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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2011</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                     | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                    |                                                              |                                                      |                                                      |  |
| <b>1a</b> Name of plan<br>SCA TISSUE HOURLY PENSION PLAN                                                                                                                                           | <table border="1"> <tr> <td><b>1b</b> Three-digit plan number (PN) ►</td> <td><b>003</b></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>09/01/2001</td> </tr> </table>                                                                      | <b>1b</b> Three-digit plan number (PN) ►                     | <b>003</b>                                           | <b>1c</b> Effective date of plan<br>09/01/2001       |  |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                           | <b>003</b>                                                                                                                                                                                                                                                        |                                                              |                                                      |                                                      |  |
| <b>1c</b> Effective date of plan<br>09/01/2001                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br>SCA AMERICAS, INC.<br><br>2929 ARCH STREET<br>PHILADELPHIA, PA 19104-2858 | <table border="1"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>23-3061590</td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/>610-499-3700</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>322100</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>23-3061590 | <b>2c</b> Sponsor's telephone number<br>610-499-3700 | <b>2d</b> Business code (see instructions)<br>322100 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>23-3061590                                                                                                                                       |                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2c</b> Sponsor's telephone number<br>610-499-3700                                                                                                                                               |                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>322100                                                                                                                                               |                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2012 | TOM PEZICK                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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 (2011)  
v.012611

|                                                                                                                                                                                                           |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>BENEFITS ADMINISTRATIVE COMMITTEE OF SCA AMERICAS, INC.<br><br>2929 ARCH STREET<br>PHILADELPHIA, PA 19104-2858 | <b>3b</b> Administrator's EIN<br>23-3061590<br><br><b>3c</b> Administrator's telephone number<br>610-499-3700 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 132 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 6   |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 41  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 79  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 126 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 5   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 131 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**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 1I 3H

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

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                  | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              |

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SCA TISSUE HOURLY PENSION PLAN</u>                                                                            | <b>B</b> Three-digit plan number (PN) ▶ <u>003</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>SCA AMERICAS, INC.</u>                                     | <b>D</b> Employer Identification Number (EIN)<br><u>23-3061590</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>                                                                                                                               |                                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>1758173</u>                                                                      |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>1668460</u>                                                                      |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                                                                                               |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b> <u>45</u> <b>(1) Number of participants</b> <u>822534</u> <b>(2) Funding Target</b> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> <u>85</u> <u>1037928</u>                                                            |
| <b>c</b> For active participants:                                                                                                                                                                               |                                                                                               |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                            | <b>3c(1)</b> <u>0</u>                                                                         |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                                | <b>3c(2)</b> <u>45247</u>                                                                     |
| <b>(3)</b> Total active .....                                                                                                                                                                                   | <b>3c(3)</b> <u>5</u> <u>45247</u>                                                            |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> <u>135</u> <u>1905709</u>                                                           |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                                                      |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>6.35 %</u>                                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>90000</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.

|                                                                 |                                        |
|-----------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                | <u>10/09/2012</u>                      |
| Signature of actuary                                            | Date                                   |
| <u>J.STEVEN PAK</u>                                             | <u>11-05793</u>                        |
| Type or print name of actuary                                   | Most recent enrollment number          |
| <u>TOWERS WATSON DELAWARE, INC.</u>                             | <u>215-246-7800</u>                    |
| Firm name                                                       | Telephone number (including area code) |
| <u>1500 MARKET STREET</u><br><u>PHILADELPHIA, PA 19102-4790</u> |                                        |
| Address of the firm                                             |                                        |

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

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

**Schedule SB (Form 5500) 2011**  
**v.012611**

| <b>Part II Beginning of year carryover and prefunding balances</b>                                                                |                       |                        |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                   | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 107745                | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 70000                 | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                             | 37745                 | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>12.90</u> % .....                                             | 4869                  |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                    |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                    |                       | 393676                 |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.66</u> % except as otherwise provided (see instructions) ..... |                       | 26219                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                     |                       | 419895                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                   |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                 |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                      | 42614                 | 0                      |

| <b>Part III Funding percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 85.31 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 85.31 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 83.39 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and liquidity shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2011                                                                               | 20000                             |                                 |                          |                                   |                                 |
| 07/06/2011                                                                               | 20000                             |                                 |                          |                                   |                                 |
| 10/06/2011                                                                               | 20000                             |                                 |                          |                                   |                                 |
| 01/13/2012                                                                               | 20000                             |                                 |                          |                                   |                                 |
| 06/18/2012                                                                               | 27000                             |                                 |                          |                                   |                                 |
| 01/04/2011                                                                               | 86500                             |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 193500                            | <b>18(c)</b> 0                  |

|                                                                                                                                                                                        |            |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                   |            |           |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                                   | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                     | <b>19b</b> |           |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                | <b>19c</b> | 192699    |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                            |            |           |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         |            |           |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |           |
| <b>c</b> 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   |
| 0                                                                                                                                                                                      | 0          | 0         |
|                                                                                                                                                                                        |            | (4) 4th 0 |

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

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>2.94% | 2nd segment:<br>5.82% | 3rd segment:<br>6.46 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 90000              |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>          |                    |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 279863              | 53766              |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 143766             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 42614               |                    | 42614         |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 101152             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 192699             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 91547              |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2011</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                            |                                                                    |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SCA TISSUE HOURLY PENSION PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶ <u>003</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SCA AMERICAS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>23-3061590</u> |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 25                  | NONE                                                                                              | 55898                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TOWERS WATSON DELAWARE, INC.

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 27578                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>SCA TISSUE HOURLY PENSION PLAN</u>                                                                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>003</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SCA AMERICAS, INC.</u>                                                                                                                                                                               | <b>D</b> Employer Identification Number (EIN)<br><br><u>23-3061590</u>                                                                                                                                                                                                       |                                                                                           |

|          | Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> | 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. <b>Round off amounts to the nearest dollar.</b> 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. |                 |                       |                 |
|          | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| <b>a</b> | Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 7301                  | 7771            |
| <b>b</b> | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
|          | <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b>    | 350000                | 47000           |
|          | <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1b(2)</b>    |                       |                 |
|          | <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1b(3)</b>    |                       |                 |
| <b>c</b> | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
|          | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(1)</b>    |                       |                 |
|          | <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(2)</b>    |                       |                 |
|          | <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(A)</b> |                       |                 |
|          | <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(B)</b> |                       |                 |
|          | <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(4)(A)</b> |                       |                 |
|          | <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(4)(B)</b> |                       |                 |
|          | <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(5)</b>    |                       |                 |
|          | <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(6)</b>    |                       |                 |
|          | <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(7)</b>    |                       |                 |
|          | <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(8)</b>    |                       |                 |
|          | <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(9)</b>    |                       |                 |
|          | <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(10)</b>   |                       |                 |
|          | <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(11)</b>   |                       |                 |
|          | <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(12)</b>   |                       |                 |
|          | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(13)</b>   | 1415958               | 1779357         |
|          | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(14)</b>   |                       |                 |
|          | <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1773259               | 1834128         |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 22285 | 22292 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 22285 | 22292 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1750974 | 1811836 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 193500     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 193500    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 47306      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 47306     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |          | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | 2b(5)(A) |            |           |
| (B) Other .....                                                                                   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets.<br>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)    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | 2b(9)    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | 2b(10)   |            | -4967     |
| <b>c</b> Other income.....                                                                        | 2c       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | 2d       |            | 235839    |

**Expenses**

|                                                                                            |       |       |        |
|--------------------------------------------------------------------------------------------|-------|-------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |       |       |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | 2e(1) | 91501 |        |
| (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) |       | 91501  |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f    |       |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g    |       |        |
| <b>h</b> Interest expense.....                                                             | 2h    |       |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | 2i(1) | 27578 |        |
| (2) Contract administrator fees .....                                                      | 2i(2) |       |        |
| (3) Investment advisory and management fees .....                                          | 2i(3) |       |        |
| (4) Other .....                                                                            | 2i(4) | 55898 |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                        | 2i(5) |       | 83476  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |       | 174977 |

**Net Income and Reconciliation**

|                                                                |       |  |       |
|----------------------------------------------------------------|-------|--|-------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 60862 |
| <b>l</b> 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: **TORRILLO & ASSOCIATES, LLC** (2) EIN: **83-0414789**

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                                                                                                        |     | X  |        |

- 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                            |                                                                    |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SCA TISSUE HOURLY PENSION PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>003</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SCA AMERICAS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>23-3061590</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                                   |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                             | <b>1</b>          |
| <b>2</b> 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):<br><br>EIN(s): <u>23-2926795</u><br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |                   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                   | <b>3</b> <u>0</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

**CERTIFIED PUBLIC ACCOUNTANTS**

36 REGENCY PLAZA • 871 BALTIMORE PIKE  
GLEN MILLS, PA 19342  
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WWW.TORRILLOCPA.COM

**INDEPENDENT AUDITORS' REPORT**

To the Participants and Plan Administrator of the  
SCA Tissue Hourly Pension Plan

We were engaged to audit the financial statements of the SCA Tissue Hourly Pension Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedules as of or for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and supplemental schedules 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 3, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee 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 these accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Torrillo & Associates, LLC*

September 28, 2012

**SCA Tissue Hourly Pension Plan**  
**Financial Statements**  
**As of and for the Years Ended December 31, 2011 and 2010**  
**and**  
**Supplemental Schedules**  
**As of and for the Year Ended December 31, 2011**



— CERTIFIED PUBLIC ACCOUNTANTS —

## **Index**

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Note: The supplemental schedules included are presented for purposes of additional analysis and are not a required part of the financial statements but are required by the Employee Retirement Income Security Act of 1974 ("ERISA"). Other schedules required by section 2520.103-10 of the Department of Labor Rules and Regulations for reporting and disclosure under ERISA have been omitted because they are not applicable.

**CERTIFIED PUBLIC ACCOUNTANTS**

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**INDEPENDENT AUDITORS' REPORT**

To the Participants and Plan Administrator of the  
SCA Tissue Hourly Pension Plan

We were engaged to audit the financial statements of the SCA Tissue Hourly Pension Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedules as of or for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and supplemental schedules 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 3, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee 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 these accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Torrillo & Associates, LLC*

September 28, 2012

**SCA Tissue Hourly Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**As of December 31, 2011 and 2010**

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|                                                | <u><b>2011</b></u>  | <u><b>2010</b></u>  |
|------------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                                  |                     |                     |
| Cash                                           | \$ 7,771            | \$ 7,301            |
| Investments, at fair value:                    |                     |                     |
| Registered investment companies (mutual funds) | 1,779,357           | 1,415,958           |
| Employer contributions receivable              | <u>47,000</u>       | <u>350,000</u>      |
| Total assets                                   | 1,834,128           | 1,773,259           |
| <b>Liabilities</b>                             |                     |                     |
| Accrued fees                                   | <u>22,292</u>       | <u>22,285</u>       |
| Total liabilities                              | 22,292              | 22,285              |
| Net assets available for benefits              | <u>\$ 1,811,836</u> | <u>\$ 1,750,974</u> |

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

**SCA Tissue Hourly Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Years Ended December 31, 2011 and 2010**

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|                                                              | <u><b>2011</b></u>         | <u><b>2010</b></u>         |
|--------------------------------------------------------------|----------------------------|----------------------------|
| <b>Additions:</b>                                            |                            |                            |
| Additions to net assets attributed to:                       |                            |                            |
| Investment income:                                           |                            |                            |
| Dividends                                                    | \$ 47,306                  | \$ 34,831                  |
| Net appreciation (depreciation) in fair value of investments | <u>(4,967)</u>             | <u>138,427</u>             |
| Investment income                                            | 42,339                     | 173,258                    |
| Contributions:                                               |                            |                            |
| Employer's contribution                                      | <u>193,500</u>             | <u>436,500</u>             |
| Total additions                                              | 235,839                    | 609,758                    |
| <b>Deductions:</b>                                           |                            |                            |
| Deductions from net assets attributed to:                    |                            |                            |
| Benefits paid to participants                                | 91,501                     | 84,939                     |
| Administrative expenses                                      | <u>83,476</u>              | <u>124,959</u>             |
| Total deductions                                             | <u>174,977</u>             | <u>209,898</u>             |
| Net increase                                                 | 60,862                     | 399,860                    |
| <b>Net assets available for benefits</b>                     |                            |                            |
| Beginning of year                                            | <u>1,750,974</u>           | <u>1,351,114</u>           |
| End of year                                                  | <u><u>\$ 1,811,836</u></u> | <u><u>\$ 1,750,974</u></u> |

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

**SCA Tissue Hourly Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2011 and 2010**

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**1. Description of Plan**

The following description of the SCA Tissue Hourly Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

**General**

The Plan is a noncontributory defined benefit pension plan established September 1, 2001. The Plan was amended and restated effective January 1, 2010. The Plan covers hourly employees of SCA Tissue North America, LLC (the “Company”) employed at the Company’s Brattleboro, Vermont facility who are members of the Paper, Allied-Industrial, Chemical, Energy Workers International Union, Local 1594 and non-union hourly employees of the Company’s LaGrange, Georgia facility. As described below, no new participants will be added to the Plan and benefit accruals were frozen for active participants. The Plan sponsor is SCA Americas, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Effective December 31, 2002, the SCA Tissue Hourly Pension Plan for Collectively Bargained Employees at Alsip (“Alsip Plan”) merged with and into the Plan. Net assets representing the funded portion of the actuarial present value of accumulated plan benefits for former participants of the Alsip Plan were transferred into the Plan on that date. Benefit accruals were frozen effective September 1, 2002, at the Alsip location.

Effective March 1, 2003, participants who were employed at the Company’s LaGrange, Georgia or Brattleboro, Vermont facilities as of March 1, 2003 and whose employment status was directly and adversely affected by the closure of those facilities during 2003 became fully vested in their retirement benefits. As these locations were shutdown in 2003, there will be no future credited service accruals. Additionally, effective June 1, 2003, participants who were employed at the Company’s Alsip, Illinois facility as of May 31, 2003 and whose employment status was directly and adversely affected by the reduction in workforce at that facility during 2003 became fully vested in their retirement benefits.

SCA Tissue ceased operations at its Alsip, Illinois manufacturing facility in December 2008, and as a result, certain employees who were participants of the Plan were separated from employment. SCA Americas, Inc. notified the Pension Benefit Guarantee Corporation (“PBGC”) of this cessation of operations. The PBGC asserted that this cessation of operations was subject to the provisions of 4063 of ERISA under which it could attempt to impose a liability upon SCA Americas, Inc. The PBGC and SCA Americas, Inc. reached an understanding with respect to the cessation of operations and the settlement of the PBGC claims. More specifically, effective July 22, 2009, SCA Americas, Inc. and the PBGC entered into an agreement to make additional contributions of \$86,500 for each of the calendar years 2009 through 2013. Each additional contribution must be made by January 10 of the calendar year to which it relates, except for the additional contribution for the calendar year January 1, 2009 which was made within 90 days of July 22, 2009.

**Funding Policy**

The Company’s funding policy is to make contributions in such amounts as may be required to meet the minimum funding requirements of ERISA. Employer contributions are made based on actuarially determined amounts using the projected unit credit cost method. Minimum contribution requirements have been met for 2011 and 2010.

**SCA Tissue Hourly Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2011 and 2010**

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**Vesting**

Participants become 100% vested upon completion of five years of credited service, as defined. If a participant terminates before completing five years of service, the right to receive accumulated benefits is forfeited, unless the participant has reached age 65 or termination of employment is attributable to death or disability.

**Retirement Benefits**

Upon disability or at normal retirement (age 65), participants are entitled to monthly pension benefits based on a stipulated rate per year of credited service, as defined by the Plan. A participant may elect early retirement at the age of 55 with reduced monthly pension benefits between ages 55 and 62, as defined by the Plan. The Plan will pay a benefit to the surviving spouse of a participant who dies after completing five years of credited service, as defined by the Plan.

Benefit payments will be paid based upon a single life annuity if the participant is not married. A married retiree will automatically receive pension benefits in the form of a joint and survivor annuity. Elections may be made to receive the benefit in another form, as defined. If the present value of a participant's accrued benefit does not exceed \$1,000, it will automatically be paid as a lump sum as soon as administratively feasible after separation from service.

**Plan Termination**

Although it has not expressed any intent to do so, the Company reserves the right to discontinue its contributions and terminate the Plan at any time under the provisions of ERISA. In the event the Plan terminates, participants become 100% vested in benefits earned as of the termination date regardless of length of service, to the extent such benefits are then funded, and the assets of the Plan shall be distributed in the manner and order set forth in the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. Whether all participants receive their benefits should the Plan terminate at some future point would depend on the sufficiency of the Plan's net assets at that time to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

The financial statements have been prepared on the accrual basis of accounting.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

## **SCA Tissue Hourly Pension Plan**

### **Notes to Financial Statements**

**As of and for the Years Ended December 31, 2011 and 2010**

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Purchases and sales of investments are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments consists of the realized gains or losses and the unrealized appreciation or depreciation of those investments.

#### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

#### **Administrative Expenses**

In 2011 and 2010, certain investment and administrative expenses were paid out of the Plan, and include recordkeeping, trustee, and actuarial professional fees. Certain other administrative expenses of the Plan are paid directly by the Plan Sponsor.

#### **Subsequent Events**

The Plan has evaluated subsequent events through September 28, 2012, the date the financial statements were available to be issued.

#### **Recently Issued Accounting Guidance**

In January 2010, the Financial Accounting Standards Board ("FASB") updated the guidance in FASB Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurement*. The updated guidance (i) requires separate disclosure of activity in transfers in and out of Levels 1 and 2 fair value measurements, (ii) requires disclosure of Level 3 fair value measurements activity on a gross basis, (iii) clarifies existing disaggregation requirements, and (iv) clarifies existing input and valuation technique disclosure requirements. The updated guidance was effective for periods beginning after December 15, 2009, except for the rollforward of activity in Level 3 fair value measurement disclosure requirements, which was effective for fiscal years beginning after December 15, 2010. Retrospective adoption was not required. The adoption of the guidance had no effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In May 2011, the FASB issued Accounting Standards Update No. 2011-04, *Fair Value Measurement (Topic 820), Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS*. The amendments change the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. Some of the amendments clarify the FASB's intent about the application of existing fair value measurement requirements. Other amendments change a particular principle requirement for measuring fair value or for disclosing information about fair value measurements. Some of the disclosures required by the amendments are not required for nonpublic entities. The amendments are to be applied prospectively and are effective for nonpublic entities for annual periods beginning after December 15, 2011. The Plan does not expect the amendments to have any effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

### **3. Financial Information Certified by Trustee (Unaudited)**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information included in the accompanying financial statements and supplemental schedules was certified by Vanguard Fiduciary Trust Company, the trustee, as complete and accurate:

- Registered investment companies (mutual funds) and cash as shown in the statements of net assets available for benefits at December 31, 2011 and 2010.

**SCA Tissue Hourly Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2011 and 2010**

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- Dividend income and net appreciation (depreciation) in the fair value of investments as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2011 and 2010.
- The information for all registered investment companies (mutual funds) listed in the schedule of assets (held at end of year) at December 31, 2011, as shown in the supplemental schedule.
- The information for all reportable transactions listed in the schedule of reportable transactions during the year ended December 31, 2011, as shown in the supplemental schedule.

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

|                                                | <u>2011</u>       | <u>2010</u>       |
|------------------------------------------------|-------------------|-------------------|
| Registered investment companies (mutual funds) | \$ (4,967)        | \$ 138,427        |
| Total                                          | <u>\$ (4,967)</u> | <u>\$ 138,427</u> |

The following presents investments that represent five percent or more of the Plan's net assets available for benefits at December 31, 2011 and 2010:

| Registered investment companies (mutual funds): | <u>2011</u> | <u>2010</u> |
|-------------------------------------------------|-------------|-------------|
| Vanguard Total Stock Market Index Fund          | \$ 803,747  | \$ 759,999  |
| Vanguard Total Bond Market Index Fund           | 502,358     | 375,191     |
| Vanguard Developed Markets Index Fund           | 167,181     | 155,239     |
| Vanguard Inflation Protection Securities Fund   | 306,071     | 125,529     |

#### **4. Fair Value Measurements**

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

**SCA Tissue Hourly Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2011 and 2010**

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The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2011 and 2010.

*Registered investment companies (mutual funds)* Valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2011:

|                                                 | <u>Level 1</u>     | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>       |
|-------------------------------------------------|--------------------|----------------|----------------|--------------------|
| Registered investment companies (mutual funds): |                    |                |                |                    |
| Fixed income funds                              | \$ 808,429         | \$ 0           | \$ 0           | \$ 808,429         |
| Domestic stock funds                            | 803,747            | 0              | 0              | 803,747            |
| International stock funds                       | 167,181            | 0              | 0              | 167,181            |
| Total investments at fair value                 | <u>\$1,779,357</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$1,779,357</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2010:

|                                                 | <u>Level 1</u>     | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|-------------------------------------------------|--------------------|----------------|----------------|---------------------|
| Registered investment companies (mutual funds): |                    |                |                |                     |
| Fixed income funds                              | \$ 500,720         | \$ 0           | \$ 0           | \$ 500,720          |
| Domestic stock funds                            | 759,999            | 0              | 0              | 759,999             |
| International stock funds                       | 155,239            | 0              | 0              | 155,239             |
| Total investments at fair value                 | <u>\$1,415,958</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$ 1,415,958</u> |

## **5. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of service on the date the benefit information is presented (the valuation date). Benefits payable under all circumstances (e.g. retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants 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.

**SCA Tissue Hourly Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2011 and 2010**

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As described in Note 1 and further detailed in the Plan document, no new participants will be added to the Plan and benefit accruals have been frozen since 2003 for the Brattleboro, Vermont and LaGrange, Georgia participants and since September 1, 2002, for the Alsip, Illinois participants. The present value of a participant's accrued benefit as of the valuation date assumes the participant will earn no more credited service and will receive no future salary.

The actuarial present value of accumulated plan benefits as of January 1, 2011 is as follows:

|                                                            |                     |
|------------------------------------------------------------|---------------------|
| Vested benefits                                            |                     |
| Participants currently receiving benefits                  | \$ 714,714          |
| Active and terminated vested participants                  | 833,841             |
| Total vested benefits                                      | <u>1,548,555</u>    |
| Nonvested benefits                                         | <u>0</u>            |
| Total actuarial present value of accumulated plan benefits | <u>\$ 1,548,555</u> |

The changes in the actuarial present value of accumulated plan benefits for the period ended January 1, 2011 are as follows:

|                                                                           |                     |
|---------------------------------------------------------------------------|---------------------|
| Actuarial present value of accumulated plan benefits, beginning of period | <u>\$ 1,309,365</u> |
| Increase (decrease) during the year attributed to:                        |                     |
| Benefits paid                                                             | (84,939)            |
| Decrease in the discount period                                           | 101,352             |
| Actuarial (gains)/losses                                                  | <u>222,777</u>      |
| Net decrease                                                              | <u>239,190</u>      |
| Actuarial present value of accumulated plan benefits, end of period       | <u>\$ 1,548,555</u> |

Significant actuarial assumptions used in the above valuations, are as follows:

|                              |                                                                                                                                                                             |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality                    | Prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants |
| Discount Rate                | 8% as of January 1, 2011                                                                                                                                                    |
| Withdrawal before retirement | Decreasing rates between ages 20 and 55                                                                                                                                     |
| Retirement Age               | Age 65                                                                                                                                                                      |

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

## **6. Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated July 13, 2011 that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**SCA Tissue Hourly Pension Plan**  
**Notes to Financial Statements**  
**As of and for the Years Ended December 31, 2011 and 2010**

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Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

**7. Risk and Uncertainties**

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the values of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the value of accumulated plan benefits.

**8. Related Party Transactions**

Transactions involving shares of registered investment companies managed by affiliates of Vanguard Fiduciary Trust Company, the trustee, are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

**9. Plan Amendments**

During 2010, the Plan was amended and restated to incorporate prior amendments and to reflect certain clarifications in the Heroes Earnings Assistance and Relief Tax Act of 2008 and to make other clarifications and administrative changes to the Plan.

## **SUPPLEMENTAL SCHEDULES**

**SCA Tissue Hourly Pension Plan**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**As of December 31, 2011**

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**EIN 23-3061590 Plan #003**

| (a) | (b)<br>Identity of<br>issue,<br>borrower,<br>lessor, or<br>similar<br>party | Shares/<br>Unit | (c)<br>Description of investment including maturity<br>date, rate of interest, collateral, par, or<br>maturity value | (d)<br>Cost        | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|
|     |                                                                             |                 | Registered Investment Companies<br>(Mutual Funds):                                                                   |                    |                         |
| *   | Vanguard                                                                    | 25,679          | Vanguard Total Stock Market Index Fund                                                                               | \$ 689,830         | \$ 803,747              |
| *   | Vanguard                                                                    | 45,669          | Vanguard Total Bond Market Index Fund                                                                                | 475,040            | 502,358                 |
| *   | Vanguard                                                                    | 27,110          | Vanguard Inflation-Protected Securities<br>Fund Inst                                                                 | 289,571            | 306,071                 |
| *   | Vanguard                                                                    | 19,855          | Vanguard Developed Markets Index Fund                                                                                | 167,629            | 167,181                 |
|     |                                                                             |                 | Total Assets Held for Investment                                                                                     | <u>\$1,622,070</u> | <u>\$1,779,357</u>      |
| *   | Party-in-interest                                                           |                 |                                                                                                                      |                    |                         |

This schedule was prepared from data certified as complete and accurate by the Trustee,  
Vanguard Fiduciary Trust Company.

|                                                                                |                                          |                   |               | Current Value of<br>Assets on<br>Transaction |         | Net       |
|--------------------------------------------------------------------------------|------------------------------------------|-------------------|---------------|----------------------------------------------|---------|-----------|
| Description of Assets                                                          |                                          | Purchase<br>Price | Selling Price | Cost of<br>Asset                             | Date    | Gain/Loss |
| <u>Category (i) – Single transaction in excess of 5% of plan assets:</u>       |                                          |                   |               |                                              |         |           |
| *Vanguard                                                                      | Developed Markets Index Fund             | N/A               | 156,552       | 130,004                                      | 156,552 | 26,548    |
| *Vanguard                                                                      | Developed Markets Index Fund Inst        | 130,004           | N/A           | 130,004                                      | 130,004 | -         |
| *Vanguard                                                                      | Total Bond Market Index Fund Inst        | 105,000           | N/A           | 105,000                                      | 105,000 | -         |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Adm  | N/A               | 129,518       | 121,706                                      | 129,518 | 7,812     |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Inst | 121,706           | N/A           | 121,706                                      | 121,706 | -         |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Inst | 175,000           | N/A           | 175,000                                      | 175,000 | -         |
| <u>Category (iii) – Series of transactions in excess of 5% of plan assets:</u> |                                          |                   |               |                                              |         |           |
| *Vanguard                                                                      | Developed Markets Index Fund             |                   |               |                                              |         |           |
|                                                                                | 3 purchases                              | 12,650            | N/A           | 12,650                                       | 12,650  | -         |
| *Vanguard                                                                      | Developed Markets Index Fund             |                   |               |                                              |         |           |
|                                                                                | 16 sales                                 | N/A               | 168,315       | 139,389                                      | 168,315 | 28,926    |
| *Vanguard                                                                      | Total Bond Market Index Fund             |                   |               |                                              |         |           |
|                                                                                | 5 purchase                               | 148,950           | N/A           | 148,950                                      | 148,950 | -         |
| *Vanguard                                                                      | Total Bond Market Index Fund             |                   |               |                                              |         |           |
|                                                                                | 24 sales                                 | N/A               | 52,632        | 50,136                                       | 52,632  | 2,496     |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Adm  |                   |               |                                              |         |           |
|                                                                                | 3 purchases                              | 12,650            | N/A           | 12,650                                       | 12,650  | -         |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Adm  |                   |               |                                              |         |           |
|                                                                                | 16 sales                                 | N/A               | 141,281       | 132,393                                      | 141,281 | 8,888     |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Inst |                   |               |                                              |         |           |
|                                                                                | 3 purchase                               | 306,706           | N/A           | 306,706                                      | 306,706 | -         |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Inst |                   |               |                                              |         |           |
|                                                                                | 9 sales                                  | N/A               | 25,797        | 24,162                                       | 25,797  | 1,635     |
| *Vanguard                                                                      | Total Stock Market Index Fund Inst       |                   |               |                                              |         |           |
|                                                                                | 5 purchase                               | 100,250           | N/A           | 100,250                                      | 100,250 | -         |
| *Vanguard                                                                      | Total Stock Market Index Fund Inst       |                   |               |                                              |         |           |
|                                                                                | 24 sales                                 | N/A               | 67,703        | 55,023                                       | 67,703  | 12,680    |

\*Denotes party-in-interest

Transactions or series of transactions in excess of 5% of the current value of the plan's assets at the beginning of the Plan year, as defined, in 29 CFR 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2011.

**SCA Tissue Hourly Pension Plan**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**As of December 31, 2011**

---

**EIN 23-3061590 Plan #003**

| (a) | (b)<br>Identity of<br>issue,<br>borrower,<br>lessor, or<br>similar<br>party | Shares/<br>Unit | (c)<br>Description of investment including maturity<br>date, rate of interest, collateral, par, or<br>maturity value | (d)<br>Cost        | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|
|     |                                                                             |                 | Registered Investment Companies<br>(Mutual Funds):                                                                   |                    |                         |
| *   | Vanguard                                                                    | 25,679          | Vanguard Total Stock Market Index Fund                                                                               | \$ 689,830         | \$ 803,747              |
| *   | Vanguard                                                                    | 45,669          | Vanguard Total Bond Market Index Fund                                                                                | 475,040            | 502,358                 |
| *   | Vanguard                                                                    | 27,110          | Vanguard Inflation-Protected Securities<br>Fund Inst                                                                 | 289,571            | 306,071                 |
| *   | Vanguard                                                                    | 19,855          | Vanguard Developed Markets Index Fund                                                                                | 167,629            | 167,181                 |
|     |                                                                             |                 | Total Assets Held for Investment                                                                                     | <u>\$1,622,070</u> | <u>\$1,779,357</u>      |
| *   | Party-in-interest                                                           |                 |                                                                                                                      |                    |                         |

This schedule was prepared from data certified as complete and accurate by the Trustee,  
Vanguard Fiduciary Trust Company.

|                                                                                |                                          |                   |               | Current Value of<br>Assets on |                     |                  |
|--------------------------------------------------------------------------------|------------------------------------------|-------------------|---------------|-------------------------------|---------------------|------------------|
| Description of Assets                                                          |                                          | Purchase<br>Price | Selling Price | Cost of<br>Asset              | Transaction<br>Date | Net<br>Gain/Loss |
| <u>Category (i) – Single transaction in excess of 5% of plan assets:</u>       |                                          |                   |               |                               |                     |                  |
| *Vanguard                                                                      | Developed Markets Index Fund             | N/A               | 156,552       | 130,004                       | 156,552             | 26,548           |
| *Vanguard                                                                      | Developed Markets Index Fund Inst        | 130,004           | N/A           | 130,004                       | 130,004             | -                |
| *Vanguard                                                                      | Total Bond Market Index Fund Inst        | 105,000           | N/A           | 105,000                       | 105,000             | -                |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Adm  | N/A               | 129,518       | 121,706                       | 129,518             | 7,812            |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Inst | 121,706           | N/A           | 121,706                       | 121,706             | -                |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Inst | 175,000           | N/A           | 175,000                       | 175,000             | -                |
| <u>Category (iii) – Series of transactions in excess of 5% of plan assets:</u> |                                          |                   |               |                               |                     |                  |
| *Vanguard                                                                      | Developed Markets Index Fund             |                   |               |                               |                     |                  |
|                                                                                | 3 purchases                              | 12,650            | N/A           | 12,650                        | 12,650              | -                |
| *Vanguard                                                                      | Developed Markets Index Fund             |                   |               |                               |                     |                  |
|                                                                                | 16 sales                                 | N/A               | 168,315       | 139,389                       | 168,315             | 28,926           |
| *Vanguard                                                                      | Total Bond Market Index Fund             |                   |               |                               |                     |                  |
|                                                                                | 5 purchase                               | 148,950           | N/A           | 148,950                       | 148,950             | -                |
| *Vanguard                                                                      | Total Bond Market Index Fund             |                   |               |                               |                     |                  |
|                                                                                | 24 sales                                 | N/A               | 52,632        | 50,136                        | 52,632              | 2,496            |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Adm  |                   |               |                               |                     |                  |
|                                                                                | 3 purchases                              | 12,650            | N/A           | 12,650                        | 12,650              | -                |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Adm  |                   |               |                               |                     |                  |
|                                                                                | 16 sales                                 | N/A               | 141,281       | 132,393                       | 141,281             | 8,888            |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Inst |                   |               |                               |                     |                  |
|                                                                                | 3 purchase                               | 306,706           | N/A           | 306,706                       | 306,706             | -                |
| *Vanguard                                                                      | Inflation-Protected Securities Fund Inst |                   |               |                               |                     |                  |
|                                                                                | 9 sales                                  | N/A               | 25,797        | 24,162                        | 25,797              | 1,635            |
| *Vanguard                                                                      | Total Stock Market Index Fund Inst       |                   |               |                               |                     |                  |
|                                                                                | 5 purchase                               | 100,250           | N/A           | 100,250                       | 100,250             | -                |
| *Vanguard                                                                      | Total Stock Market Index Fund Inst       |                   |               |                               |                     |                  |
|                                                                                | 24 sales                                 | N/A               | 67,703        | 55,023                        | 67,703              | 12,680           |

\*Denotes party-in-interest

Transactions or series of transactions in excess of 5% of the current value of the plan's assets at the beginning of the Plan year, as defined, in 29 CFR 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2011.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

► **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.

|                                                                                                                                                         |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br><br>SCA Tissue Hourly Pension Plan                                                                                             | <b>B</b> Three-digit plan number (PN) ►                         | 003 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>SCA Americas, Inc.                                                      | <b>D</b> Employer Identification Number (EIN)<br><br>23-3061590 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |                                                                 |     |

|                                                                                                                                                                                                                 |              |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |              |                            |                    |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>                                                                                                                                 |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                                |              |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>    | 1,758,173                  |                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>    | 1,668,460                  |                    |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |              | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b>    | 45                         | 822,534            |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b>    | 85                         | 1,037,928          |
| <b>c</b> For active participants:                                                                                                                                                                               |              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                                   | <b>3c(1)</b> |                            | 0                  |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b> |                            | 45,247             |
| (3) Total active .....                                                                                                                                                                                          | <b>3c(3)</b> | 5                          | 45,247             |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b>    | 135                        | 1,905,709          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |              |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>    |                            |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>    |                            |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>     | 6.35 %                     |                    |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>     | 90,000                     |                    |

**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.

|                                                |                                       |                                                          |
|------------------------------------------------|---------------------------------------|----------------------------------------------------------|
| <b>SIGN HERE</b>                               | J. Steven Pak<br>Signature of actuary | October 9, 2012<br>Date                                  |
| J. Steven Pak<br>Type or print name of actuary |                                       | 11-05793<br>Most recent enrollment number                |
| Towers Watson Delaware, Inc.<br>Firm name      |                                       | (215) 246-7800<br>Telephone number (including area code) |
| 1500 Market Street<br>Address of the firm      |                                       |                                                          |
| Philadelphia PA 19102-4790                     |                                       |                                                          |

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) 2011  
v.012611

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                                           | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                          | 107,745               | 0                      |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                      | 70,000                | 0                      |
| 9 Amount remaining (line 7 minus line 8).....                                                                             | 37,745                | 0                      |
| 10 Interest on line 9 using prior year's actual return of <u>12.90</u> %.....                                             | 4,869                 |                        |
| 11 Prior year's excess contributions to be added to prefunding balance:                                                   |                       |                        |
| a Present value of excess contributions (line 38 from prior year) .....                                                   |                       | 393,676                |
| b Interest on (a) using prior year's effective rate of <u>6.66</u> % except as otherwise provided (see instructions)..... |                       | 26,219                 |
| c Total available at beginning of current plan year to add to prefunding balance.....                                     |                       | 419,895                |
| d Portion of (c) to be added to prefunding balance.....                                                                   |                       |                        |
| 12 Other reductions in balances due to elections or deemed elections.....                                                 |                       |                        |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....                                      | 42,614                | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                    |    |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Funding target attainment percentage .....                                                                                                                      | 14 | 85.31 % |
| 15 Adjusted funding target attainment percentage .....                                                                                                             | 15 | 85.31 % |
| 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 | 83.39 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2011                                                                        | 20,000                            |                                 |                          |                                   |                                 |
| 07/06/2011                                                                        | 20,000                            |                                 |                          |                                   |                                 |
| 10/06/2011                                                                        | 20,000                            |                                 |                          |                                   |                                 |
| 01/13/2012                                                                        | 20,000                            |                                 |                          |                                   |                                 |
| 06/18/2012                                                                        | 27,000                            |                                 |                          |                                   |                                 |
| 01/04/2011                                                                        | 86,500                            |                                 |                          |                                   |                                 |
| <b>Totals •</b>                                                                   |                                   |                                 | <b>18(b)</b>             | 193,500                           | <b>18(c)</b> 0                  |

|                                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| a Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | 19a 0                                                               |
| b Contributions made to avoid restrictions adjusted to valuation date.....                                                    | 19b                                                                 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | 19c 192,699                                                         |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>2.94 % | 2nd segment:<br>5.82 % | 3rd segment:<br>6.46 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                  | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                     |                                |                       |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                                |                       |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                          | <b>31a</b>                     | 90,000                |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                               | <b>31b</b>                     |                       |               |
| <b>32</b> Amortization installments:                                                                                                                                                |                                |                       |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                | Outstanding Balance<br>279,863 | Installment<br>53,766 |               |
| <b>b</b> Waiver amortization installment.....                                                                                                                                       |                                | 0                     |               |
| <b>33</b> 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..... | <b>33</b>                      |                       |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                           | <b>34</b>                      | 143,766               |               |
|                                                                                                                                                                                     | Carryover balance              | Prefunding balance    | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                              | 42,614                         |                       | 42,614        |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                  | <b>36</b>                      | 101,152               |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                  | <b>37</b>                      | 192,699               |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                 |                                |                       |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                      | <b>38a</b>                     | 91,547                |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               | <b>38b</b>                     | 0                     |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                     | <b>39</b>                      | 0                     |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                  | <b>40</b>                      | 0                     |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                         |                                   |                               |                               |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                         |                                   |                               |                               |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years | <input type="checkbox"/> 15 years |                               |                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008           | <input type="checkbox"/> 2009     | <input type="checkbox"/> 2010 | <input type="checkbox"/> 2011 |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                               |                                   |                               |                               |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                               |                                   |                               |                               |

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2011**

The average retirement age, age 65, for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

|                 |                                |
|-----------------|--------------------------------|
| Plan Name:      | SCA TISSUE HOURLY PENSION PLAN |
| EIN / PN:       | 23-3061590/003                 |
| Plan Sponsor:   | SCA Americas, Inc.             |
| Valuation Date: | January 1, 2011                |

# SCHEDULE SB ATTACHMENTS

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

**Plan Sponsor** SCA Americas, Inc.

**EIN/PN** 23-3061590/003

### Discount Rates

Current plan year PPA effective interest rate: 6.35%

Prior plan year PPA effective interest rate: 6.66%

### 3-Segment Rates

Applicable month: September (prior year was January)

Transition election: No

### Inclusion Date

The valuation date coincident with or next following the date on which the employee is hired.

### Plan-related Expenses

The amount included this year for plan-related expenses is \$90,000.

### Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

### Retirement

Age 65 or current age, if older.

Plan Name: SCA TISSUE HOURLY PENSION PLAN  
EIN / PN: 23-3061590/003  
Plan Sponsor: SCA Americas, Inc.  
Valuation Date: January 1, 2011

# SCHEDULE SB ATTACHMENTS

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

### Disability Rates

The rates at which participants become disabled by age and gender are shown below:

| Rates becoming disabled during the year |        |         |
|-----------------------------------------|--------|---------|
| Age                                     | Males  | Females |
| 20                                      | 0.0003 | 0.0003  |
| 25                                      | 0.0003 | 0.0003  |
| 30                                      | 0.0003 | 0.0004  |
| 35                                      | 0.0004 | 0.0007  |
| 40                                      | 0.0008 | 0.0013  |
| 45                                      | 0.0016 | 0.0024  |
| 50                                      | 0.0033 | 0.0040  |
| 55                                      | 0.0069 | 0.0064  |
| 60                                      | 0.0115 | 0.0090  |
| 65                                      | 0.0000 | 0.0000  |

### Disabled Mortality

In accordance with Revenue Ruling 96-7

### Representative Termination Rates not Due to Disability, Retirement or Mortality

| Rates leaving during the year |        |         |
|-------------------------------|--------|---------|
| Attained Age                  | Males  | Females |
| 20                            | 0.1470 | 0.2160  |
| 25                            | 0.0740 | 0.1160  |
| 30                            | 0.0430 | 0.0670  |
| 35                            | 0.0310 | 0.0510  |
| 40                            | 0.0200 | 0.0390  |
| 45                            | 0.0130 | 0.0280  |
| 50                            | 0.0070 | 0.0140  |
| 55                            | 0.0000 | 0.0000  |
| 60                            | 0.0000 | 0.0000  |
| 65                            | 0.0000 | 0.0000  |

Plan Name: SCA TISSUE HOURLY PENSION PLAN  
EIN / PN: 23-3061590/003  
Plan Sponsor: SCA Americas, Inc.  
Valuation Date: January 1, 2011

# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Part V Statement of Actuarial Assumptions/Methods**

### **Form of Payment**

Single Life Annuity.

### **Marriage**

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married and male spouses are assumed to be 4 years older than female spouses.

### **Employees**

It was assumed there will be no new or rehired employees.

### **Plan Compensation**

The plan benefit is not based on compensation.

### **Asset Method**

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date.

### **Participant Data**

Employee data was supplied by SCA Americas, Inc. as of January 1, 2011.

|                 |                                |
|-----------------|--------------------------------|
| Plan Name:      | SCA TISSUE HOURLY PENSION PLAN |
| EIN / PN:       | 23-3061590/003                 |
| Plan Sponsor:   | SCA Americas, Inc.             |
| Valuation Date: | January 1, 2011                |

# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Part V Statement of Actuarial Assumptions/Methods**

### **Benefits not Included in Valuation**

We believe that we have reflected all significant Plan provisions in this valuation.

### **Nature of Actuarial Calculations**

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are rounded to the nearest .01% (e.g., 81.58%) to be consistent with the rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

### **Changes in Assumptions and Methods Since Last Actuarial Valuation**

Other than the prescribed changes in the mortality table, the discount rate was changed as allowed under IRS guidance from the January three segment rate basis to the September three segment rate basis and the administrative expense assumption was changed from \$40,000 to \$90,000.

|                 |                                |
|-----------------|--------------------------------|
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| Plan Sponsor:   | SCA Americas, Inc.             |
| Valuation Date: | January 1, 2011                |

# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Part V Summary of Plan Provisions**

### **Plan Sponsor**

SCA Americas, Inc.

### **Plan**

SCA Tissue Hourly Pension Plan

### **Brattleboro, VT and LaGrange, GA Locations**

#### **Effective Date and Most Recent Amendment**

The plan was originally effective September 1, 2001.

#### **Plan Year**

The twelve-month period ending December 31.

#### **Coverage and Participation**

During 2003, these locations were shutdown. Therefore, there are no longer any active members in the Plan, and there will not be any new members added to the Plan.

Prior to the plan closings, a participant was eligible to become a member as follows:

An employee is eligible to become a member in the Plan, if they are a non-union hourly employee of SCA Tissue employed at the Company's LaGrange facility or a union hourly employee at the Company's Brattleboro facility who is a member of the Paper, Allied-Industrial, Chemical, and Energy Worker's International Union, Local 6-1085. Once a participant is eligible, they are automatically a member of the Plan.

#### **Credited Service**

The number of full and partial 12-month periods representing the participant's total service with the Company or an affiliate. One year of credited service is earned for each 12 months of credited service and a partial year of credited service for each period of less than 12 months.

If the participant was employed by Georgia-Pacific Corporation on August 31, 2001 and became employed by SCA Tissue on September 1, 2001, their service with Georgia-Pacific Corporation counts towards their service in the plan.

These locations were shutdown in 2003 and, therefore, there will no future credited service accrual.

|                 |                                |
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# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Vesting Service

Calculated in the same manner as Credited Service.

### Normal Retirement

#### *Eligibility*

Attainment of age 65.

#### *Benefit*

**LaGrange, GA:** At the time of the plant closing, the amount of monthly benefit received at normal retirement age was equal to a benefit of \$22 per month multiplied by each full and partial year of service.

**Brattleboro, VT:** At the time of the plant closing, the amount of monthly benefit received at normal retirement age was equal to a benefit of \$22 per month multiplied by each full and partial year of service.

### Early Retirement

#### *Eligibility*

Attainment of age 55 and the completion of 5 years of credited service

#### *Benefit*

A benefit computed in the same manner as the Normal Retirement benefit based on the dollar multiplier and credited service at the time of termination. If the benefit is received prior to age 62, the normal retirement benefit is reduced by one-half of one percent (.5%) for each full calendar month they retire before age 62. This benefit will be paid without reduction if benefit commencement is on or after age 62.

|                 |                                |
|-----------------|--------------------------------|
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## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Part V Summary of Plan Provisions

#### Vested Benefits Upon Termination of Service

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b> | Completion of 5 years of Credited Service.                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Benefit</b>     | A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and credited service at the time of termination. If the benefit is received prior to age 62, the normal retirement benefit is reduced by one-half of one percent (.5%) for each full calendar month they retire before age 62. This benefit will be paid without reduction if benefit commencement is on or after age 62. |

#### Disability Retirement

|                    |                                                                                                                                                                                                                                                                                                                                                       |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b> | Completion of 5 years of Credited Service, and eligible to receive disability benefits from the Social Security Administration.                                                                                                                                                                                                                       |
| <b>Benefit</b>     | A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and credited service at the time of disability. This benefit will be paid without reduction from the date of disability until the earlier of the participant's Normal Retirement Date, the date of recovery from disability or the date of death. |

The participant may elect to retire at age 55, but if retirement is prior to age 62 the benefit will be reduced in accordance with early retirement provisions described earlier. This will allow the participant to elect additional spousal death protection.

#### Postponed Retirement

|                    |                                                                                                                                                  |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b> | Retirement after attainment of age 65.                                                                                                           |
| <b>Benefit</b>     | A benefit computed in the same manner as a normal retirement benefit based on the benefit level and credited service at the time of termination. |

|                 |                                |
|-----------------|--------------------------------|
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# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Pre-retirement Death Benefits

#### *Eligibility*

The participant must be married for at least one year and must have completed 5 years of Credited Service.

#### *Benefit*

#### *Death Before Age 55 with 5 Years of Vested Service*

If death occurs before age 55, the spouse of the participant will receive a benefit at the participant's early retirement date, calculated as if the participant had retired on that date, calculated as if the participant had retired on that date, elected a reduced 50% joint and survivor annuity, and died immediately thereafter. The participant's spouse may elect to defer the start of the qualified preretirement annuity until the participant's Normal Retirement Date.

#### *Death After Age 55 with 5 Years of Vested Service*

If death occurs after age 55, the spouse of the participant will receive an immediate benefit calculated as if the participant survived to the date of death, retired on that date, elected a reduced 50% joint and survivor annuity, and died immediately.

### Normal Form of Retirement Benefit

An unmarried member receives benefits payable as a life annuity. A married member receives a 50% joint and survivor benefit.

### Optional Forms of Benefits

As outlined in Article V of the plan document, optional forms of payment include 100% joint and survivor, a 50% joint and survivor, a three year certain option, and a life annuity. In all cases, optional forms of payment are provided as an actuarial equivalent to a life annuity.

|                 |                                |
|-----------------|--------------------------------|
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# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Part V Summary of Plan Provisions**

### **Alsip, IL Location**

#### **Effective Date and Most Recent Amendment**

The effective date is March 1, 1996. The plan was amended and restated effective September 1, 2001. The Alsip Plan was merged into the Hourly Plan effective January 1, 2003. The plan was amended effective January 1, 2008 to increase the accrued benefits for certain participants.

#### **Coverage and Participation**

A participant is eligible to become a member in the plan if they are all of the following:

An hourly employee of SCA Tissue at the Alsip facility;

A member of the Paper, Allied & Industrial, Chemical and Energy Workers International Union and are covered by a collective bargaining agreement between SCA Tissue and the Union; and

An employee who completes or is expected to complete 1,000 hours of service during any 12-month period of employment, beginning on their employment date or any later anniversary date.

#### **Credited Service**

The number of full and partial 12-month periods representing the participant's total service with the Company or an affiliate after November 11, 1995. One year of Credited Service is earned for each 12 months of Credited Service and a partial year of Credited Service for each period of less than 12 months. Credited Service was frozen on September 1, 2002.

#### **Vesting Service**

Calculated in the same manner as Credited Service. For employees of CTC/FSC who were hired by Wisconsin Tissue Mills on November 10, 1995, service for the purpose of vesting and eligibility includes the Credited Service recognized under the CTC/FSC defined benefit pension plan.

|                 |                                |
|-----------------|--------------------------------|
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## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Part V Summary of Plan Provisions

#### Normal Retirement

##### *Eligibility*

Attainment of age 65

##### *Benefit*

The sum of (1) and (2):

(1) A monthly benefit of \$28.00 multiplied by years of Credited Service.

(2) A supplemental payment as follows:

(a) \$1.00 per month of Credited Service for each completed month of Credited Service from the tenth year through the nineteenth year of Credited Service, plus

(b) \$2.25 per month of Credited Service for each completed month of Credited Service from the twentieth year through the twenty-ninth year of Credited Service, plus

(c) \$3.25 per month of Credited Service for each completed month of Credited Service from the thirtieth year through the thirty-ninth year of Credited Service, plus

(d) \$4.00 per month of Credited Service for the fortieth year of Credited Service and for each completed month of Credited Service thereafter.

#### **Benefits for Chicago Tissue Company, L.P. or the FSC Paper Company, L.P. (CTC/FSC) Pensionable Service**

If the participant was employed by CTCFSC on November 9, 1995 and was employed by Wisconsin Tissue Mills on November 10, 1995, they will receive an additional monthly retirement benefit equal to \$13.00 per month for each full year and a pro rata amount for each partial year of Credited Service with the company. The maximum number of years of recognized credit may not exceed the participant's Credited Service recognized under the defined benefits pension plan sponsored by CTC/FSC as in effect on December 1, 1995.

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### Schedule SB, Part V Summary of Plan Provisions

#### Early Retirement

##### *Eligibility*

Attainment of age 55 and the completion of 10 years of Credited Service

##### *Benefit*

A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and Credited Service at the time of termination. If the benefit is received prior to age 65 the normal retirement benefit is reduced by one-half of one percent (.5%) for each full calendar month they retire before age 65. This benefit will be paid without reduction if benefit commencement is on or after age 65.

#### Terminated With Vested Rights

##### *Eligibility*

Completion of 5 years of Credited Service.

##### *Benefit*

A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and Credited Service at the time of termination. If the employee terminates with at least 10 years of Credited Service, a reduced benefit reduced for early retirement as described above, is payable at any point on or after age 55. Otherwise, this benefit will be paid without reduction at age 65.

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## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Part V Summary of Plan Provisions

#### Disability Retirement

##### *Eligibility*

Completion of 10 years of Credited Service (if injured prior to November 10, 1995, 5 years of Credited Service is needed), and eligible to receive disability benefits from the Social Security Administration.

##### *Benefit*

A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and Credited Service at the time of disability. This benefit will be paid without reduction until the earlier of the participant's Normal Retirement Date, the date of recovery or date of death.

In addition to this benefit, if the participant was employed by Wisconsin Tissue Mills on November 19, 1995, they also receive a disability benefit equal to \$42 per month for each completed year of service recognized under the defined benefit pension plan sponsored by CTC/FSC in effect as of December 1, 1995.

If the participant was hired after November 10, 1995 and has attained at least 10 years of service, they can receive a monthly disability benefit (if hired prior to November 10, 1995, only 5 years of service are needed).

#### Postponed Retirement

##### *Eligibility*

Retirement after attainment of age 65.

##### *Benefit*

A benefit computed in the same manner as a normal retirement benefit based on the dollar multiplier and Credited Service at the time of termination.

|                 |                                |
|-----------------|--------------------------------|
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# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Pre-retirement Death Benefits

#### *Eligibility*

Completion of 5 years of Credited Service.

#### *Benefit*

#### ***Death at Any Age After Completion of 5 Years of Vesting Service, but Prior to 10 Years of Vesting Service***

If death occurs after the participant is eligible to receive a pension benefit (5 years), but prior to 10 years of vested service, the spouse of the participant will receive a benefit at the participant's Normal Retirement Date calculated as if the participant had retired on that date, elected a 50% joint and survivor annuity, and died immediately thereafter.

#### ***Death Before Age 55 with 5 Years of Vested Service***

If death occurs before age 55 and the participant had at least 10 years of vested service, the spouse of the participant can receive a benefit at the date the participant would have attained age 55, calculated as if the participant had retired on that date, elected a 50% joint and survivor annuity, and died immediately thereafter.

#### ***Death After Age 55 with 5 Years of Vested Service***

If death occurs after age 55 and the participant had at least 10 years of vested service, the spouse of the participant will receive an immediate benefit calculated as if the participant survived to the date of death, retired on that date, elected a 50% joint and survivor annuity, and died one day later.

### Normal Form of Retirement Benefit

An unmarried member receives benefits payable as a life annuity. A married member receives a 50% joint and survivor benefit.

### Optional Forms of Benefits

As outlined in Article V of the plan document, optional forms of payment include 50% joint and survivor, 50% or 66-2/3% contingent amount, a five year certain option, and a life annuity. In all cases, optional forms of payment are provided as an actuarial equivalent to a life annuity.

### Changes in Plan Provisions since Last Actuarial Valuation

No other significant changes were made since the last valuation.

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### **Schedule SB, Line 24 Change in Assumptions**

Other than the prescribed changes in the mortality table, the administrative expense assumption was changed from \$40,000 to \$90,000.

|                 |                                |
|-----------------|--------------------------------|
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## **SCHEDULE SB ATTACHMENTS**

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### **Schedule SB, Line 25 Change in Methods**

Other than the prescribed changes in the mortality table, the discount rate was changed as allowed under IRS guidance from the January three segment rate basis to the September three segment rate basis.

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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2011

| Attained Age | Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |           |            |
|--------------|---------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|-----------|------------|
|              | Under 1                   |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            | 30 to 34 |            | 35 to 39 |            | 40 & Over |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.       | Avg. Comp. |
| Under 25     | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 25 - 29      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 30 - 34      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 35 - 39      | 0                         |            | 0      |            | 0      |            | 1        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 40 - 44      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 45 - 49      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 50 - 54      | 0                         |            | 0      |            | 0      |            | 0        |            | 1        |            | 0        |            | 1        |            | 0        |            | 0        |            | 0         |            |
| 55 - 59      | 0                         |            | 0      |            | 0      |            | 0        |            | 1        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 60 - 64      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 1        |            | 0        |            | 0         |            |
| 65 - 69      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 70 & Over    | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |

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## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2011**

| Type of Base |           | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|-----------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1            | Shortfall | 01/01/2011       | 103,241        | 7                                     | 103,241             | 16,986               |
| 2            | Shortfall | 01/01/2010       | 45,828         | 6                                     | 41,245              | 7,659                |
| 3            | Shortfall | 01/01/2009       | 164,110        | 5                                     | 135,377             | 29,121               |
| Total        |           |                  |                |                                       | 279,863             | 53,766               |

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