

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Eligibility for Benefits (continued)

Early Retirement (continued)

Legacy Westvaco Locations

Age 55 and 5 years of vesting service. Age 55 and 15 years of vesting service for Wilkata participants.

Disability Retirement

Legacy Mead Locations

A participant who is totally and permanently disabled.

Legacy Westvaco Locations

10 years of vesting service.

Preretirement Death

Married participants with 5 years of vesting service.

Vesting

5 years of company service.

Amount of Benefits

Normal Retirement

See attached Schedule of Benefits on pages 17 through 22. Wilkata participants receive \$13 per month for each year of credited service to January 1, 1988. For service after January 1, 1988, the benefit level is \$16 per month. The maximum service is 36 years. Benefit accruals cease at December 31, 1996.

As of January 1, 2003, Wilkata participants began accruing additional service under the MeadWestvaco Retirement Plan for Bargained Hourly Employees.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Amount of Benefits (continued)

Early Retirement

Legacy Mead Locations

Accrued pension payable at Normal Retirement Date reduced for early commencement. The reduction, per year the benefit commences before Normal Retirement Age, is shown below:

Location	Early Retirement Reduction
03B (sold)	Age + Company Service, Unreduced at 62 & 30
03O (sold)	Age + Company Service, Unreduced at 62 & 30
06B (sold)	Age + Company Service, Unreduced at 62 & 30
06E (sold)	5% per year
06T (sold)	Age + Credited Service, Unreduced at 62 & 30*
12B (sold)	Age + Company Service, Unreduced at 62 & 30
30B (sold)	Age + Company Service, Unreduced at 62 & 30
40B	Age + Company Service, Unreduced at 62 & 30
41B (closed)	5% per year, Unreduced at 62 & 30*
51B (closed)	5% per year, Unreduced at 62 & 30
67B (closed)	Age + Company Service, Unreduced at 62 & 30
86B	5% per year, Unreduced at 62 & 30
94B (closed)	Age + Company Service, Unreduced at 62 & 30
96B (closed)	Age + Company Service, Unreduced at 62 & 30
025B (closed)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
025G (closed)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
025T (closed)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
026B	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
029B	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
034B (closed)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
404B	3% per year for ages 62-65, 5% per year under 62. Reduction is from age 65 or when would have reached age 62 & 30 years of Company Service. Unreduced at 62 & 30
405B (closed)	Actuarial Equivalent Reduction
407B	3% per year for ages 62-65, 5% per year under 62. Reduction is from age 65 or when would have reached age 62 & 30 years of Company Service. Unreduced at 62 & 30
490B (sold)	See Table below
AAG	5% per year

* Locations with an asterisk are unreduced as of age 62 with 30 years of Credited Service. Those without an asterisk use Company Service to determine eligibility for unreduced benefit.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Amount of Benefits (continued)

Early Retirement (continued)

Legacy Mead Locations (continued)

For locations showing Age + Company/Credited Service, the reduction, per year the benefit commences before Normal Retirement Age, is based on the following table:

Sum of Age and Years of Company/ Credited Service at Retirement	Percentage Reduction Per Year that Early Retirement Precedes Normal Retirement Date
Less than 88	5%
88 or 89	4%
90 or 91	3%
92 or more	2%

For Rumford (490B-sold): The monthly benefit equals the total benefit reduced by the Mead early retirement factors offset by the frozen Boise Cascade benefit reduced by the Boise Cascade early retirement factors. The Mead and Boise Cascade early retirement factors are shown in the following table:

Age	Early Retirement Factor	
	Boise Cascade	Mead
65	1.000	1.000
64	0.964	0.964
63	0.928	0.928
62	0.892	0.892
61	0.832	0.842
60	0.772	0.792
59	0.724	0.742
58	0.676	0.692
57	0.628	0.642
56	0.580	0.592
55	0.544	0.542

There is no reduction for those retiring after age 55 with at least 40 years of Company Service. For the Boise Cascade offset, the 40 years must have been completed prior to 11/01/1996. The Mead reduction is waived if the participant is age 62 with at least 30 years of Company Service.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Amount of Benefits (continued)

Early Retirement (continued)

Legacy Westvaco Locations

Benefit computed as for normal retirement, based on allowed service at date of early retirement and reduced 0.25% monthly between ages 62 and 65, reduced by 0.50% monthly prior to age 62. For applicable locations, benefit is unreduced at age 62 and over for employees with at least 20 years of service. For Wilkata participants, benefit is reduced by the lesser of the reduction above or 5/12% for each month prior to age 65.

Late Retirement

The normal retirement benefit based on benefit rate and service at actual retirement.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Amount of Benefits (continued)

Disability Retirement

Legacy Mead Locations

Participants with years of Credited Service shown below receive the unreduced Accrued Benefit. Otherwise, the Accrued Benefit is payable subject to a reduction for early commencement but not less than the minimum benefits shown below:

Location	Credited Service for Unreduced Benefit	Minimum Monthly Benefit
03B (sold)	10 years	\$250
03O (sold)	10 years	\$250
06B (sold)	15 years	\$210
06E (sold)	N/A	\$0
06T (sold)	15 years	\$210
12B (sold)	10 years	\$250
30B (closed)	15 years	\$175
40B	15 years	\$250
41B (closed)	15 years	\$200
51B (closed)	15 years	\$200
67B (closed)	15 years	\$150
86B	15 years	\$200
94B (closed)	15 years	\$150
96B (closed)	15 years	\$200
025B (closed)	10 years	\$166.67/\$120.67*
025G (closed)	10 years	\$166.67/\$120.67*
025T (closed)	10 years	\$166.67/\$120.67*
026B	5 years	\$166.67/\$197.67*
029B	5 years	\$166.67/\$120.67*
034B (closed)	5 years	\$0*
404B	5 years	\$125
405B (closed)	10 years	\$125**
407B	5 years	\$125
490B (sold)	15 years	\$0

* The first amount applies if not receiving Social Security disability benefits. The second amount applies if receiving Social Security disability benefits. These locations determine eligibility for unreduced disability benefits based on years of Company Service instead of Credited Service, and no disability benefit is payable prior to eligibility for unreduced disability benefits, though a vested termination benefit may be due.

** The disability minimum benefit does not apply if less than 10 years of Credited Service.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Amount of Benefits (continued)

Disability Retirement (continued)

Legacy Mead Locations (continued)

At-A-Glance participants do not have a specific disability benefit. Disabled participants are eligible for retirement or vested benefits depending on their age and service.

Legacy Westvaco Locations

Accrued benefit to date without reduction for early commencement.

Vested Deferred Retirement

Accrued benefit commencing at age 65, or actuarially reduced as early as age 55. Participants at locations 025B, 025G, 025T, 026B, 029B, 034B and legacy Westvaco locations receive the benefit reduced as for early retirement.

Preretirement Death

Legacy Mead Locations

The amount is determined as if he terminated, or retired if eligible, on the first day of the month prior to his death with a 50% (75% if eligible for early retirement) Joint and Survivor annuity option in effect. The benefit is payable at the later of the participant's death or when he would have qualified for early retirement.

Legacy Westvaco Locations

The amount is determined as if he terminated, or retired if eligible, on the first day of the month prior to his death with a 50% Joint and Survivor annuity option in effect. The benefit is payable at the later of the participant's death or when he would have qualified for early retirement.

The benefits for Wilkata participants who terminated prior to December 31, 2000 are reduced for each year coverage is in effect.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Normal Form of Benefits

Life annuity. Married participants receive an actuarially reduced pension for life with 50% continuing to a surviving spouse upon death of the participant.

5-year Certain and Life for single Wilkata participants. Vested terminated participants at Wilkata with less than 15 years of service receive a life annuity.

Optional Form of Benefits

Some eligible legacy Mead locations may elect to take their benefit as a lump sum.

Company Service

Entire period of employment since hire (or rehire if not vested at prior termination and had 5 consecutive years with no break in service).

Credited or Allowed Service

Generally, entire period of employment after becoming a participant, adjusted for breaks in service.

ERISA Maximum Benefit

Retirement benefit is capped at \$195,000 payable as a life annuity reduced for early receipt.

Salary is capped at the IRC Section 401(a)(17) limit for benefit determination. The IRC Section 401(a)(17) limit for 2009 is \$245,000.

Container Plans

As of November 30, 1995, the Container Division was sold. Service was terminated for all Container Pension and Retirement Plan participants, and benefit accruals were fully vested as of November 30, 1995.

Wilkata Plan

The Wilkata Plan was frozen as of December 31, 1996. Service was frozen and all participants were fully vested as of this date.

Wilkata participants began accruing additional service under the MeadWestvaco Retirement Plan for Bargained Hourly Employees as of January 1, 2003.

Schedule of Benefits

Legacy Mead Bargaining Locations

Location	After 12/31/2002 and Before 01/01/2004	After 12/31/2003 and Before 01/01/2005	After 12/31/2004 and Before 01/01/2006	After 12/31/2005 and Before 01/01/2007	After 12/31/2006 and Before 01/01/2008	After 12/31/2007 and Before 01/01/2009	After 12/31/2008 and Before 01/01/2010	After 12/31/2010
029B	23.50	23.50	23.50	24.50	26.50	26.50	26.50	26.50
40B ¹	21.50	22.00	23.00	24.00	25.00	25.50	26.00	26.00
86B	22.00	23.00	24.00	25.00	26.00	27.00	28.00	29.00

Location	After 12/31/2002 and Before 11/01/2004	After 10/31/2004 and Before 11/01/2005	After 10/31/2005 and Before 11/01/2006	After 10/31/2006
026B	21.50	22.50	23.50	24.50

Location	After 10/31/2003 and Before 11/01/2004	After 10/31/2004 and Before 11/01/2005	After 10/31/2005 and Before 11/01/2006	After 11/01/2006
404B	37.00	39.00	41.00	43.00

Location	After 08/31/2003 and Before 09/01/2004	After 08/31/2004 and Before 09/01/2005	After 08/31/2005 and Before 09/01/2006	After 08/31/2006 and Before 09/01/2007	After 08/31/2007
407B	26.00	27.00	28.00	29.00	30.00

Location	After 11/30/2002 and Before 12/01/2003	After 11/30/2003 and Before 01/01/2006	After 12/31/2005 and Before 01/01/2007	After 12/31/2006
At-A-Glance (AAG)	27.00	28.00	29.00	31.00

¹For service prior to January 1, 1984, the schedule of benefits is \$1.50 less from 01/01/2002 to 12/31/2003 and \$1 less after 12/31/2003.

Schedule of Benefits

Legacy Mead Bargaining Locations

Closed or Sold Locations

Location	Base Date	Before Base Date	On or After Base Date
03B (sold)		\$ 38.50	\$ 38.50
03O (sold)		38.50	38.50
06B (sold) ¹		41.00	41.00
06BE (sold)		41.00	41.00
06E (sold) ²		8.00	8.00
06T (sold) ¹	01/01/1976	17.00	44.00
12B (sold)		38.50	38.50
30B (closed)		20.00	20.00
41B (closed)		27.00	27.00
51B (closed)		19.50	19.50
67B (closed)		20.25	20.25
94B (closed)		24.75	24.75
96B (closed)	01/01/1985	15.00	19.00
025B (closed)		24.00	24.00
025G (closed)		22.50	22.50
025T (closed)		23.50	23.50
034B (closed)		21.00	21.00
405B (closed)		17.00	17.00
490B (sold) ³		40.00	40.00

¹ The benefit based on the before base date rate for Years of Credited Service prior to 1976 cannot be less than the preserved benefit times 118% for 06B or 100% for 06T.

² Minimum benefit equal to the sum of 1.25% times each year of earnings (not exceeding the earnings limit) as a participant prior to 05/01/1998.

³ The benefit is offset by the amount due from the Boise Cascade Pension Plan based on service as of 11/01/1996 and a \$26 level.

Schedule of Benefits

Westvaco Locations¹

Westvaco Bargained Hourly Locations

Location	Union	After		After		After		After		After		After		After			
		03/31/2003		03/31/2004		03/31/2005		03/31/2006		03/31/2007		03/31/2008			03/31/2009		
		and Before		and Before		and Before		and Before		and Before		and Before			and Before		
		04/01/2004	04/01/2005	04/01/2006	04/01/2007	04/01/2008	04/01/2009	04/01/2010	04/01/2010	04/01/2010	04/01/2010	04/01/2010	04/01/2010	03/31/2010			
Board Converting Plant - Low Moor, VA	490	\$	24.50	\$	25.50	\$	27.50	\$	28.50	\$	29.50	\$	33.50	\$	33.50	\$	33.50
Covington Carbon	675	\$	45.00	\$	47.00	\$	48.00	\$	48.00	\$	48.00	\$	48.00	\$	48.00	\$	48.00
Covington Mill - IBEW	464	\$	45.00	\$	47.00	\$	48.00	\$	48.00	\$	48.00	\$	50.00	\$	51.00	\$	51.00
Covington Mill - PACE	675	\$	45.00	\$	47.00	\$	48.00	\$	48.00	\$	48.00	\$	48.00	\$	48.00	\$	48.00
Evadale Bleached Board Mill ²	390	\$	35.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00
Evadale Bleached Board Mill ²	801	\$	35.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00
Evadale Bleached Board Mill ²	825	\$	35.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00	\$	42.00
Silsbee Extruder	P04	\$	21.00	\$	22.00	\$	23.00	\$	24.00	\$	25.00	\$	26.00	\$	26.00	\$	26.00
Wickliffe Carbon Plant	775	\$	26.50	\$	27.50	\$	28.50	\$	29.50	\$	30.50	\$	31.50	\$	32.50	\$	33.50

¹ No Actuarial reduction for retirees between ages 62 and 65 with at least 20 years of allowed service.

² Benefit rate of \$42 effective after July 31, 2004.

Schedule of Benefits Westvaco Locations¹

Closed or Sold Locations

Location	Union	After 03/31/2003 and Before 04/01/2004		After 03/31/2004 and Before 04/01/2005		After 03/31/2005 and Before 04/01/2006		After 03/31/2006 and Before 04/01/2007		After 03/31/2007 and Before 04/01/2008		After 03/31/2008 and Before 04/01/2009		After 03/31/2009 and Before 04/01/2010		After 03/31/2010	
AGI - Warrington, PA ²	286	\$	23.50	\$	23.50	\$	24.50	\$	25.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50
Charleston - OleoChemicals		\$	38.00	\$	39.00	\$	40.00	\$	40.00	\$	40.00	\$	40.00	\$	40.00	\$	40.00
Charleston - PolyChemicals		\$	38.00	\$	39.00	\$	40.00	\$	40.00	\$	40.00	\$	40.00	\$	40.00	\$	40.00
Kraft (Charleston)	183	\$	38.00	\$	39.00	\$	40.00	\$	45.00	\$	45.00	\$	45.00	\$	45.00	\$	45.00
Kraft (Charleston)	435	\$	38.00	\$	39.00	\$	40.00	\$	45.00	\$	45.00	\$	45.00	\$	45.00	\$	45.00
Kraft (Charleston)	508	\$	38.00	\$	39.00	\$	40.00	\$	45.00	\$	45.00	\$	45.00	\$	45.00	\$	45.00
Kraft (Charleston)	753	\$	38.00	\$	39.00	\$	40.00	\$	45.00	\$	45.00	\$	45.00	\$	45.00	\$	45.00
Consumer Packaging - Cleveland, TN	G06	\$	24.00	\$	24.00	\$	24.00	\$	24.00	\$	24.00	\$	24.00	\$	24.00	\$	24.00
Consumer Packaging - Newark, DE	690	\$	25.00	\$	25.00	\$	25.00	\$	25.00	\$	25.00	\$	25.00	\$	25.00	\$	25.00
Consumer Packaging - Richmond, VA	670	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50
Luke Mill - IBEW	653	\$	37.00	\$	38.00	\$	40.00	\$	41.00	\$	42.00	\$	43.00	\$	43.00	\$	43.00
Luke Mill - PACE	543	\$	37.00	\$	38.00	\$	40.00	\$	41.00	\$	42.00	\$	43.00	\$	43.00	\$	43.00
Luke Mill - PACE	676	\$	37.00	\$	38.00	\$	40.00	\$	41.00	\$	42.00	\$	43.00	\$	43.00	\$	43.00
Mebane Packaging - Memphis, TN	231	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50
Mebane Packaging - Pinebrook, NJ	300	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50	\$	23.50
Tyrone Mill - IBEW	P03	\$	27.75	\$	27.75	\$	27.75	\$	27.75	\$	27.75	\$	27.75	\$	27.75	\$	27.75
Tyrone Mill - PACE	005	\$	27.75	\$	27.75	\$	27.75	\$	27.75	\$	27.75	\$	27.75	\$	27.75	\$	27.75
Wickliffe Mill	680	\$	38.00	\$	39.00	\$	40.00	\$	41.00	\$	42.00	\$	43.00	\$	44.00	\$	45.00
Wood Procurement Departments		\$	16.50	\$	16.50	\$	16.50	\$	16.50	\$	16.50	\$	16.50	\$	16.50	\$	16.50

¹ No Actuarial reduction for retirees between ages 62 and 65 with at least 20 years of allowed service.

² Effective December 1.

Schedule of Benefits

Envelope Locations¹

Envelope Bargained Hourly Locations

Location	Union	After 10/01/2002 and Before 09/30/2003		After 10/01/2003 and Before 09/30/2004		After 10/01/2004 and Before 09/30/2005		After 10/01/2005 and Before 09/30/2006		After 10/01/2006 and Before 09/30/2007		After 10/01/2007 and Before 09/30/2008		After 10/01/2008	
Atlanta, GA	703	\$	26.50	\$	27.50	\$	28.50	\$	29.50	\$	30.50	\$	31.50	\$	32.50
Dallas, TX	856	\$	26.50	\$	27.50	\$	28.50	\$	29.50	\$	30.50	\$	31.50	\$	32.50
Enfield/Springfield, MA	001	\$	26.50	\$	27.50	\$	28.50	\$	29.50	\$	30.50	\$	31.50	\$	32.50
Indianapolis, IN	047	\$	26.50	\$	27.50	\$	28.50	\$	29.50	\$	30.50	\$	31.50	\$	32.50
Kenosha, WI	201	\$	26.50	\$	27.50	\$	28.50	\$	29.50	\$	30.50	\$	31.50	\$	32.50
Williamsburg, PA ²	308	\$	24.50	\$	24.50	\$	24.50	\$	25.50	\$	26.50	\$	27.50	\$	28.50

Closed Locations

Location	After 10/01/2002 and Before 09/30/2003		After 10/01/2003 and Before 09/30/2004		After 10/01/2004 and Before 09/30/2005		After 10/01/2005 and Before 09/30/2006		After 10/01/2006 and Before 09/30/2007		After 10/01/2007 and Before 09/30/2008		After 10/01/2008	
Bethlehem, PA	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50
Houston, TX	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50
Tampa, FL	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50
Worcester, MA	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50	\$	26.50

¹No Actuarial reduction for retirees between ages 62 and 65 with at least 20 years of allowed service.

²Effective April 1.

Schedule of Benefits

Container Pension Plan Locations (sold)

	Loc. Code	Unit Code	After 03/31/1995 and Before 12/01/1995
Cleveland, TN ¹	439	045	\$ 15.00
Baltimore—GCIU ²	219	003	17.00
Baltimore—Teamsters	219	004	17.00
Buffalo ²	338	006	18.25
Chicago ²	149	009	17.75
Cleveland, OH ²	367	012	18.25
Eaton ²	368	017	18.25
Gastonia ²	349	018	18.25
Meriden	079	030	16.25
Richmond ²	479	033	18.25
Columbus, GA ¹	119	048	13.50
All Other Locations	—	—	6.50

As of 04/01/1981 Disability Minimum

\$130 Minimum.

¹\$120 minimum disability benefit with 15 years vested service.

²No actuarial reduction between ages 62 and 65 for retirees with at least 20 years of allowed service.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

- As required under PPA, the interest rate assumption changed from the December 2007 full yield curve to the December 2008 full yield curve.
- As required under PPA, the mortality assumption for healthy and disabled lives changed from 2008 Static Mortality Table for Annuitants and Non-Annuitants to 2009 Static Mortality Table for Annuitants and Non-Annuitants.
- The lump sum interest rate assumption changed from 5.0% to 4.5%.

Schedule SB, line 25—Change in Method

- The asset valuation method changed from market value to an average market value, where the fair market value as of the December 31 immediately preceding the valuation date is averaged with the fair market value as of the preceding November 30.
- The expected annual administrative expenses (based on actual expenses paid out in the prior year) and investment related expenses of 0.35% market value of assets are explicitly added to the target normal cost.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

- As required under PPA, the interest rate assumption changed from the December 2007 full yield curve to the December 2008 full yield curve.
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- The expected annual administrative expenses (based on actual expenses paid out in the prior year) and investment related expenses of 0.35% market value of assets are explicitly added to the target normal cost.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MeadWestvaco Corporation
Retirement Plan For Bargained Hourly Employees
EIN: 31-1797999 PN: 001

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2009**

**MeadWestvaco Retirement Plan
for Bargained Hourly Employees**

EIN: 31-1797999 PN: 001

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	37	71	3							
25-29	31	151	72							
30-34	22	146	144	84	5					
35-39	34	159	161	203	102	14				
40-44	22	127	155	171	211	140	3			
45-49	19	93	126	166	178	178	93	20		
50-54	14	90	90	107	135	105	83	186	18	
55-59	9	39	41	65	70	81	51	120	112	19
60-64	1	11	19	34	36	49	32	33	65	121
65-69			3	3	2	5	9	7	5	30
70+			1		2	2		1	1	3

N-5051

Note: Current compensation data was not included since current compensation is not taken into account under the plan's benefit formula.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31, 2009</u>	<u>December 31, 2008</u>
Assets:		
Investment in MeadWestvaco Corporation Master Trust	\$1,167,129,944	\$1,028,196,210
Group annuity contracts	<u>1,956,835</u>	<u>1,942,577</u>
Net assets available for benefits	<u>\$1,169,086,779</u>	<u>\$1,030,138,787</u>

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

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
for the year ended

December 31, 2009

Additions:

Interest income	\$ 122,397
Interest in net earnings of MeadWestvaco Corporation Master Trust	<u>202,920,367</u>
Total additions	<u>203,042,764</u>

Deductions:

Benefit payments	62,008,421
Pension Benefit Guaranty Corporation premiums	663,748
Administrative expenses	<u>1,422,603</u>
Total deductions	<u>64,094,772</u>

Net increase in plan assets during the period	<u>138,947,992</u>
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Net assets available for benefits:

Beginning of period	<u>1,030,138,787</u>
End of period	<u>\$1,169,086,779</u>

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

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
STATEMENTS OF ACCUMULATED PLAN BENEFITS

	<u>December 31, 2009</u>	<u>December 31, 2008</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$402,743,000	\$400,955,000
Other participants	<u>280,178,000</u>	<u>279,421,000</u>
	682,921,000	680,376,000
Nonvested benefits	<u>11,069,000</u>	<u>10,573,000</u>
Total actuarial present value of accumulated plan benefits	<u>\$693,990,000</u>	<u>\$690,949,000</u>

At December 31, 2008, the total actuarial present value of accumulated plan benefits was \$690,949,000.

The total actuarial present value of accumulated plan benefits increased \$3,040,000 due to plan benefit changes resulting in an increase of \$1,303,000; changes in age, service and interest resulting in an increase of \$63,746,000; and benefit payments resulting in a decrease of \$62,008,000.

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

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan

Organization and Administration

The following description of the MeadWestvaco Corporation Retirement Plan for Bargained Hourly Employees (the “Plan”) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions. The Plan is a noncontributory defined benefit plan, which has been approved by the Board of Directors of MeadWestvaco Corporation (the “Company”). Plan assets, except for the investment in two group annuity contracts managed by the John Hancock Life Insurance Company (“John Hancock”), are invested in the MeadWestvaco Corporation Master Trust (the “Master Trust”). The Northern Trust Company is the Plan’s trustee (the “Trustee”) and John Hancock is the trustee for the group annuity contracts.

The Plan is administered by the Benefit Plans Administration Committee and the Benefit Plans Investment Policy Committee, both of which are appointed by the Chief Executive Officer of the Company. Administrative expenses, including benefit payment service charges and actuarial, trustee and audit fees, are paid by the Plan. Commissions and fees paid in connection with securities transactions and the Pension Benefit Guaranty Corporation (the “PBGC”) premiums are also paid by the Plan. The Company pays for a blanket fidelity insurance policy which provides coverage for the Plan.

Eligibility and Vesting

All MeadWestvaco Corporation bargained hourly employees are members of the Plan. Employees are eligible to participate immediately upon employment. The Plan provides for lifetime retirement benefits beginning at age 65 with reduced benefits available upon earlier retirement. Plan participants at certain locations who have 20 years of credited service may retire with full benefits at age 62. Similar amendments may be adopted for other locations as the cycle of contract negotiations is completed. Benefits vest after five years of credited service.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 1 - Continued

Plan Termination

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. In the event of discontinuance of the Plan, all accrued benefits become vested and plan assets will be allocated to retirees and participants based on a predetermined order of precedence set forth in the Plan and by ERISA. First priority is payment of benefits derived from employee contributions, if any, and payment of benefits to participants who have been retired for three or more years. Second priority is payment of benefits to participants who would have been retired for three or more years had they elected early retirement. Third priority is payment of all remaining benefits which were vested prior to Plan termination. The final priority is payment of all other benefits. Any balance remaining would be disbursed by the Trustee at the direction of the Board of Directors of the Company.

Insurance coverage by the PBGC guarantees each participant's vested benefits (exclusive of benefits which would become vested upon Plan termination) up to \$4,500 per month for Plan terminations occurring during 2009. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 2 - Continued

Use of Estimates and Assumptions

The preparation of financial statements in conformity with U.S. generally accepted accounting principles 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. Actual results could differ from those estimates.

Risk and Uncertainties

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation and demographics. Investment securities held indirectly through the Plan's interest in the Master Trust are also exposed to various risks, such as interest rate, market and credit risks. Due to the changing nature of these assumptions and the level of risk associated with certain investment securities, it is at least reasonably possible that changes in these assumptions and changes in the values of the investment securities will occur in the near term and, due to the uncertainties inherent in setting assumptions, the effect of such changes could materially affect the amounts reported in the financial statements.

Allocation of Units of the Master Trust

Each month, the value of each individual plan's investment in the Master Trust is determined by specific contributions to that plan, net of benefit payments, and a proportionate allocation of Master Trust earnings (losses). Master Trust earnings (losses) are comprised of interest and dividend income and the net appreciation (depreciation) in the fair value of investments, reduced by investment management fees. Net appreciation (depreciation) in the fair value of Master Trust investments consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 2 - Continued

The allocation percentage of these earnings is calculated on the monthly valuation date by dividing the Plan's current fund balance, net of funding activities directly attributable to the Plan, by the consolidated fund balance of all plans participating in the Master Trust. Following such determination, each plan is credited with a proportionate allocation of Master Trust net earnings.

Security Transactions and Valuations

The Master Trust's investments are stated at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset in an orderly transaction between market participants at the measurement date (the exit price). Security transactions of the Master Trust are accounted for on the trade date. Investments in equity and fixed income securities listed on national securities exchanges are valued at fair value based on the sales price per the fund company, which is reported on composite listings on the valuation date. Equity and fixed income securities and other assets are valued at fair value based on the official closing price on the NASDAQ listing. If not NASDAQ traded, the securities are valued at broker price or, if no bid is available, the securities are valued at a quoted bid price obtained from a major market maker. Units held in collective trusts and 103-12 investment entities are valued at the unit value as reported by the investment managers, which is based on the quoted market value of underlying assets or market interest rates and quoted values for similar securities, as of December 31, 2009 and December 31, 2008. Investments in partnerships and joint ventures are valued at estimated fair value based upon a valuation of the underlying portfolio using guidelines or standard industry practices. Real estate investments are valued at estimated fair value based upon fund statements provided by the fund managers. Dividends are recorded on the ex-dividend date. Interest is recorded on the accrual basis.

Payment of Benefits

Benefit payments to participants are recorded when paid.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 2 - Continued

Funding Policy, Actuarial Methods and Assumptions

Contributions to the Plan, if any, are paid by the Company and equal or exceed ERISA minimum funding standards. The actuary's funding recommendations are based on the Projected Unit Credit Actuarial Cost Method in conjunction with the actuarial assumptions. In August 2006, the President signed into law the Pension Protection Act of 2006 (the "PPA"). The PPA establishes new minimum funding rules for defined benefit pension plans beginning in 2008. The Company does not anticipate any required funding payments in the foreseeable future as a result of this legislation due to the overfunded status of the Plan. The Company made no contribution for the year ended December 31, 2009 in accordance with the ERISA minimum funding requirements.

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable to the service employees have rendered under the Plan's provisions. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries.

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

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 2 - Continued

For the year ended December 31, 2009 and 2008, the following actuarial assumptions were used:

- Mortality (active and retiree) - using the RP-2000CH Mortality Table projected to 2019
- Mortality (disabled) - using the RP-2000DR Disabled Mortality Table
- Average retirement age - 62
- Asset valuation method - fair market value and FAS method that recognizes gains/losses over five years, respectively
- Interest rate - 2009 - 8.00%, (2008 - 8.50%)

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 benefits.

Derivatives

The Master Trust enters into contractual arrangements classified as derivatives in carrying out its investment strategy, principally to (1) hedge a portion of the Master Trust's portfolio to limit or minimize exposure to certain risks, (2) gain exposure to a market more rapidly or less expensively than could be accomplished through the use of the cash markets, and (3) increase investment returns by reducing the cost of structuring the portfolio or capturing value disparities between financial instruments. The Master Trust utilizes both exchange traded investment instruments, such as equity and interest rate futures, options on futures, and over-the-counter ("OTC") instruments, such as options and forward exchange contracts. Select major financial institutions are used in derivatives transactions. When engaging in OTC and forward exchange contracts, there is exposure to credit loss in the event of nonperformance by the counterparties to these transactions. The Master Trust manages this for interest rate derivatives by requiring counterparties to post collateral with de minimis thresholds. The Master Trust manages credit exposure for forward exchange contracts through credit approvals, limits, and monitoring procedures and, to the extent possible, by restricting the period over which unpaid balances are allowed to accumulate. Procedures are in place at the trustee and at the investment managers to regularly monitor and report market and counterparty credit risks associated with these instruments.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 2 - Continued

The Master Trust does not anticipate nonperformance by counterparties to these contracts, and no material loss would be expected from any such nonperformance.

The following is a summary of the significant accounting policies associated with the Master Trust's use of derivatives.

Forward Foreign Currency Exchange Contracts:

A forward foreign currency exchange contract ("forward currency contract") is a commitment to purchase or sell a foreign currency at a future settlement date and at a negotiated rate. Forward currency contracts are utilized to hedge a portion of the currency exposure that results from the Master Trust's holdings of equity and fixed income securities denominated in foreign currencies.

Forward currency contracts are marked-to-market at the prevailing forward exchange rate of the underlying currencies, and the difference between contract value and market value is recorded as unrealized appreciation (depreciation) in Master Trust net assets. When the forward exchange contract is closed, the Master Trust transfers the unrealized appreciation (depreciation) to a realized gain (loss) equal to the change in the value of the forward exchange contract when it was opened and the value at the time it was closed or offset. Sales and purchases of forward currency contracts having the same settlement date and broker are offset, and any gain (loss) is realized on the date of offset.

Certain risks may arise upon entering into a forward currency contract from the potential inability of counterparties to meet the terms of the contracts. Additionally, when utilizing forward currency contracts to hedge, the Master Trust gives up the opportunity to profit from favorable exchange rate movements during the term of the contract.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 2 - Continued

Future Contracts:

A future contract is a contractual agreement to make or take delivery of a standardized quantity of a specified grade or type of commodity or financial instrument at a specified future date, in accordance with terms specified by a regulated future exchange. The Master Trust uses equity index and fixed income future contracts to manage exposure to the market.

Buying futures tends to increase the Master Trust's exposure to the underlying instrument. Selling futures tends to decrease the Master Trust's exposure to the underlying instrument held or hedge the fair value of other fund investments. The Master Trust does not employ leverage in its use of futures; thus, cash balances are maintained at a level at least equal to the contract value of the futures.

Future contracts are valued at the last settlement price at the end of each day on the exchange upon which they are traded. Upon entering into a future contract, the Master Trust is required to deposit either in cash or securities an amount equal to a certain percentage of the nominal value of the contract ("initial margin"). Pursuant to the future contract, the Master Trust agrees to receive from, or pay to, the broker an amount of cash equal to the daily fluctuation in the value of the future contract. Such receipts or payments are known as variation margin, which are settled daily and are included in the realized gains (losses) on future contracts. The Master Trust will record a variation margin receivable or payable in the net assets for variation margins, which have not yet been paid at the end of the year.

Future contracts involve, to varying degrees, credit and market risks. The Master Trust enters into future contracts on exchanges where the exchange acts as the counterparty to the transaction. Thus, credit risk on such transactions is limited to the failure of the exchange. The daily settlement on the future contracts serves to greatly reduce credit risk. Losses in value may arise from changes in the value of the underlying instrument or if there is an illiquid secondary market for the contracts. In addition, there is the risk that there may not be an exact correlation between a future contract and the underlying index or security.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 2 - Continued

Options:

An option contract is a contract in which the writer of the option grants the buyer of the option the right to purchase from ("call option"), or sell to ("put option"), the writer a designated instrument at a specified price within a specified period of time. Certain options, including options on indices, will require cash settlement by the Master Trust if the option is exercised. The Master Trust may enter into put or call option contracts in order to hedge against potential adverse price movements in the value of the portfolio assets, as a temporary substitute for selling selected investments; to lock in the purchase price of a security or currency that it expects to purchase in the near future, as a temporary substitute for the purchase of selected investments; and to enhance potential gain. The Master Trust does not employ leverage in its use of options; thus, cash balances are maintained at a level at least equal to the underlying index exposure of the option contracts.

When the Master Trust purchases or writes an option, an amount equal to the premium paid or received by the Master Trust is recorded as an asset or liability and is subsequently adjusted to the current market value of the option purchased or written. Options purchased or written are valued at the last sale price or, in the absence of a sale; the mean between the closing bid and asked prices or at the most recent asked price (bid for purchased options) if no bid and asked price are available. OTC purchased or written options are valued using dealer supplied quotations. Gain and loss is recognized when the option contract expires or is closed. Changes in the fair value of an option are recognized in earnings of the Master Trust.

If the Master Trust writes a covered call option, the Master Trust foregoes, in exchange for the premium, the opportunity to profit during the option period from an increase in the value of the underlying security above the exercise price. If the Master Trust writes a put option, it accepts the risk of a decline in the value of the underlying security below the exercise price. OTC options have a risk of the potential inability of counterparties to meet the terms of their contracts. The Master Trust's maximum exposure to purchased options is limited to the premium initially paid.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 2 - Continued

In addition, certain risks may arise upon entering into option contracts prior to the expiration date, and a change in value of the option contract may not correlate exactly with changes in the value of the securities or currencies hedged.

The Master Trust uses the following types of options: options on fixed income futures, options on equity indices, options on foreign currencies, and options on equity securities.

Swaps:

A swap is an agreement between two parties to exchange different financial returns on a notional investment amount. The major forms of swaps traded are interest rate swaps, credit default swaps, and total return swaps. The Master Trust uses swap and swaption (an option on a swap) contracts to adjust exposure to interest rates, fixed income securities exposure, credit exposure, and equity exposure, and to generate income based on the investment views of the portfolio managers regarding interest rates, indices and debt issues. Swaps are valued using a modeling technique which utilizes a market based discounted cash flow analysis.

Interest rate swaps involve exchanges of fixed rate and floating rate interest. Interest rate swaps are often used to alter exposure to interest rate fluctuations, by swapping fixed rate obligations for floating rate obligations, or vice versa. The counterparties to the swap agree to exchange interest payments on specific dates, according to a predetermined formula. The payment flows are usually netted against each other, with one party paying the difference to the other.

A credit default swap is a contract between a buyer and seller of protection against pre-defined credit events. The Master Trust may buy or sell credit default swap contracts to seek to increase the Master Trust's income or to mitigate the risk of default on Master Trust securities.

A total return swap is a contract between a buyer and seller of exposures to certain asset classes such as equities. The Master Trust may buy or sell total return contracts to seek to increase or reduce the Master Trust's exposure to certain asset classes.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 2 - Continued

The following table sets forth the fair value of derivative instruments in the Statement of Net Assets Available and the effect of derivative instruments in the Statement of Change in Net Assets Available for Benefits as of and for the years ended December 31, 2009 and 2008:

Assets Derivatives at December 31 held by MeadWestvaco Master Trust	Location in the MeadWestvaco Master Trust	Fair Value 2009	Fair Value 2008
Interest rate contracts	Other Asset	\$ 2,809,304	\$131,831,167
Options - Swaptions	Other Asset	8,967,565	184,188,551
Options - Swaps	Other Asset	72,631	2,687,899
Foreign Exchange Contracts	Other Asset	943,634	887,728
Equity Contract	Other Asset	6,561,803	-
Credit Contract	Other Asset	379,423	2,190,104
Total asset derivative at fair value		<u>\$19,734,360</u>	<u>\$321,785,449</u>

Liability Derivatives at December 31 held by MeadWestvaco Master Trust	Location in the MeadWestvaco Master Trust	Fair Value 2009	Fair Value 2008
Interest rate contracts	Other Liability	\$ (82,187)	\$(27,202,094)
Options - Swaptions	Other Liability	(6,594,822)	(978,802)
Options - Swaps	Other Liability	(5,013)	(361,844)
Foreign Exchange Contracts	Other Liability	(865,725)	(2,574,986)
Equity Contract	Other Liability	(4,336,603)	-
Credit Contract - Swaps domestic	Other Liability	(415,347)	(16,092,545)
Total liability derivative at fair value	Other Liability	<u>\$(12,299,697)</u>	<u>\$(47,210,271)</u>

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 2 - Continued

Derivatives earnings held by MeadWestvaco Master Trust	Location in the MeadWestvaco Master Trust	Amount of gain or (loss) recognized in earnings 2009
Interest rate contracts	Net appreciation (depreciation)	\$11,444,782
Options - Swaptions	Net appreciation (depreciation)	(25,317,039)
Options - Swaps	Net appreciation (depreciation)	(4,911,359)
Foreign Exchange Contracts	Net appreciation (depreciation)	(2,115,433)
Equity Contract	Net appreciation (depreciation)	(253,036)
Credit Contract - Swaps domestic	Net appreciation (depreciation)	3,437,981
Amount of gain/(loss) recognized in income		<u><u>\$(17,714,104)</u></u>

Subsequent Events

Management has considered the circumstances under which the Master Trust should recognize or make disclosures regarding events or transactions occurring subsequent to the balance sheet date through October 15, 2010. Adjustments or additional disclosures, if any, have been included in these financial statements.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 3 - Federal Income Taxes

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated July 3, 2003, that the Plan and related Master Trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter, however, the Plan Administrator believes the Plan and Master Trust continue to be designed and operated in compliance with the requirements for income tax exemption under the IRC, and no income tax provision is required.

The Plan recognizes the tax benefits of certain tax positions only when the position is “more likely than not” to be sustained assuming examination by tax authorities. The tax benefit recognized is the largest amount of benefit that is greater than 50 percent likely of being realized upon ultimate settlement. As of and during the period ended December 31, 2009, the Plan did not have any liabilities for any uncertain tax positions. The Plan’s open tax years for the prior three years are subject to examination by the IRS.

Note 4 - Group Annuity Contracts - John Hancock

Prior to April 1, 1970, all contributions to the Plan were used to purchase deferred annuity benefits under participating group annuity contracts administered by John Hancock. Employee retirement benefits, to the extent derived from those contributions, are guaranteed by John Hancock. The John Hancock is valued using a predetermined rate of interest applied to the contract.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 5 - Information Certified by the Trustee

The following information as of December 31, 2009 and 2008 and for the year ended December 31, 2009 was derived from data certified by The Northern Trust Company or John Hancock as being accurate and complete:

Information contained in the Statements of Net Assets Available for Benefits:

Investment in MeadWestvaco Corporation Master Trust (The Northern Trust Company)
Group Annuity Contract (John Hancock)

Information contained in the Statement of Changes in Net Assets Available for Benefits:

Interest in Net Earnings of MeadWestvaco Corporation Master Trust (The Northern Trust Company)
Interest Income (John Hancock)

Information included in the supplemental schedule (John Hancock)

Investment information included in Notes 2, 6, 7 and 9 (The Northern Trust Company)

Note 6 - Investments

At December 31, 2009 and 2008, the investment in the Master Trust was \$1,167,129,944 and \$1,028,196,210, respectively, representing 5% or more of the Plan's net assets on those dates.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 7 - Interest in the Master Trust

At December 31, 2009 and 2008, the Plan's undivided interest in the net assets of the Master Trust was 34.4% and 33.9%, respectively. Net assets of the Master Trust at December 31, 2009 and 2008 were as follows:

	<u>December 31, 2009</u>	<u>December 31, 2008</u>
Assets:		
Derivatives	\$ 19,734,360	\$ 321,785,449
Receivables	-	351,298,075
Common Stock	712,324,520	486,316,471
Preferred Stock	1,779,385	1,248,224
Government	689,955,923	563,339,952
Corporate Debt Instruments	557,336,021	586,862,595
Partnerships/Joint Ventures	104,191,117	164,337,503
Real Estate	42,897,562	15,444,425
Common/Collective Trusts	1,125,172,449	962,990,314
Registered Investment Companies	53,534,905	45,110,899
103-12 Investment Entities	114,419,761	108,365,281
Other Assets ⁽¹⁾	<u>112,141,139</u>	<u>117,971,790</u>
Total Assets	<u>\$3,533,487,142</u>	<u>\$3,725,070,978</u>

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 7 - Continued

	<u>December 31, 2009</u>	<u>December 31, 2008</u>
Liabilities:		
Derivatives	\$ (12,299,697)	\$ (47,210,271)
Other Liabilities	<u>(127,556,820)</u>	<u>(645,804,661)</u>
Total Liabilities	<u>(139,856,517)</u>	<u>(693,014,932)</u>
Master Trust Net Assets	<u>\$3,393,630,625</u>	<u>\$3,032,056,046</u>

⁽¹⁾ - Other Assets and Liabilities are comprised primarily of cash, cash equivalents, and pending purchase and sale transactions.

The net earnings of the MeadWestvaco Corporation Master Trust for the year ended December 31, 2009 resulted from the following:

	<u>December 31, 2009</u>
Interest Income	\$ 64,397,577
Dividend Income	13,322,000
Other Income	57,178,259
Net Appreciation (Depreciation) in Fair Value of Investments:	
Common Stock	185,222,367
Preferred Stock	1,234,049
Common/Collective Trust	224,561,326
Real Estate	(11,114,035)
103-12 Investment Entities	26,050,623
Registered Investment Companies	12,333,406
Derivatives	(17,714,104)
Other Assets	(41,725,943)
U.S. Government Securities	(2,777,387)
Corporate Debt Instruments	111,293,003
Partnerships/Joint Ventures	(20,427,684)
Investment Management Fees	<u>(9,090,383)</u>
Net Gain of the Master Trust	<u>\$592,743,074</u>

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 8 - Related Party Transactions

MeadWestvaco Corporation as Plan sponsor is a related party. The Short Term Investment Fund is managed by The Northern Trust Company and, therefore, these transactions qualify as party-in-interest transactions.

Note 9 - Fair Value Measurement

On January 1, 2008, the Plan adopted the provisions of Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820-10 “Fair Value Measurements and Disclosures,” which establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. Inputs may be based on independent market data (“observable inputs”) or they may be internally developed (“unobservable inputs”). The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are as follows:

Level 1 - Inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that the Master Trust has the ability to access at the measurement date (a “Level 1 Price”);

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability either directly or indirectly, including quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not considered to be active, inputs other than quoted prices that are observable for the asset or liability, and inputs that derived principally from or corroborated by observable market data by correlation or other means (a “Level 2 Price”);

MEADWESTVACO CORPORATION
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NOTES TO FINANCIAL STATEMENTS

Note 9 - Continued

Level 3 - Unobservable inputs based on the best information available in the circumstances, to the extent observable inputs are not available (including the Plan's own assumptions used in determining the fair value of investments) (a "Level 3 Price").

Management's assessment of the assets specific to the Master Trust (which holds the assets of the retirement plans) and are based on the lowest level of any input that is significant to the fair value measurement in its entirety, as of December 31, 2009 and 2008. The categorization of a value determined for a financial instrument within the hierarchy is based upon the pricing transparency of the instrument and does not necessarily correspond to the Plans' perceived risk of that instrument. Plan Management has used valuation techniques to maximize observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Equities: Valued at the closing price reported in the primary and secondary markets. When quoted prices are not available, similar instruments adjusted for certain risks that may not be observable are used, such as liquidity risks.

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the primary and secondary markets in which the bond is traded. Other bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
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NOTES TO FINANCIAL STATEMENTS

Note 9 - Continued

U.S. government securities: Valued at the closing price reported in the primary and secondary markets in which the individual security is traded. When quoted prices are not available for identical or similar securities, the security is valued which maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Master Trust at year end.

Common collective trusts: Valued at the net asset value (NAV) of shares held by the Master Trust at year end.

Derivatives: Valued by third party vendors based on discounted cash flow models with market based interest rates as inputs.

Partnerships and joint ventures: Valued quarterly on the basis of discounted cash flow analysis and comparable market inputs. Annually, an independent appraisal is performed.

Real estate: Valued quarterly on the basis of a discounted cash flow approach, which includes the future rental receipts, expenses, and residual values as the highest and best use of the real estate from a market participant's view as rental property. Annually, an independent appraisal is performed.

Other assets and liabilities: Valued at the closing price reported in the primary and secondary markets in which the individual security is traded. When quoted prices are not available, the security is valued using observable inputs, such as similar instruments.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 9 - Continued

Total Master Trust assets and liabilities at fair value classified within Level 3 were \$180,227,821 and \$563,015,406, as of December 31, 2009 and 2008, respectively. Such amounts were 5% and 19% of “Total investments” on the Master Trust’s statement of net assets at fair value as of December 31, 2009 and 2008, respectively. The following information is presented for assets recorded in the Plan’s statement of net assets available for benefits at December 31, 2009 and 2008, respectively.

The John Hancock group annuity contracts had a fair value of \$1,956,835 at December 31, 2009 classified within Level 3 and a fair value of \$1,942,577 at December 31, 2008 classified within Level 2. The John Hancock contract is valued at its principal balance and accumulated interest based on its guaranteed interest rate.

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 9 - Continued

Assets	December 31, 2009	Level 1	Level 2	Level 3
Common Stock:				
Domestic Common Stock	\$ 574,545,437	\$569,782,185	\$ 3,871,334	\$ 891,918
International Equities	137,779,083	137,779,083	-	-
Preferred Stock	1,779,385	1,779,385	-	-
Government Securities	689,955,923	-	689,783,641	172,282
Corporate Debt Investments:				
Domestic Corporate Debt	421,117,739	-	413,217,639	7,900,100
International Corporate Debt	136,218,282	-	131,286,467	4,931,815
Partnerships/Joint Ventures:				
AEW Value II LP	2,281,004	-	-	2,281,004
Behman Capital II LP	3,218,238	-	-	3,218,238
Blackstone LP	4,094,065	-	-	4,094,065
Cerberus LP	5,008,054	-	-	5,008,054
Cornerstone Equity IV LP	302,134	-	-	302,134
Crosslinks Crossover Fund LP	21,844,442	-	-	21,844,442
Dover Street VII Cayman Fund LP	3,900,570	-	-	3,900,570
Global Infrastructure Partners - B LP	10,624,331	-	-	10,624,331
Goldman Sachs Vintage Fund V Offshore LP	3,048,698	-	-	3,048,698
Heritage Fund III LP	150,534	-	-	150,534
J.H. Whitney III LP	573,447	-	-	573,447
J.W. Childs Equity Partners II LP	1,176,737	-	-	1,176,737
Oaktree Principal Fund V	2,233,233	-	-	2,233,233
Polaris Venture Partners II, III LP	7,700,737	-	-	7,700,737
Spectrum Equity Investors III LP	2,622,711	-	-	2,622,711
Square Mile Partners III LP	3,249,674	-	-	3,249,674
Three Cities Fund II, III LP	13,127,439	-	-	13,127,439
Warburg Pincus Private Equity X LP	17,227,196	-	-	17,227,196
Whitney V LP	1,807,873	-	-	1,807,873

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 9 - Continued

Assets	December 31, 2009	Level 1	Level 2	Level 3
Real Estate:				
AEW Value Investor Asia, REIT LP	\$ 13,218,091	\$ -	\$ -	\$ 13,218,091
Value Enhancement Fund IV,V LP	16,827,241	-	-	16,827,241
Walton Street Real Estate Fund IV, V, VI LP	12,852,230	-	-	12,852,230
Common Collective Trust:				
Blackrock Equity Index	203,548,951	-	203,548,951	-
Emerging Markets Fund - Genesis Group	193,540,215	-	193,540,215	-
Oaktree Capital Management - Hi Yield Fund	175,417,350	-	175,417,350	-
Pimco Stockplus LP	44,303,446	-	44,303,446	-
SSGA Long Credit Index Fund	146,598,298	-	146,598,298	-
SSGA Long U.S. Government Index Fund	256,646,696	-	256,646,696	-
Wellington International Equity	84,992,179	-	84,992,179	-
Northern Trust Daily TIPS Fund	4,021,569	-	4,021,569	-
Northern Trust STIF Fund	8,763,650	-	8,763,650	-
Other Cash Equivalents	7,340,095	-	7,340,095	-
Registered Investment Companies:				
GMO International Small Cap Fund	39,658,105	-	39,658,105	-
Russell 2000 Value Index Fund	2,669,840	-	2,669,840	-
Pimco Fund PAC Investment Management	6,564,149	-	6,564,149	-
Pimco Funds PAPS Emerging Markets	4,642,811	-	4,642,811	-
Derivatives	7,434,663	-	7,247,175	187,488
103-12 Investment Entities:				
Silchester International Equity FD	114,419,761	-	114,419,761	-
Other Assets/Liabilities	(15,415,681)	(34,908,759)	437,539	19,055,539
Total	<u>\$3,393,630,625</u>	<u>\$674,431,894</u>	<u>\$2,538,970,911</u>	<u>\$180,227,820</u>

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 9 - Continued

Assets	December 31, 2008	Level 1	Level 2	Level 3
Common Stock:				
Domestic Common Stock	\$ 406,623,510	\$406,623,510	\$ -	\$ -
International Equities	79,692,961	77,920,529	1,772,432	-
Preferred Stock	1,248,224	1,202,224	-	46,000
Government Securities	563,339,952	1,500,000	559,724,919	2,115,033
Corporate Debt Investments:				
Domestic Corporate Debt	476,677,320	-	442,866,540	33,810,780
International Corporate Debt	110,185,276	200,186	93,140,692	16,844,398
Partnerships/Joint Ventures				
AEW Value II LP	5,779,240	-	-	5,779,240
AEW VIF REIT, Inc.	12,757,149	-	-	12,757,149
Behman Capital II LP	2,958,057	-	-	2,958,057
Blackstone LP	8,800,986	-	-	8,800,986
Cerberus LP	4,162,500	-	-	4,162,500
CF Lend Lease	7,482,874	-	-	7,482,874
Cornerstone Equity IV LP	568,897	-	-	568,897
Crosslinks Crossover Fund LP	20,577,971	-	-	20,577,971
Dover Street VII Cayman Fund LP	3,383,997	-	-	3,383,997
GE Investment Realty Partner	15,165	-	-	15,165
Global Infrastructure Partners - B LP	5,146,983	-	-	5,146,983
Goldman Sachs Vintage Fund V Offshore LP	3,300,000	-	-	3,300,000
Heritage Fund III LP	531,270	-	-	531,270
J.H. Whitney III LP	823,802	-	-	823,802
J.W. Childs Equity Partners II LP	1,863,989	-	-	1,863,989
PIMCO Stockplus LP B Fund	31,361,428	-	-	31,361,428
Polaris Venture Partners II, III LP	8,108,308	-	-	8,108,308
Spectrum Equity Investors III LP	2,674,827	-	-	2,674,827
Square Mill Partners III LP	4,002,261	-	-	4,002,261
Three Cities Fund II, III LP	12,959,414	-	-	12,959,414
Walton Street Real Estate Fund LP	10,785,026	-	-	10,785,026
Warburg Pincus Private Equity X LP	13,095,793	-	-	13,095,793
Whitney V LP	3,197,566	-	-	3,197,566

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 9 - Continued

Assets	December 31, 2008	Level 1	Level 2	Level 3
Real Estate:				
AEW Value Investor Asia, REIT LP	\$ 3,060,151	\$ -	\$ -	\$ 3,060,151
Walton Street Real Estate Fund IV, V, VI LP	12,384,274	-	-	12,384,274
Common Collective Trust:				
Blackrock Equity Index	160,641,810	-	160,641,810	-
Emerging Markets Fund - Genesis Group	110,475,393	-	110,475,393	-
Lend Lease VE	13,398,485	-	-	13,398,485
Oaktree Capital Management - Hi Yield Fund	137,400,410	-	137,400,410	-
SSGA Long Credit Index Fund	19,719,031	-	19,719,031	-
SSGA Long U.S. Government Index Fund	98,116,248	-	98,116,248	-
Wellington International Equity	68,916,361	-	68,916,361	-
Northern Trust Daily TIPS Fund	90,336,390	-	90,336,390	-
Northern Trust STIF Fund	263,986,186	-	263,986,186	-
Registered Investment Companies:				
GMO International Small Cap Fund	23,155,546	23,155,546	-	-
Pimco Fund Hi Yield	712	-	712	-
Pimco Fund PAC Investment Management	18,065,639	-	18,065,639	-
Pimco Funds PAPS Emerging Markets	3,889,001	-	3,889,001	-
Derivatives	274,575,178	35,051	(4,462,613)	279,002,740
103-12 Investment Entities:				
Silchester International Equity FD	108,365,281	-	108,365,281	-
Other Assets/Liabilities	(176,534,796)	(265,081,165)	50,530,327	38,016,042
Total	\$3,032,056,046	\$245,555,881	\$2,223,484,759	\$563,015,406

MEADWESTVACO CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 9 - Continued

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the year ended December 31, 2009.

	Equity	Partnership	Corporate Debt	Other	US Govt.	Real Estate	Common	
							Collective Trust	Total
Beginning market value 12/31/08	\$ 46,000	\$164,337,503	\$50,655,178	\$317,018,782	\$ 2,115,033	\$15,444,425	\$13,398,485	\$563,015,406
Purchases	1,987,866	19,384,470	4,937,741	4,377,650	38,095,554	50,135,442	-	118,918,723
Sales	(1,125,000)	(68,778,342)	(28,794,417)	(246,019,696)	(11,150,620)	(1,157,298)	(13,398,485)	(370,423,858)
Unrealized Gain/Loss	(16,948)	(1,251,532)	4,288,749	(264,501,702)	1,766,736	(21,224,273)	-	(280,938,970)
Realized Gain/Loss	-	(9,500,982)	(3,095,669)	208,396,262	(924,669)	(300,734)	-	194,574,208
Transfer In/Out	-	-	(15,159,668)	(28,269)	(29,729,752)	-	-	(44,917,689)
Ending Market Value 12/31/09	\$ 891,918	\$104,191,117	\$12,831,914	\$ 19,243,027	\$ 172,282	\$42,897,562	-	\$180,227,820

(1) Due to market conditions that were present at 12/31/2008, certain corporate debt and U.S. Government securities were utilizing unobservable inputs. As the market became more stable in 2009, the securities transferred from Level 3 to Level 2 by using observable inputs.

(2) Derivatives are included in "Other" category.

MEADWESTVAC0 CORPORATION
RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Note 10 - New Accounting Pronouncements

In January 2010, The Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2010-06 "Improving Disclosures about Fair Value Measurements." ASU No. 2010-06 will require reporting entities to make new disclosures about amount and reasons for significant transfers in and out of Level 1 and Level 2 fair value measurements and input and valuation techniques used to measure fair value for both recurring and nonrecurring fair value measurements that fall in either Level 2 or Level 3, and information on purchased, sales, issuances, and settlements in the roll forward of activity in Level 3 fair value measures. The new and revised disclosures about purchased, sales, issuances, and settlements in the roll forward of activity in Level 3 fair value measures, which are effective for fiscal years beginning after December 15, 2010. At this time, Plan management is evaluating the implications of ASU No. 2010-06. Its impact on the Plan financial statements has not yet been determined.

MEADWESTVACO CORPORATION RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
(Employer Identification Number 31-1797999)
SCHEDULE H, LINE 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Fair Value
*	John Hancock Life Insurance Company	Group Annuity Contract	\$1,956,835	\$1,956,835

*Party-in-Interest

This information has been certified complete and accurate by the Trustee, John Hancock Life Insurance Company.

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

A	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's identifying number (see instructions).			
	MeadWestvaco Corporation	☒ Employer identification number (EIN).			
	Number, street, and room or suite no. (If a P.O. box, see instructions)	31-1797999			
	501 South 5th Street	☐ Social security number (SSN)			
	City or town, state, and ZIP code				
	Richmond VA 23219-0501				
C	Plan name	Plan number	Plan year ending—		
			MM	DD	YYYY
	1 MWV Corporation Retirement Plan for Bargained Hourly Employees	0 0 1	12	31	2009
	2 MWV Corp Retirement Plan for Salaried & NUB Hourly Employees	0 0 2	12	31	2009
	3 MWV Corp Env Div Retirement Plan for Salaried & NUB Hourly Employees	0 0 8	12	31	2009

Form **5558** (Rev. 1-2008)