Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOUR EMPLOYEES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1948

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

MEADWESTVACO CORPORATION

501 SOUTH 5TH STREET
RICHMOND, VA 23219-0501

2b Employer Identification Number (EIN)
31-1797999

2c Sponsor's telephone number
804-444-1000

2d Business code (see instructions)
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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2014	ERIC J LANCELLOTTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

ERIC J. LANCELLOTTI
MEADWESTVACO CORPORATION
501 SOUTH 5TH STREET
RICHMOND, VA 23219-0501

3b Administrator's EIN: 22-3500094

3c Administrator's telephone number: 804-444-7917

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	18165
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	3292
b	Retired or separated participants receiving benefits	**6b**	7167
c	Other retired or separated participants entitled to future benefits	**6c**	2542
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	13001
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1919
f	Total. Add lines **6d** and **6e**.	**6f**	14920
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	41
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOUR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEADWESTVACO CORPORATION

D Employer Identification Number (EIN)
31-1797999

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

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
01-0233346	65838	GAC 853	71	01/01/2013	12/31/2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	766146
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	763888
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	41868		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	41868
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	805756
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13118		
	(2) Administration charge made by carrier	7e(2)	25999		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ DR ANNUAL ADJUSTMENTS	7e(4)	493		
	(5) Total deductions			7e(5)	39610
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	766146

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOUR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEADWESTVACO CORPORATION

D Employer Identification Number (EIN)
31-1797999

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

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
01-0233346	65838	GAC 191	179	01/01/2013	12/31/2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	1334403
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	1311740
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	72526		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**	720		
	▶ DR ANNUAL ADJUSTMENTS				
	(6)Total additions			**7c(6)**	73246
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	1384986
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	17583		
	(2) Administration charge made by carrier	**7e(2)**	33000		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	50583
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	1334403

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan
MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOUR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MEADWESTVACO CORPORATION

D Employer Identification Number (EIN)
31-1797999

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month _____ Day _____ Year _____

2 Assets:			
a Market value	**2a**		1455833877
b Actuarial value	**2b**		1457965325
3 Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	9170	642831336
b For terminated vested participants	**3b**	5758	205729191
c For active participants:			
(1) Non-vested benefits	**3c(1)**		12144816
(2) Vested benefits	**3c(2)**		223679719
(3) Total active	**3c(3)**	3307	235824535
d Total	**3d**	18235	1084385062
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
a Funding target disregarding prescribed at-risk assumptions	**4a**		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5 Effective interest rate	**5**		3.91 %
6 Target normal cost	**6**		24813574

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/03/2014
Date

JESSICA E. RENFREW
Type or print name of actuary

14-07293
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

203-852-1100
Telephone number (including area code)

45 GLOVER AVENUE
NORWALK, CT 06850-1203
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	47542645	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	47542645	0
10	Interest on line 9 using prior year's actual return of 12.98 %	6171035	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 4.62 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	53713680	0

Part III Funding Percentages

14	Funding target attainment percentage	14	129.49 %
15	Adjusted funding target attainment percentage	15	134.45 %
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	133.58 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	[ ] Yes	[X] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	24813574
b Excess assets, if applicable, but not greater than line 31a	**31b**	24813574

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected [ ] 2 plus 7 years [ ] 15 years

b Eligible plan year(s) for which the election in line 41a was made [ ] 2008 [ ] 2009 [ ] 2010 [ ] 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOUR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEADWESTVACO CORPORATION

D Employer Identification Number (EIN)
31-1797999

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

HEWITT FINANCIAL SERVICES LLC

36-3943169

(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

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

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

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 15 50	NONE	1143644	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	372881	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEADWESTVACO CORPORATION

31-1797999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35 99	PLAN SPONSOR	83227	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BDO USA, LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	18118	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COVINGTON AND BURLING LLP

53-0188411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	6888	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROCENTIA

36-4120902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	6116	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RELIASTAR

41-0451140

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	5973	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOUR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MEADWESTVACO CORPORATION

D Employer Identification Number (EIN)
31-1797999

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MWV MASTER RETIREMENT TRUST

b Name of sponsor of entity listed in (a): MEADWESTVACO CORPORATION

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-1797999-098	M	1334918846

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOUR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEADWESTVACO CORPORATION

D Employer Identification Number (EIN)
31-1797999

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	1453758249	1334918846
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2075628	2100549
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1455833877	1337019395
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1455833877	1337019395

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	115113	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		115113
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		59750023
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		59865136
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	176217817	
(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)		176217817
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	488507	
(2) Contract administrator fees	2i(2)	1053384	
(3) Investment advisory and management fees	2i(3)	58999	
(4) Other	2i(4)	860911	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2461801
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		178679618
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-118814482
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: BDO USA LLP **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		40000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
MWV CORPORATION RETIREMENT PLAN FOR BARGAINED HOUR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEADWESTVACO CORPORATION

D Employer Identification Number (EIN)
31-1797999

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-1561860

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 3140

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☒ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 32% Investment-Grade Debt: 52% High-Yield Debt: 10% Real Estate: 3% Other: 3%

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

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Tel: 804-330-3092
Fax: 804-330-7753
www.bdo.com

300 Arboretum Place, Suite 520
Richmond, VA 23236

Independent Auditor's Report

To the Administrator of the MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
Richmond, Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of MeadWestvaco Corporation Retirement Plan for Bargained Hourly Employees (the Plan), which comprise the statements of net assets available for benefits and statements of accumulated plan benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Northern Trust Company, the trustee of the Plan, and John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustee and custodian as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule as of or for the year ended December 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

BDO USA, LLP

Richmond, Virginia
July 30, 2014

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan

MWV Corporation Retirement Plan for Bargained Hourly Employees

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

MeadWestvaco Corporation

D Employer Identification Number (EIN)

31-1797999

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2013

2	Assets:			
	a Market value		**2a**	1,455,833,877
	b Actuarial value		**2b**	1,457,965,325
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	9,170	642,831,336
	b For terminated vested participants	**3b**	5,758	205,729,191
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		12,144,816
	(2) Vested benefits	**3c(2)**		223,679,719
	(3) Total active	**3c(3)**	3,307	235,824,535
	d Total	**3d**	18,235	1,084,385,062
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	3.91 %
6	Target normal cost		**6**	24,813,574

Statement by Enrolled Actuary

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

SIGN HERE Jessica Renfrew JR

Signature of actuary

07/03/2014

Date

Jessica E. Renfrew

Type or print name of actuary

14-7293

Most recent enrollment number

Hewitt Associates LLC

Firm name

(203) 852-1100

Telephone number (including area code)

45 Glover Avenue

Norwalk CT 06850-1203

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	47,542,645	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	47,542,645	0
10	Interest on line 9 using prior year's actual return of 12.98 %	6,171,035	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 4.62 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	53,713,680	0

Part III Funding Percentages

14	Funding target attainment percentage	14	129.49 %
15	Adjusted funding target attainment percentage	15	134.45 %
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	133.58 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	24,813,574
b Excess assets, if applicable, but not greater than line 31a	**31b**	24,813,574

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010	☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

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

(1) Age at Retirement	(2) Percentage of Total Group Retiring	Weighted Retirement Age (1) x (2)
55	5.32%	2.93
56	5.03%	2.82
57	4.76%	2.71
58	4.49%	2.60
59	4.25%	2.51
60	4.02%	2.41
61	9.50%	5.80
62	19.54%	12.11
63	8.99%	5.66
64	7.01%	4.49
65	9.55%	6.21
66	4.36%	2.88
67	3.23%	2.16
68	2.41%	1.64
69	1.80%	1.24
70	5.75%	4.03
		62.20

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Interest Rates	Based on the full Yield Curve for December 2012, with sample rates as follows:
Yield Curve	Duration 0–0.32% Duration 5–1.72% Duration 10–3.41% Duration 15–4.22% Duration 20–4.47% Duration 25–4.59% Duration 30–4.68%
Lump Sum Distribution Interest Rate	3.00%.
Lump Sum Distribution Mortality Rates	1994 Mortality Table Per Revenue Ruling 2001-62.
Lump Sum Election Percentage	70% of eligible participants are assumed to elect the lump sum option.
Retirement Rates	
Active Participants	See Table A.
Terminated Vested Participants	See Table B-1 for legacy Mead hourly participants. See Table B-2 for legacy Westvaco hourly participants.
Mortality Rates	
Healthy	Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(d).
Disabled	Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(d).
Withdrawal Rates	See Table C-1 for legacy Mead hourly participants. See Table C-2 for legacy Westvaco hourly participants.

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods For Funding Requirements

Disability Rates	See Table D.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are 3 years older than their spouses.
Benefit Limit	Projected benefits are limited by the current IRC section 415 maximum benefit of $205,000.
Valuation of Plan Assets	Average market value where the fair market value as of the December 31 immediately preceding the valuation date is averaged with the fair market value as of the preceding November 30 (adjusted for contributions, benefit payments, administrative expenses and assumed investment return between this date and the valuation date).
Expenses	Expected annual administrative and investment-related expenses (based on actual expenses paid out in the prior year) are explicitly added to the target normal cost.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2013.

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Table A
Active Retirement Rates

	Hourly	
Age	**Mead**	**Westvaco**
55	4.0%	6.0%
56	4.0%	6.0%
57	4.0%	6.0%
58	4.0%	6.0%
59	4.0%	6.0%
60	4.0%	6.0%
61	10.0%	15.0%
62	25.0%	35.0%
63	15.0%	25.0%
64	15.0%	25.0%
65	30.0%	40.0%
66	20.0%	30.0%
67	20.0%	30.0%
68	20.0%	30.0%
69	20.0%	30.0%
70	100.0%	100.0%

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Table B-1
Terminated Vested Retirement Rates—Legacy Mead

Age	Retirement Rate
55	40.0%
56	17.0%
57	17.0%
58	17.0%
59	17.0%
60	17.0%
61	25.0%
62	45.0%
63	25.0%
64	25.0%
65	100.0%

Table B-2
Terminated Vested Retirement Rates—Legacy Westvaco

Age	Retirement Rate
55	30.0%
56	10.0%
57	10.0%
58	10.0%
59	10.0%
60	10.0%
61	20.0%
62	50.0%
63	30.0%
64	30.0%
65	100.0%

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Table C-1
Probability of Withdrawal Before Retirement

Legacy Mead Hourly
For participants with less than 5 years of service:

Service	Rate
<1	20.0%
1	13.0%
2	11.0%
3	10.0%
4	6.0%

For participants with 5 or more years of service:

Age	Rate	Age	Rate
20	5.0%	40	3.2%
21	5.0%	41	3.1%
22	5.0%	42	3.0%
23	5.0%	43	2.9%
24	5.0%	44	2.8%
25	5.0%	45	2.7%
26	5.0%	46	2.6%
27	5.0%	47	2.5%
28	4.8%	48	2.4%
29	4.6%	49	2.3%
30	4.4%	50	2.2%
31	4.2%	51	2.1%
32	4.0%	52	2.0%
33	3.9%	53	2.0%
34	3.8%	54	2.0%
35	3.7%		
36	3.6%		
37	3.5%		
38	3.4%		
39	3.3%		

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Table C-2
Probability of Withdrawal Before Retirement

Service	Legacy Westvaco Hourly
<1	25.0%
1	17.0%
2	15.0%
3	13.0%
4	11.0%
5	8.0%
6	7.0%
7	6.0%
8	5.0%
9	4.0%
10	3.5%
11	3.0%
12	2.5%
13	2.5%
14	2.5%
15	2.5%
16	2.5%
17	2.5%
18+	2.5%

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Table D
Probability of Disability—Hourly Employees

Age	Male	Female	Age	Male	Female
20	.000400	.000400	45	.002200	.003400
21	.000400	.000400	46	.002500	.003700
22	.000400	.000400	47	.002900	.004100
23	.000400	.000400	48	.003400	.004600
24	.000400	.000400	49	.004000	.005100
25	.000400	.000500	50	.004600	.005600
26	.000400	.000500	51	.005500	.006200
27	.000400	.000500	52	.006500	.006800
28	.000400	.000500	53	.007500	.007500
29	.000400	.000500	54	.008500	.008200
30	.000400	.000600	55	.009600	.008900
31	.000400	.000600	56	.010700	.009600
32	.000400	.000700	57	.012000	.010400
33	.000400	.000800	58	.013300	.011200
34	.000500	.000900	59	.014700	.011900
35	.000500	.001000	60	.016100	.012700
36	.000600	.001100	61	.017700	.013400
37	.000700	.001300	62	.019400	.014100
38	.000800	.001400	63	.021100	.014700
39	.000900	.001600	64	.022900	.015200
40	.001100	.001800			
41	.001200	.002100			
42	.001400	.002400			
43	.001700	.002700			
44	.001900	.003000			

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
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Schedule SB, Part V—Summary of Plan Provisions

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

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2013 by MeadWestvaco Corporation. Asset information and the dates and amounts of contributions are based on information supplied by MeadWestvaco Corporation.

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

MeadWestvaco

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

Eligibility for Participation

Legacy Mead Locations

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

Legacy Westvaco Locations

All nonsalaried nonunion employees and former Container Division participants.

Eligibility for Benefits

Normal Retirement

Age 65.

Early Retirement

Legacy Mead Locations

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

Location		Years of Company Service Required for Early Retirement
St. Joseph, MO	(025B, 025G, and 025T; all closed)	10
Alexandria, PA	(029B)	5
At-A-Glance	(AAG)	5
Garden Grove, CA	(026B)	5
Garland, TX	(034B; closed)	5
Greenville, GA	(405B; closed)	5
Rumford, ME	(490B; sold)	5
All Others		0

Eligibility for Benefits (continued)

Early Retirement (continued)	
Legacy Westvaco Locations	Age 55 and 5 years of vesting service. Age 55 and 15 years of vesting service for Wilkata participants.
Disability Retirement	
Legacy Mead Locations	A participant who is totally and permanently disabled.
Legacy Westvaco Locations	10 years of vesting service.
Preretirement Death	Married participants with 5 years of vesting service.
Vesting	5 years of company service.

Amount of Benefits

Normal Retirement	See attached Schedule of Benefits on pages 11 through 16. Wilkata participants receive $13 per month for each year of credited service to January 1, 1988. For service after January 1, 1988, the benefit level is $16 per month. The maximum service is 36 years. Benefit accruals cease at December 31, 1996. As of January 1, 2003, Wilkata participants began accruing additional service under the MeadWestvaco Retirement Plan for Bargained Hourly Employees.

Amount of Benefits (continued)

Early Retirement

Legacy Mead Locations

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

Location		Early Retirement Reduction
Alexandria, PA	(029B)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
Atlanta, GA	(40B)	Age + Company Service, Unreduced at 62 & 30
At-A-Glance	(AAG)	5% per year
Chicago, IL	(86B)	5% per year, Unreduced at 62 & 30
Chino, CA	(41B)	5% per year, Unreduced at 62 & 30*
Columbus, GA	(407B)	3% per year for ages 62-65, 5% per year under 62. Reduction is from age 65 or when would have reached age 62 & 30 years of Company Service. Unreduced at 62 & 30
Garden Grove, CA	(026B)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
Phenix City, AL	(404B)	3% per year for ages 62-65, 5% per year under 62. Reduction is from age 65 or when would have reached age 62 & 30 years of Company Service. Unreduced at 62 & 30
Chicago, IL	(51B; closed)	5% per year, Unreduced at 62 & 30
Chillicothe, OH	(03B, 03O, and 12B; all sold)	Age + Company Service, Unreduced at 62 & 30
Escanaba, MI	(06B; sold)	Age + Company Service, Unreduced at 62 & 30
Escanaba, MI	(06E; sold)	5% per year
Escanaba, MI	(06T; sold)	Age + Credited Service, Unreduced at 62 & 30*
Fort Smith, AR	(30B; closed)	Age + Company Service, Unreduced at 62 & 30
Garland, TX	(034B; closed)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
Greenville, GA	(405B; closed)	Actuarial Equivalent Reduction
Milwaukee, WI	(67B; closed)	Age + Company Service, Unreduced at 62 & 30
Rumford, ME	(490B; sold)	See Table below
Spartanburg, SC	(96B; closed)	Age + Company Service, Unreduced at 62 & 30
St. Joseph, MO	(025B, 025G, and 025T; all closed)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
Washington Court House, OH	(94B; closed)	Age + Company Service, Unreduced at 62 & 30

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

Amount of Benefits (continued)
Early Retirement (continued)
Legacy Mead Locations (continued)

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

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

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

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

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

Amount of Benefits (continued)

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

Amount of Benefits (continued)

Disability Retirement

Legacy Mead Locations

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

Location		Credited Service For Unreduced Benefit	Minimum Monthly Benefit
Alexandria, PA	(029B)	5 years	$166.67/$120.67*
Atlanta, GA	(40B)	15 years	$250
Chicago, IL	(86B)	15 years	$200
Chino, CA	(41B)	15 years	$200
Columbus, GA	(407B)	5 years	$125
Garden Grove, CA	(026B)	5 years	$166.67/$197.67*
Phenix City, AL	(404B)	5 years	$125
Chicago, IL	(51B; closed)	15 years	$200
Chillicothe, OH	(03B, 03O, and 12B; all sold)	10 years	$250
Escanaba, MI	(06B; sold)	15 years	$210
Escanaba, MI	(06E; sold)	N/A	$0
Escanaba, MI	(06T; sold)	15 years	$210
Fort Smith, AR	(30B; closed)	15 years	$175
Garland, TX	(034B; closed)	5 years	$0*
Greenville, GA	(405B; closed)	10 years	$125**
Milwaukee, WI	(67B; closed)	15 years	$150
Rumford, ME	(490B; sold)	15 years	$0
Spartanburg, SC	(96B; closed)	15 years	$200
St. Joseph, MO	(025B, 025G, and 025T; all closed)	10 years	$166.67/$120.67*
Washington Court House, OH	(94B; closed)	15 years	$150

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

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

Amount of Benefits (continued)

Disability Retirement (continued)	
Legacy Mead Locations (continued)	At-A-Glance participants do not have a specific disability benefit. Disabled participants are eligible for retirement or vested benefits depending on their age and service.
Legacy Westvaco Locations	Accrued benefit to date without reduction for early commencement.
Vested Deferred Retirement	Accrued benefit commencing at age 65, or actuarially reduced as early as age 55. Participants at locations St. Joseph (025B, 025G, and 025T), Garden Grove (026B), Alexandria (029B), Garland (034B), and legacy Westvaco locations receive the benefit reduced as for early retirement.
Preretirement Death	
Legacy Mead Locations	The amount is determined as if he terminated, or retired if eligible, on the first day of the month prior to his death with a 50% (75% if eligible for early retirement) Joint and Survivor annuity option in effect. The benefit is payable at the later of the participant's death or when he would have qualified for early retirement.
Legacy Westvaco Locations	The amount is determined as if he terminated, or retired if eligible, on the first day of the month prior to his death with a 50% Joint and Survivor annuity option in effect. The benefit is payable at the later of the participant's death or when he would have qualified for early retirement. The benefits for Wilkata participants who terminated prior to December 31, 2000 are reduced for each year coverage is in effect.

Normal Form of Benefits	Life annuity. Married participants receive an actuarially reduced pension for life with 50% continuing to a surviving spouse upon death of the participant. 5-year Certain and Life for single Wilkata participants. Vested terminated participants at Wilkata with less than 15 years of service receive a life annuity.
Optional Form of Benefits	Some eligible legacy Mead locations may elect to take their benefit as a lump sum.
Company Service	Entire period of employment since hire (or rehire if not vested at prior termination and had 5 consecutive years with no break in service).
Credited or Allowed Service	Generally, entire period of employment after becoming a participant, adjusted for breaks in service.
ERISA Maximum Benefit	Retirement benefit is capped at $205,000 payable as a life annuity reduced for early receipt.
Container Plans	As of November 30, 1995, the Container Division was sold. Service was terminated for all Container Pension and Retirement Plan participants, and benefit accruals were fully vested as of November 30, 1995.
Wilkata Plan	The Wilkata Plan was frozen as of December 31, 1996. Service was frozen and all participants were fully vested as of this date. Wilkata participants began accruing additional service under the MeadWestvaco Retirement Plan for Bargained Hourly Employees as of January 1, 2003.

Schedule of Benefits
Legacy Mead Bargaining Locations

Location	After 12/31/2005 and Before 01/01/2007	After 12/31/2006 and Before 01/01/2008	After 12/31/2007 and Before 01/01/2009	After 12/31/2008 and Before 01/01/2010	After 12/31/2009 and Before 01/01/2011	After 12/31/2010 and Before 01/01/2012	After 12/31/2011 and Before 01/01/2013	After 12/31/2012 and Before 01/01/2014	After 12/31/2013 and Before 01/01/2015	After 12/31/2014
Alexandria (029B)	$24.50	$26.50	$26.50	$28.50	$29.50	$30.00	$31.00 [2]	$32.00	$33.00	$33.00
Atlanta (40B)[1]	$24.00	$25.00	$25.50	$26.00	$27.00	$28.00	$29.00	$30.00	$31.00	$32.00
Chicago (86B)	$25.00	$26.00	$27.00	$28.00	$29.00	$30.00	$31.00	$32.00	$32.00	$32.00
Chino (41B)	$24.00	$25.00	$26.00	$27.00	$28.00	$29.00	$30.00	$30.00	$30.00	$30.00

Location	After 10/31/2005 and Before 11/01/2006	After 10/31/2006
Garden Grove (026B)	$23.50	$24.50

Location	After 10/31/2005 and Before 11/01/2006	After 10/31/2006 and Before 11/01/2007	After 10/31/2007 and Before 11/01/2008	After 10/31/2008 and Before 11/01/2009	After 10/31/2009 and Before 11/01/2010	After 10/31/2010
Phenix City (404B)	$41.00	$43.00	$46.00	$46.00	$50.00	$50.00
Cottonton (406B)	$24.00	$24.00	$24.00	$24.00	$26.00	$27.00

Location	After 08/31/2005 and Before 09/01/2006	After 08/31/2006 and Before 09/01/2007	After 08/31/2007
Columbus (407B)	$28.00	$29.00	$30.00

Location	After 12/31/2005 and Before 01/01/2007	After 12/31/2006
At-A-Glance (AAG)	$29.00	$31.00

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

[2]Effective February 1, 2012.

Schedule of Benefits
Legacy Mead Bargaining Locations

Closed or Sold Locations

Location		Base Date	Before Base Date	On or After Base Date
Chicago, IL	(51B; closed)		$19.50	$19.50
Chillicothe, OH	(03B, 03O, and 12B; all sold)		$38.50	$38.50
Escanaba, MI	(06B; sold)[1]		$41.00	$41.00
Escanaba, MI	(06BE; sold)		$41.00	$41.00
Escanaba, MI	(06E; sold)[2]		$8.00	$8.00
Escanaba, MI	(06T; sold)[1]	1/1/1976	$17.00	$44.00
Fort Smith, AR	(30B; closed)		$20.00	$20.00
Garland, TX	(034B; closed)		$21.00	$21.00
Greenville, GA	(405B; closed)		$17.00	$17.00
Milwaukee, WI	(67B; closed)		$20.25	$20.25
Rumford, ME	(490B; sold)[3]		$40.00	$40.00
Spartanburg, SC	(96B; closed)	1/1/1985	$15.00	$19.00
St. Joseph, MO	(025B; closed)		$24.00	$24.00
St. Joseph, MO	(025G; closed)		$22.50	$22.50
St. Joseph, MO	(025T; closed)		$23.50	$23.50
Washington Court House, OH	(94B; closed)		$24.75	$24.75

[1] The benefit based on the before base date rate for Years of Credited Service prior to 1976 cannot be less than the preserved benefit times 118% for 06B or 100% for 06T.
[2] Minimum benefit equal to the sum of 1.25% times each year of earnings (not exceeding the earnings limit) as a participant prior to 05/01/1998.
[3] The benefit is offset by the amount due from the Boise Cascade Pension Plan based on service as of 11/01/1996 and a $26 level.

Schedule of Benefits
Westvaco Locations[1]

Westvaco Bargained Hourly Locations

Location	Union	After 03/31/2005 and Before 10/01/2009	After 09/30/2009 and Before 04/01/2011	After 03/31/2011 and Before 04/01/2012	After 03/31/2012 and Before 04/01/2013	After 03/31/2013 and Before 04/01/2014	After 03/31/2014 and Before 04/01/2015	After 03/31/2015
Covington Mill - PACE	675	$48.00	$50.00	$52.00	$54.00	$56.00	$57.00	$58.00

Location	Union	After 03/31/2005 and Before 04/01/2006	After 03/31/2006 and Before 04/01/2007	After 03/31/2007 and Before 04/01/2008	After 03/31/2008 and Before 04/01/2009	After 03/31/2009 and Before 04/01/2010	After 03/31/2010 and Before 04/01/2011	After 03/31/2011 and Before 04/01/2012	After 03/31/2012 and Before 04/01/2013	After 03/31/2013
Board Converting Plant - Low Moor, VA	490	$27.50	$28.50	$29.50	$33.50	$33.50	$33.50	$33.50	$35.00	$36.00
Charleston Specialty Chemicals	753	$40.00	$45.00	$45.00	$45.00	$45.00	$45.00	$48.00	$48.00	$48.00
Covington Mill - IBEW	464	$48.00	$48.00	$48.00	$50.00	$51.00	$51.00	$52.00	$54.00	$56.00
Silsbee Extruder	P04	$23.00	$24.00	$25.00	$27.00	$28.00	$29.00	$29.00	$29.00	$29.00
Wickliffe Carbon Plant	775	$28.50	$29.50	$30.50	$31.50	$32.50	$33.50	$34.50	$35.50	$36.50

Location	Union	After 03/31/2005 and Before 04/01/2006	After 03/31/2006 and Before 04/01/2007	After 03/31/2006 and Before 05/01/2010	After 05/01/2010 and Before 07/01/2012	After 06/30/2012
Charleston Specialty Chemicals	183	$40.00	$45.00	$45.00	$48.00	$50.00
Charleston Specialty Chemicals	508	$40.00	$45.00	$45.00	$48.00	$48.00

Location	Union	After 07/31/2004 and Before 08/01/2008	After 07/31/2008 and Before 08/01/2010	After 07/31/2010
Evadale Bleached Board Mill	390	$42.00	$45.00	$49.00
Evadale Bleached Board Mill	801	$42.00	$45.00	$49.00
Evadale Bleached Board Mill	825	$42.00	$45.00	$49.00

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

Schedule of Benefits
Westvaco Locations[1]

Closed or Sold Locations

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

[1] No actuarial reduction for retirees between ages 62 and 65 with at least 20 years of allowed service.
[2] Effective December 1.

Schedule of Benefits
Envelope Locations[1]

Envelope Bargained Hourly Locations (Closed or Sold)

Location	Union	After 09/30/2002 and Before 10/01/2003	After 09/30/2003 and Before 10/01/2004	After 09/30/2004 and Before 10/01/2005	After 09/30/2005 and Before 10/01/2006	After 09/30/2006 and Before 10/01/2007	After 09/30/2007 and Before 10/01/2008	After 09/30/2008 and Before 10/01/2009	After 09/30/2009 and Before 10/01/2010	After 09/30/2010 and Before 10/01/2011	After 10/01/2011
Atlanta, GA	703	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50	$32.50	$33.50	$34.50	$35.50
Bethlehem, PA		$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50
Dallas, TX	856	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50	$32.50	$33.50	$34.50	$35.50
Enfield/Springfield, MA	001	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50	$32.50	$32.50	$32.50	$32.50
Houston, TX		$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50
Indianapolis, IN	047	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50	$32.50	$33.50	$34.50	$35.50
Kenosha, WI	201	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50	$32.50	$33.50	$34.50	$35.50
Tampa, FL		$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50
Worcester, MA		$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50

Location	Union	After 09/30/2002 and Before 10/01/2005	After 09/30/2005 and Before 10/01/2006	After 09/30/2006 and Before 10/01/2007	After 09/30/2007 and Before 10/01/2008	After 09/30/2008 and Before 04/01/2009	After 03/31/2009 and Before 04/01/2010	After 03/31/2010 and Before 04/01/2011	After 03/31/2011
Williamsburg, PA	308	$24.50	$25.50	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50

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

Schedule of Benefits
Container Pension Plan Locations (sold)

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

As of 04/01/1981 Disability Minimum
$130 Minimum.

[1] $120 minimum disability benefit with 15 years vested service.
[2] No actuarial reduction between ages 62 and 65 for retirees with at least 20 years of allowed service.

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- As required under PPA, the interest rate assumption changed from the December 2011 full yield curve to the December 2012 full yield curve
- The following non-prescribed assumptions were changed to more accurately reflect recent and anticipated plan experience:
  - Active retirement age
  - Terminated Vested retirement age
  - Withdrawal before retirement
  - Lump sum election percentage

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2013

MeadWestvaco Retirement Plan
for Bargained Hourly Employees

EIN: 31-179799 PN: 001

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	49	33	2							
25-29	29	63	37	3						
30-34	21	61	91	28						
35-39	18	64	97	75	40	4				
40-44	17	58	114	100	117	60	7			
45-49	15	47	84	70	131	131	44	2		
50-54	6	20	48	62	93	117	49	76	13	
55-59		7	35	43	51	78	48	62	119	12
60-64		2	7	15	24	31	15	38	51	50
65-69			1	4	6	4	8	5	3	30
70+						1		1		7

N-2954

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

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

(1) Age at Retirement	(2) Percentage of Total Group Retiring	Weighted Retirement Age (1) x (2)
55	5.32%	2.93
56	5.03%	2.82
57	4.76%	2.71
58	4.49%	2.60
59	4.25%	2.51
60	4.02%	2.41
61	9.50%	5.80
62	19.54%	12.11
63	8.99%	5.66
64	7.01%	4.49
65	9.55%	6.21
66	4.36%	2.88
67	3.23%	2.16
68	2.41%	1.64
69	1.80%	1.24
70	5.75%	4.03
		62.20

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- As required under PPA, the interest rate assumption changed from the December 2011 full yield curve to the December 2012 full yield curve
- The following non-prescribed assumptions were changed to more accurately reflect recent and anticipated plan experience:
  - Active retirement age
  - Terminated Vested retirement age
  - Withdrawal before retirement
  - Lump sum election percentage

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2013

MeadWestvaco Retirement Plan
for Bargained Hourly Employees

EIN: 31-179799 PN: 001

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	49	33	2							
25-29	29	63	37	3						
30-34	21	61	91	28						
35-39	18	64	97	75	40	4				
40-44	17	58	114	100	117	60	7			
45-49	15	47	84	70	131	131	44	2		
50-54	6	20	48	62	93	117	49	76	13	
55-59		7	35	43	51	78	48	62	119	12
60-64		2	7	15	24	31	15	38	51	50
65-69			1	4	6	4	8	5	3	30
70+						1		1		7

N-2954

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Interest Rates	Based on the full Yield Curve for December 2012, with sample rates as follows:
Yield Curve	Duration 0–0.32% Duration 5–1.72% Duration 10–3.41% Duration 15–4.22% Duration 20–4.47% Duration 25–4.59% Duration 30–4.68%
Lump Sum Distribution Interest Rate	3.00%.
Lump Sum Distribution Mortality Rates	1994 Mortality Table Per Revenue Ruling 2001-62.
Lump Sum Election Percentage	70% of eligible participants are assumed to elect the lump sum option.
Retirement Rates	
Active Participants	See Table A.
Terminated Vested Participants	See Table B-1 for legacy Mead hourly participants. See Table B-2 for legacy Westvaco hourly participants.
Mortality Rates	
Healthy	Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(d).
Disabled	Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(d).
Withdrawal Rates	See Table C-1 for legacy Mead hourly participants. See Table C-2 for legacy Westvaco hourly participants.

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Disability Rates	See Table D.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are 3 years older than their spouses.
Benefit Limit	Projected benefits are limited by the current IRC section 415 maximum benefit of $205,000.
Valuation of Plan Assets	Average market value where the fair market value as of the December 31 immediately preceding the valuation date is averaged with the fair market value as of the preceding November 30 (adjusted for contributions, benefit payments, administrative expenses and assumed investment return between this date and the valuation date).
Expenses	Expected annual administrative and investment-related expenses (based on actual expenses paid out in the prior year) are explicitly added to the target normal cost.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2013.

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Table A
Active Retirement Rates

	Hourly	
Age	**Mead**	**Westvaco**
55	4.0%	6.0%
56	4.0%	6.0%
57	4.0%	6.0%
58	4.0%	6.0%
59	4.0%	6.0%
60	4.0%	6.0%
61	10.0%	15.0%
62	25.0%	35.0%
63	15.0%	25.0%
64	15.0%	25.0%
65	30.0%	40.0%
66	20.0%	30.0%
67	20.0%	30.0%
68	20.0%	30.0%
69	20.0%	30.0%
70	100.0%	100.0%

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Table B-1
Terminated Vested Retirement Rates—Legacy Mead

Age	Retirement Rate
55	40.0%
56	17.0%
57	17.0%
58	17.0%
59	17.0%
60	17.0%
61	25.0%
62	45.0%
63	25.0%
64	25.0%
65	100.0%

Table B-2
Terminated Vested Retirement Rates—Legacy Westvaco

Age	Retirement Rate
55	30.0%
56	10.0%
57	10.0%
58	10.0%
59	10.0%
60	10.0%
61	20.0%
62	50.0%
63	30.0%
64	30.0%
65	100.0%

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Table C-1
Probability of Withdrawal Before Retirement

Legacy Mead Hourly
For participants with less than 5 years of service:

Service	Rate
<1	20.0%
1	13.0%
2	11.0%
3	10.0%
4	6.0%

For participants with 5 or more years of service:

Age	Rate	Age	Rate
20	5.0%	40	3.2%
21	5.0%	41	3.1%
22	5.0%	42	3.0%
23	5.0%	43	2.9%
24	5.0%	44	2.8%
25	5.0%	45	2.7%
26	5.0%	46	2.6%
27	5.0%	47	2.5%
28	4.8%	48	2.4%
29	4.6%	49	2.3%
30	4.4%	50	2.2%
31	4.2%	51	2.1%
32	4.0%	52	2.0%
33	3.9%	53	2.0%
34	3.8%	54	2.0%
35	3.7%		
36	3.6%		
37	3.5%		
38	3.4%		
39	3.3%		

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Table C-2
Probability of Withdrawal Before Retirement

Service	Legacy Westvaco Hourly
<1	25.0%
1	17.0%
2	15.0%
3	13.0%
4	11.0%
5	8.0%
6	7.0%
7	6.0%
8	5.0%
9	4.0%
10	3.5%
11	3.0%
12	2.5%
13	2.5%
14	2.5%
15	2.5%
16	2.5%
17	2.5%
18+	2.5%

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

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

Table D
Probability of Disability—Hourly Employees

Age	Male	Female	Age	Male	Female
20	.000400	.000400	45	.002200	.003400
21	.000400	.000400	46	.002500	.003700
22	.000400	.000400	47	.002900	.004100
23	.000400	.000400	48	.003400	.004600
24	.000400	.000400	49	.004000	.005100
25	.000400	.000500	50	.004600	.005600
26	.000400	.000500	51	.005500	.006200
27	.000400	.000500	52	.006500	.006800
28	.000400	.000500	53	.007500	.007500
29	.000400	.000500	54	.008500	.008200
30	.000400	.000600	55	.009600	.008900
31	.000400	.000600	56	.010700	.009600
32	.000400	.000700	57	.012000	.010400
33	.000400	.000800	58	.013300	.011200
34	.000500	.000900	59	.014700	.011900
35	.000500	.001000	60	.016100	.012700
36	.000600	.001100	61	.017700	.013400
37	.000700	.001300	62	.019400	.014100
38	.000800	.001400	63	.021100	.014700
39	.000900	.001600	64	.022900	.015200
40	.001100	.001800			
41	.001200	.002100			
42	.001400	.002400			
43	.001700	.002700			
44	.001900	.003000			

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

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

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2013 by MeadWestvaco Corporation. Asset information and the dates and amounts of contributions are based on information supplied by MeadWestvaco Corporation.

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
MeadWestvaco Corporation
Retirement Plan for Bargained Hourly Employees
EIN: 31-1797999 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

MeadWestvaco

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

Eligibility for Participation

Legacy Mead Locations

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

Legacy Westvaco Locations

All nonsalaried nonunion employees and former Container Division participants.

Eligibility for Benefits

Normal Retirement

Age 65.

Early Retirement

Legacy Mead Locations

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

Location		Years of Company Service Required for Early Retirement
St. Joseph, MO	(025B, 025G, and 025T; all closed)	10
Alexandria, PA	(029B)	5
At-A-Glance	(AAG)	5
Garden Grove, CA	(026B)	5
Garland, TX	(034B; closed)	5
Greenville, GA	(405B; closed)	5
Rumford, ME	(490B; sold)	5
All Others		0

Eligibility for Benefits (continued)

Early Retirement (continued)	
Legacy Westvaco Locations	Age 55 and 5 years of vesting service. Age 55 and 15 years of vesting service for Wilkata participants.
Disability Retirement	
Legacy Mead Locations	A participant who is totally and permanently disabled.
Legacy Westvaco Locations	10 years of vesting service.
Preretirement Death	Married participants with 5 years of vesting service.
Vesting	5 years of company service.

Amount of Benefits

Normal Retirement	See attached Schedule of Benefits on pages 11 through 16. Wilkata participants receive $13 per month for each year of credited service to January 1, 1988. For service after January 1, 1988, the benefit level is $16 per month. The maximum service is 36 years. Benefit accruals cease at December 31, 1996. As of January 1, 2003, Wilkata participants began accruing additional service under the MeadWestvaco Retirement Plan for Bargained Hourly Employees.

Amount of Benefits (continued)

Early Retirement

Legacy Mead Locations

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

Location		Early Retirement Reduction
Alexandria, PA	(029B)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
Atlanta, GA	(40B)	Age + Company Service, Unreduced at 62 & 30
At-A-Glance	(AAG)	5% per year
Chicago, IL	(86B)	5% per year, Unreduced at 62 & 30
Chino, CA	(41B)	5% per year, Unreduced at 62 & 30*
Columbus, GA	(407B)	3% per year for ages 62-65, 5% per year under 62. Reduction is from age 65 or when would have reached age 62 & 30 years of Company Service. Unreduced at 62 & 30
Garden Grove, CA	(026B)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
Phenix City, AL	(404B)	3% per year for ages 62-65, 5% per year under 62. Reduction is from age 65 or when would have reached age 62 & 30 years of Company Service. Unreduced at 62 & 30
Chicago, IL	(51B; closed)	5% per year, Unreduced at 62 & 30
Chillicothe, OH	(03B, 03O, and 12B; all sold)	Age + Company Service, Unreduced at 62 & 30
Escanaba, MI	(06B; sold)	Age + Company Service, Unreduced at 62 & 30
Escanaba, MI	(06E; sold)	5% per year
Escanaba, MI	(06T; sold)	Age + Credited Service, Unreduced at 62 & 30*
Fort Smith, AR	(30B; closed)	Age + Company Service, Unreduced at 62 & 30
Garland, TX	(034B; closed)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
Greenville, GA	(405B; closed)	Actuarial Equivalent Reduction
Milwaukee, WI	(67B; closed)	Age + Company Service, Unreduced at 62 & 30
Rumford, ME	(490B; sold)	See Table below
Spartanburg, SC	(96B; closed)	Age + Company Service, Unreduced at 62 & 30
St. Joseph, MO	(025B, 025G, and 025T; all closed)	3% per year for ages 62-65, 6% per year under 62, Unreduced at 62 & 30*
Washington Court House, OH	(94B; closed)	Age + Company Service, Unreduced at 62 & 30

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

Amount of Benefits (continued)
Early Retirement (continued)
Legacy Mead Locations (continued)

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

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

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

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

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

Amount of Benefits (continued)

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

Amount of Benefits (continued)

Disability Retirement

Legacy Mead Locations

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

Location		Credited Service For Unreduced Benefit	Minimum Monthly Benefit
Alexandria, PA	(029B)	5 years	$166.67/$120.67*
Atlanta, GA	(40B)	15 years	$250
Chicago, IL	(86B)	15 years	$200
Chino, CA	(41B)	15 years	$200
Columbus, GA	(407B)	5 years	$125
Garden Grove, CA	(026B)	5 years	$166.67/$197.67*
Phenix City, AL	(404B)	5 years	$125
Chicago, IL	(51B; closed)	15 years	$200
Chillicothe, OH	(03B, 03O, and 12B; all sold)	10 years	$250
Escanaba, MI	(06B; sold)	15 years	$210
Escanaba, MI	(06E; sold)	N/A	$0
Escanaba, MI	(06T; sold)	15 years	$210
Fort Smith, AR	(30B; closed)	15 years	$175
Garland, TX	(034B; closed)	5 years	$0*
Greenville, GA	(405B; closed)	10 years	$125**
Milwaukee, WI	(67B; closed)	15 years	$150
Rumford, ME	(490B; sold)	15 years	$0
Spartanburg, SC	(96B; closed)	15 years	$200
St. Joseph, MO	(025B, 025G, and 025T; all closed)	10 years	$166.67/$120.67*
Washington Court House, OH	(94B; closed)	15 years	$150

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

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

Amount of Benefits (continued)

Disability Retirement (continued)	
Legacy Mead Locations (continued)	At-A-Glance participants do not have a specific disability benefit. Disabled participants are eligible for retirement or vested benefits depending on their age and service.
Legacy Westvaco Locations	Accrued benefit to date without reduction for early commencement.
Vested Deferred Retirement	Accrued benefit commencing at age 65, or actuarially reduced as early as age 55. Participants at locations St. Joseph (025B, 025G, and 025T), Garden Grove (026B), Alexandria (029B), Garland (034B), and legacy Westvaco locations receive the benefit reduced as for early retirement.
Preretirement Death	
Legacy Mead Locations	The amount is determined as if he terminated, or retired if eligible, on the first day of the month prior to his death with a 50% (75% if eligible for early retirement) Joint and Survivor annuity option in effect. The benefit is payable at the later of the participant's death or when he would have qualified for early retirement.
Legacy Westvaco Locations	The amount is determined as if he terminated, or retired if eligible, on the first day of the month prior to his death with a 50% Joint and Survivor annuity option in effect. The benefit is payable at the later of the participant's death or when he would have qualified for early retirement. The benefits for Wilkata participants who terminated prior to December 31, 2000 are reduced for each year coverage is in effect.

Normal Form of Benefits	Life annuity. Married participants receive an actuarially reduced pension for life with 50% continuing to a surviving spouse upon death of the participant. 5-year Certain and Life for single Wilkata participants. Vested terminated participants at Wilkata with less than 15 years of service receive a life annuity.
Optional Form of Benefits	Some eligible legacy Mead locations may elect to take their benefit as a lump sum.
Company Service	Entire period of employment since hire (or rehire if not vested at prior termination and had 5 consecutive years with no break in service).
Credited or Allowed Service	Generally, entire period of employment after becoming a participant, adjusted for breaks in service.
ERISA Maximum Benefit	Retirement benefit is capped at $205,000 payable as a life annuity reduced for early receipt.
Container Plans	As of November 30, 1995, the Container Division was sold. Service was terminated for all Container Pension and Retirement Plan participants, and benefit accruals were fully vested as of November 30, 1995.
Wilkata Plan	The Wilkata Plan was frozen as of December 31, 1996. Service was frozen and all participants were fully vested as of this date. Wilkata participants began accruing additional service under the MeadWestvaco Retirement Plan for Bargained Hourly Employees as of January 1, 2003.

Schedule of Benefits
Legacy Mead Bargaining Locations

Location	After 12/31/2005 and Before 01/01/2007	After 12/31/2006 and Before 01/01/2008	After 12/31/2007 and Before 01/01/2009	After 12/31/2008 and Before 01/01/2010	After 12/31/2009 and Before 01/01/2011	After 12/31/2010 and Before 01/01/2012	After 12/31/2011 and Before 01/01/2013	After 12/31/2012 and Before 01/01/2014	After 12/31/2013 and Before 01/01/2015	After 12/31/2014
Alexandria (029B)	$24.50	$26.50	$26.50	$28.50	$29.50	$30.00	$31.00 [2]	$32.00	$33.00	$33.00
Atlanta (40B)[1]	$24.00	$25.00	$25.50	$26.00	$27.00	$28.00	$29.00	$30.00	$31.00	$32.00
Chicago (86B)	$25.00	$26.00	$27.00	$28.00	$29.00	$30.00	$31.00	$32.00	$32.00	$32.00
Chino (41B)	$24.00	$25.00	$26.00	$27.00	$28.00	$29.00	$30.00	$30.00	$30.00	$30.00

Location	After 10/31/2005 and Before 11/01/2006	After 10/31/2006
Garden Grove (026B)	$23.50	$24.50

Location	After 10/31/2005 and Before 11/01/2006	After 10/31/2006 and Before 11/01/2007	After 10/31/2007 and Before 11/01/2008	After 10/31/2008 and Before 11/01/2009	After 10/31/2009 and Before 11/01/2010	After 10/31/2010
Phenix City (404B)	$41.00	$43.00	$46.00	$46.00	$50.00	$50.00
Cottonton (406B)	$24.00	$24.00	$24.00	$24.00	$26.00	$27.00

Location	After 08/31/2005 and Before 09/01/2006	After 08/31/2006 and Before 09/01/2007	After 08/31/2007
Columbus (407B)	$28.00	$29.00	$30.00

Location	After 12/31/2005 and Before 01/01/2007	After 12/31/2006
At-A-Glance (AAG)	$29.00	$31.00

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

[2]Effective February 1, 2012.

Schedule of Benefits
Legacy Mead Bargaining Locations

Closed or Sold Locations

Location		Base Date	Before Base Date	On or After Base Date
Chicago, IL	(51B; closed)		$19.50	$19.50
Chillicothe, OH	(03B, 03O, and 12B; all sold)		$38.50	$38.50
Escanaba, MI	(06B; sold)[1]		$41.00	$41.00
Escanaba, MI	(06BE; sold)		$41.00	$41.00
Escanaba, MI	(06E; sold)[2]		$8.00	$8.00
Escanaba, MI	(06T; sold)[1]	1/1/1976	$17.00	$44.00
Fort Smith, AR	(30B; closed)		$20.00	$20.00
Garland, TX	(034B; closed)		$21.00	$21.00
Greenville, GA	(405B; closed)		$17.00	$17.00
Milwaukee, WI	(67B; closed)		$20.25	$20.25
Rumford, ME	(490B; sold)[3]		$40.00	$40.00
Spartanburg, SC	(96B; closed)	1/1/1985	$15.00	$19.00
St. Joseph, MO	(025B; closed)		$24.00	$24.00
St. Joseph, MO	(025G; closed)		$22.50	$22.50
St. Joseph, MO	(025T; closed)		$23.50	$23.50
Washington Court House, OH	(94B; closed)		$24.75	$24.75

[1] The benefit based on the before base date rate for Years of Credited Service prior to 1976 cannot be less than the preserved benefit times 118% for 06B or 100% for 06T.
[2] Minimum benefit equal to the sum of 1.25% times each year of earnings (not exceeding the earnings limit) as a participant prior to 05/01/1998.
[3] The benefit is offset by the amount due from the Boise Cascade Pension Plan based on service as of 11/01/1996 and a $26 level.

Schedule of Benefits
Westvaco Locations[1]

Westvaco Bargained Hourly Locations

Location	Union	After 03/31/2005 and Before 10/01/2009	After 09/30/2009 and Before 04/01/2011	After 03/31/2011 and Before 04/01/2012	After 03/31/2012 and Before 04/01/2013	After 03/31/2013 and Before 04/01/2014	After 03/31/2014 and Before 04/01/2015	After 03/31/2015
Covington Mill - PACE	675	$48.00	$50.00	$52.00	$54.00	$56.00	$57.00	$58.00

Location	Union	After 03/31/2005 and Before 04/01/2006	After 03/31/2006 and Before 04/01/2007	After 03/31/2007 and Before 04/01/2008	After 03/31/2008 and Before 04/01/2009	After 03/31/2009 and Before 04/01/2010	After 03/31/2010 and Before 04/01/2011	After 03/31/2011 and Before 04/01/2012	After 03/31/2012 and Before 04/01/2013	After 03/31/2013
Board Converting Plant - Low Moor, VA	490	$27.50	$28.50	$29.50	$33.50	$33.50	$33.50	$33.50	$35.00	$36.00
Charleston Specialty Chemicals	753	$40.00	$45.00	$45.00	$45.00	$45.00	$45.00	$48.00	$48.00	$48.00
Covington Mill - IBEW	464	$48.00	$48.00	$48.00	$50.00	$51.00	$51.00	$52.00	$54.00	$56.00
Silsbee Extruder	P04	$23.00	$24.00	$25.00	$27.00	$28.00	$29.00	$29.00	$29.00	$29.00
Wickliffe Carbon Plant	775	$28.50	$29.50	$30.50	$31.50	$32.50	$33.50	$34.50	$35.50	$36.50

Location	Union	After 03/31/2005 and Before 04/01/2006	After 03/31/2006 and Before 04/01/2007	After 03/31/2006 and Before 05/01/2010	After 05/01/2010 and Before 07/01/2012	After 06/30/2012
Charleston Specialty Chemicals	183	$40.00	$45.00	$45.00	$48.00	$50.00
Charleston Specialty Chemicals	508	$40.00	$45.00	$45.00	$48.00	$48.00

Location	Union	After 07/31/2004 and Before 08/01/2008	After 07/31/2008 and Before 08/01/2010	After 07/31/2010
Evadale Bleached Board Mill	390	$42.00	$45.00	$49.00
Evadale Bleached Board Mill	801	$42.00	$45.00	$49.00
Evadale Bleached Board Mill	825	$42.00	$45.00	$49.00

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

Schedule of Benefits
Westvaco Locations[1]

Closed or Sold Locations

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

[1] No actuarial reduction for retirees between ages 62 and 65 with at least 20 years of allowed service.
[2] Effective December 1.

Schedule of Benefits
Envelope Locations[1]

Envelope Bargained Hourly Locations (Closed or Sold)

Location	Union	After 09/30/2002 and Before 10/01/2003	After 09/30/2003 and Before 10/01/2004	After 09/30/2004 and Before 10/01/2005	After 09/30/2005 and Before 10/01/2006	After 09/30/2006 and Before 10/01/2007	After 09/30/2007 and Before 10/01/2008	After 09/30/2008 and Before 10/01/2009	After 09/30/2009 and Before 10/01/2010	After 09/30/2010 and Before 10/01/2011	After 10/01/2011
Atlanta, GA	703	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50	$32.50	$33.50	$34.50	$35.50
Bethlehem, PA		$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50
Dallas, TX	856	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50	$32.50	$33.50	$34.50	$35.50
Enfield/Springfield, MA	001	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50	$32.50	$32.50	$32.50	$32.50
Houston, TX		$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50
Indianapolis, IN	047	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50	$32.50	$33.50	$34.50	$35.50
Kenosha, WI	201	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50	$32.50	$33.50	$34.50	$35.50
Tampa, FL		$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50
Worcester, MA		$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50	$26.50

Location	Union	After 09/30/2002 and Before 10/01/2005	After 09/30/2005 and Before 10/01/2006	After 09/30/2006 and Before 10/01/2007	After 09/30/2007 and Before 10/01/2008	After 09/30/2008 and Before 04/01/2009	After 03/31/2009 and Before 04/01/2010	After 03/31/2010 and Before 04/01/2011	After 03/31/2011
Williamsburg, PA	308	$24.50	$25.50	$26.50	$27.50	$28.50	$29.50	$30.50	$31.50

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

Schedule of Benefits
Container Pension Plan Locations (sold)

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

As of 04/01/1981 Disability Minimum
$130 Minimum.

[1] $120 minimum disability benefit with 15 years vested service.
[2] No actuarial reduction between ages 62 and 65 for retirees with at least 20 years of allowed service.

MEADWESTVACO CORPORATION

RETIREMENT PLAN

FOR BARGAINED HOURLY EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2013	December 31, 2012
Assets:		
Investment in MeadWestvaco Corporation Master Retirement Trust	$1,334,918,846	$1,453,758,249
Group annuity contracts	2,100,549	2,075,628
Net assets available for benefits	$1,337,019,395	$1,455,833,877

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

MEADWESTVACO CORPORATION

RETIREMENT PLAN

FOR BARGAINED HOURLY EMPLOYEES

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

for the year ended

	December 31, 2013
Additions:	
Interest in net earnings of MeadWestvaco Corporation Master Retirement Trust	$ 59,750,023
Interest income	115,113
Total additions	59,865,136
Deductions:	
Benefit payments	176,217,817
Pension Benefit Guaranty Corporation premiums	762,930
Administrative expenses	1,698,871
Total deductions	178,679,618
Net decrease in plan assets during the period	(118,814,482)
Net assets available for benefits:	
Beginning of period	1,455,833,877
End of period	$1,337,019,395

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

MEADWESTVACO CORPORATION

RETIREMENT PLAN

FOR BARGAINED HOURLY EMPLOYEES

STATEMENTS OF ACCUMULATED PLAN BENEFITS

	December 31, 2013	December 31, 2012
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$438,735,000	$435,242,000
Other participants	202,661,000	300,167,000
	641,396,000	735,409,000
Nonvested benefits	7,950,000	7,774,000
Total actuarial present value of accumulated plan benefits	$649,346,000	$743,183,000

At December 31, 2012, the total actuarial present value of accumulated plan benefits was $743,183,000. During the year ended December 31, 2013, the total actuarial present value of accumulated plan benefits decreased $93,837,000 due to:

- benefit payments resulting in a decrease of $176,218,000, partially offset by
- changes in age, service and interest resulting in a net increase of $82,381,000.

The company announced a program that allowed vested former employees who terminated service with the company on or before November 30, 2012 to receive their pension benefit in a single lump sum. The voluntary program was offered to about 20,000 former employees who had between February 15 and April 15, 2013 to make their election. The initiative reduced pension obligations by $86 million.

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

MEADWESTVACO CORPORATION

RETIREMENT PLAN

FOR BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan

Organization and Administration

The following description of the MeadWestvaco Corporation Retirement Plan for Bargained Hourly Employees (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions. The Plan is a noncontributory defined benefit plan, which has been approved by the Board of Directors of MeadWestvaco Corporation (the "Company"). Plan assets, except for the investment in two group annuity contracts managed by the John Hancock Life Insurance Company ("John Hancock"), are invested in the MeadWestvaco Corporation Master Retirement Trust (the "Master Trust"). The Northern Trust Company is the Plan's trustee (the "Trustee") and John Hancock is the trustee for the group annuity contracts. The Plan is administered by the Benefit Plans Administration Committee and the Benefit Plans Investment Policy Committee, both of which are appointed by the Chief Executive Officer of the Company. Administrative expenses, including benefit payment service charges and actuarial, trustee and audit fees, are paid by the Plan. Commissions and fees paid in connection with securities transactions and the Pension Benefit Guaranty Corporation (the "PBGC") premiums are also paid by the Plan. The Company pays for a blanket fidelity insurance policy which provides coverage for the Plan.

Eligibility and Vesting

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

Note 1 - Continued

Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of discontinuance of the Plan, all accrued benefits become vested and plan assets will be allocated to retirees and participants based on a predetermined order of precedence set forth in the Plan and by ERISA. First priority is payment of benefits derived from employee contributions, if any, and payment of benefits to participants who have been retired for three or more years. Second priority is payment of benefits to participants who would have been retired for three or more years had they elected early retirement. Third priority is payment of all remaining benefits which were vested prior to Plan termination. The final priority is payment of all other benefits. Any balance remaining would be disbursed by the Trustee at the direction of the Board of Directors of the Company.

Insurance coverage by the PBGC guarantees each participant's vested benefits (exclusive of benefits which would become vested upon Plan termination) up to $4,790 per month for Plan terminations occurring during 2013. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates and Assumptions

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, liabilities, and changes therein and 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.

Note 2 - Continued

Risk and Uncertainties

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

Allocation of Units of the Master Trust

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

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

Note 2 - Continued

Security Transactions and Valuations

The Master Trust's investments are stated at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset in an orderly transaction between market participants at the measurement date (the exit price). Security transactions of the Master Trust are accounted for on the trade date. Investments in equity and fixed income securities listed on national securities exchanges are valued at fair value based on the sales price per the fund company, which is reported on composite listings on the valuation date. Equity and fixed income securities and other assets are valued at fair value based on the official closing price on the NASDAQ listing. If not NASDAQ traded, the securities are valued at broker price or, if no bid is available, the securities are valued at a quoted bid price obtained from a major market maker. Units held in the common collective trusts and 103-12 investment entities are valued at the unit value as reported by the investment managers, which is based on the quoted market value of underlying assets or market interest rates and quoted values for similar securities, as of December 31, 2013 and December 31, 2012. Investments in partnerships and joint ventures are valued at estimated fair value based upon a valuation of the underlying portfolio using guidelines or standard industry practices. Real estate investments are valued at estimated fair value based upon fund statements provided by the fund managers. For additional information on the Master Trust's derivative financial instruments, see Note 2 - Derivatives. Dividends are recorded on the ex-dividend date. Interest is recorded on the accrual basis. The Group Annuity Contracts with John Hancock are valued at contract value, which consists of contract cost adjusted for investment income, benefit payments and expenses, which approximates fair value.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Note 2 - Continued

Funding Policy, Actuarial Methods and Assumptions

Contributions to the Plan, if any, are paid by the Company and equal or exceed ERISA minimum funding standards. The actuary's funding recommendations are based on the Projected Unit Credit Actuarial Cost Method in conjunction with the actuarial assumptions. The Company does not anticipate any required funding payments in the foreseeable future due to the overfunded status of the Plan. The Company made no contribution for the year ended December 31, 2013 in accordance with the ERISA minimum funding requirements.

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

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

For the year ended December 31, 2013 and 2012, the following actuarial assumptions were used:

- Mortality (active and retiree) - using the RP-2000CH Fully Generational Mortality Table
- Mortality (disabled) - using the RP-2000DR Disabled Mortality Table
- Average retirement age - 62
- Asset valuation method - fair market value
- Interest rate - 2013, 7.90%; 2012, 7.60%

Note 2 - Continued

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

Derivatives

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

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

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

Note 2 - Continued

Forward Foreign Currency Exchange Contracts:

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

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

Future Contracts:

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

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

Note 2 - Continued

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

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

Options:

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

Note 2 - Continued

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

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

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

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

Swaps:

A swap is an agreement between two parties to exchange different financial returns on a notional investment amount. The major forms of swaps traded are interest rate swaps, credit default swaps, and total return swaps.

Note 2 - Continued

The Master Trust uses swap and swaption (an option on a swap) contracts to adjust exposure to interest rates, fixed income securities exposure, credit exposure, and equity exposure, and to generate income based on the investment views of the portfolio managers regarding interest rates, indices and debt issues. Swaps are valued using a modeling technique which utilizes a market based discounted cash flow analysis.

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

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

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

Note 2 - Continued

The following table sets forth the fair value of derivative instruments in the Master Trust:

Asset Derivatives at December 31 held by MeadWestvaco Master Trust	Fair Value 2013	Fair Value 2012
Interest Rate Contracts	$1,131,253	$ 777,363
Options - Swaptions	42,104	24,062,883
Foreign Exchange Contracts	243,252	5,264,440
Equity Contracts	252,359	137,939
Credit Contracts - Swaps Domestic	332,661	136,065
Total Asset Derivative at Fair Value	$2,001,629	$30,378,690

Liability Derivatives at December 31 held by MeadWestvaco Master Trust	Fair Value 2013	Fair Value 2012
Interest Rate Contracts	$(1,078,563)	$ (280,942)
Options - Swaptions	(393,128)	(9,250,155)
Foreign Exchange Contracts	(180,694)	(395,190)
Credit Contracts - Swaps Domestic	(101,793)	(170,992)
Total Liability Derivative at Fair Value	$(1,754,178)	$(10,097,279)

Derivative Earnings of the MeadWestvaco Master Trust	Amount of gain or (loss) recognized in earnings 2013
Interest Rate Contracts	$ (3,542,779)
Options - Swaptions	(3,063,343)
Options - Swaps	(8,615,728)
Foreign Exchange Contracts	1,160,267
Equity Contracts	(65,898)
Amount of gain/(loss) recognized in income	$(14,127,481)

Note 2 - Continued

Asset Derivative Table at December 31, 2013

Description	Gross Amount	Amount Offset	Amount in Statement of Financial Position	Amts Not Offset: Financial Instruments	Amts Not Offset: Collateral Received	Net Credit Exposure
OTC Traded Interest Rate / Credit	$ 989,887	$ -	$ 989,887	$ 239,699	$ 138,000	$ 612,188
Exchange Cleared Interest Rate / Credit	516,131	-	516,131	91,772	-	424,359
OTC Traded Foreign Exchange	240,375	-	240,375	56,921	175,492	7,961
Exchange Traded Equity	235,034	-	235,034	-	-	235,034
OTC Traded Equity	17,325	-	17,325	-	-	17,325
Exchange Traded Foreign Exchange	2,877	-	2,877	-	-	-
Exchange Traded Interest Rate / Credit	-	-	-	-	-	-
Total Asset Derivatives	**$ 2,001,629**	**$ -**	**$ 2,001,629**	**$ 388,392**	**$ 313,492**	**$ 1,296,868**

Liability Derivative Table at December 31, 2013

Description	Gross Amount	Amount Offset	Amount in Statement of Financial Position	Amts Not Offset: Financial Instruments	Amts Not Offset: Collateral Pledged	Net Credit Exposure
OTC Traded Interest Rate / Credit	$ 1,327,663	$ -	$ 1,327,663	$ 239,699	$ 1,087,964	$ -
Exchange Cleared Interest Rate / Credit	227,821	-	227,821	91,772	136,049	-
OTC Traded Foreign Exchange	180,694	-	180,694	56,921	-	123,773
Exchange Traded Equity	-	-	-	-	-	-
OTC Traded Equity	-	-	-	-	-	-
Exchange Traded Foreign Exchange	-	-	-	-	-	-
Exchange Traded Interest Rate / Credit	18,000	-	18,000	-	18,000	-
Total Liability Derivatives	**$ 1,754,178**	**$ -**	**$ 1,754,178**	**$ 388,392**	**$ 1,242,013**	**$ 123,773**

Note 2 - Continued

Asset Derivative Table at December 31, 2012

Description	Gross Amount	Amount Offset	Amount in Statement of Financial Position	Amts Not Offset: Financial Instruments	Amts Not Offset: Collateral Received	Net Credit Exposure
OTC Traded Interest Rate / Credit	$ 28,907,983	$ -	$ 28,907,983	$ 7,109,714	$ 20,166,022	$ 1,632,248
OTC Cleared Foreign Exchange	579,639	-	579,639	164,949	-	414,690
Exchange Cleared Interest Rate / Credit	560,778	-	560,778	353,869	-	206,909
Exchange Traded Foreign Exchange	192,351	-	192,351	-	-	192,351
Exchange Traded Equity	137,939	-	137,939	-	-	137,939
Exchange Traded Interest Rate / Credit	-	-	-	-	-	-
Total Asset Derivatives	**$ 30,378,690**	**$ -**	**$ 30,378,690**	**$ 7,628,532**	**$ 20,166,022**	**$ 2,584,137**

Liability Derivative Table at December 31, 2012

Description	Gross Amount	Amount Offset	Amount in Statement of Financial Position	Amts Not Offset: Financial Instruments	Amts Not Offset: Collateral Pledged	Net Credit Exposure
OTC Traded Interest Rate / Credit	$ 9,314,174	$ -	$ 9,314,174	$ 7,109,714	$ 275,000	$ 1,929,460
OTC Cleared Foreign Exchange	395,190	-	395,190	164,949	-	230,241
Exchange Cleared Interest Rate / Credit	387,915	-	387,915	353,869	34,046	-
Exchange Traded Foreign Exchange	-	-	-	-	-	-
Exchange Traded Equity	-	-	-	-	-	-
Exchange Traded Interest Rate / Credit	-	-	-	-	-	-
Total Liability Derivatives	**$ 10,097,279**	**$ -**	**$ 10,097,279**	**$ 7,628,532**	**$ 309,046**	**$ 2,159,701**

Note 2 - Continued

New Accounting Pronouncements

In January 2013, the plan adopted new accounting guidance regarding additional disclosures for financial instruments that are offset, including the gross amount of the asset and liability as well as the impact of any net amount presented in the plan financial statements. The impact of adoption did not have a material effect on the plan financial statements.

Note 3 - Federal Income Taxes

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated January 20, 2011, that the Plan and related Master Trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter, however, the Plan Administrator believes the Plan and Master Trust continue to be designed and operated in compliance with the requirements for income tax exemption under the IRC, and no income tax provision is required.

The Plan recognizes the tax benefits of certain tax positions only when the position is "more likely than not" to be sustained assuming examination by tax authorities. The tax benefit recognized is the largest amount of benefit that is greater than 50 percent likely of being realized upon ultimate settlement. As of and during the period ended December 31, 2013, the Plan did not have any liabilities for any uncertain tax positions. The Plan's open tax years for the prior three years are subject to examination by the IRS.

Note 4 - Group Annuity Contracts - John Hancock

Prior to April 1, 1970, all contributions to the Plan were used to purchase deferred annuity benefits under participating group annuity contracts administered by John Hancock. John Hancock maintains the contributions in a general account. Specific securities within the general account are not attributed to the investment contract with the Plan. The Plan owns a series of guarantees that are embedded in the insurance contract. The contractual guarantees are backed up by the full faith and credit of John Hancock, the contract issuer. Employee retirement benefits, to the extent derived from those contributions, are contractually obligated to be repaid the principal and specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The John Hancock contract is valued using a predetermined rate of interest applied to the contract.

Note 5 - Information Certified by the Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29CFR2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following information as of December 31, 2013 and 2012 and for the year ended December 31, 2013 was derived from data certified by The Northern Trust Company or John Hancock as being accurate and complete:

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

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

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

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

Information included in the supplemental schedule (John Hancock)

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

Note 5 - Continued

The Plan's auditor did not perform audit procedures with respect to this information, except for comparing such information to that which is included in the financial statements and supplemental schedule.

Note 6 - Investments

At December 31, 2013 and 2012, the investment in the Master Trust was $1,334,918,846 and $1,453,758,249, respectively, representing 5% or more of the Plan's net assets on those dates.

MEADWESTVACO CORPORATION

RETIREMENT PLAN

FOR BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Note 7 - Interest in the Master Trust

At December 31, 2013 and 2012, the Plan's undivided interest in the net assets of the Master Trust was 34.4% and 34.0%, respectively. Net assets of the Master Trust at December 31, 2013 and 2012 were as follows:

	December 31, 2013	December 31, 2012
Assets:		
Derivatives	$ 2,001,629	$ 30,378,690
Common Stock	505,099,638	602,198,873
Preferred Stock	3,845,403	3,421,082
Government Securities	896,527,361	1,024,107,523
Corporate Debt Instruments	882,267,183	838,428,165
Partnerships/Joint Ventures	223,036,941	225,152,196
Real Estate	43,044,666	45,541,626
Common/Collective Trusts	1,003,415,518	1,270,338,732
Registered Investment Companies	72,757,477	63,898,737
103-12 Investment Entities	260,160,561	251,276,793
Other Assets [1]	83,792,060	26,025,827
Total Assets	3,975,948,437	4,380,768,244
Liabilities:		
Derivatives	(1,754,178)	(10,097,279)
Other Liabilities [1]	(101,389,956)	(92,020,892)
Total Liabilities	(103,144,134)	(102,118,171)
Master Trust Net Assets	$3,872,804,303	$4,278,650,073

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

Note 7 - Continued

The net earnings of the Master Trust for the year ended December 31, 2013 resulted from the following:

	December 31, 2013
Interest Income	$ 65,459,486
Dividend Income	15,445,778
Other Income	6,547,017
Net Appreciation in Fair Value of Investments:	
Common Stock	161,703,899
Preferred Stock	271,596
Common/Collective Trust	61,064,496
103-12 Investment Entities	31,601,844
Registered Investment Companies	9,277,453
Derivatives	(14,127,481)
Other Assets	(18,447,174)
Government Securities	(98,900,510)
Corporate Debt Instruments	(64,890,404)
Partnerships/Joint Ventures	32,969,221
Investment Management Fees	(11,557,719)
Net Gain of the Master Trust	$176,417,502

Note 8 - Party-in-Interest Transactions

MeadWestvaco Corporation as Plan sponsor is a related party. The Short Term Investment Fund is managed by The Northern Trust Company and, therefore, these transactions qualify as party-in-interest transactions. John Hancock as issuer of the group annuity contracts that are plan assets is a related party.

Note 9 - Fair Value Measurement

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

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

Management's assessment of the assets specific to the Master Trust (which holds the assets of the retirement plans) and are based on the lowest level of any input that is significant to the fair value measurement in its entirety, as of December 31, 2013 and 2012. The categorization of a value determined for a financial instrument within the hierarchy is based upon the pricing transparency of the instrument and does not necessarily correspond to the Plans' perceived risk of that instrument. Plan management has used valuation techniques to maximize observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used to determine fair value of assets at year end. There have been no changes in the methodologies used at December 31, 2013 and 2012.

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

Note 9 - Continued

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

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

Mutual funds and common collective trusts: Fair value represents the net asset value (NAV) of the fund shares, which is calculated based on the valuation of the funds' underlying investments at fair value at the end of the year. The investments are public investment vehicles, which are using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, excluding transaction costs, minus its liabilities, and then divided by the number of shares outstanding. See the fair value tabular information for a further explanation of the NAV.

Derivatives: Valued at the closing price reported in the primary and secondary markets in which the individual security is traded at year end. Valued by third party vendors based on discounted cash flow models with market based interest rates as inputs. See Note 2 for a description of value for derivative instruments.

Partnerships and joint ventures: Valued quarterly on the basis of discounted cash flow analysis and comparable market inputs.

Note 9 - Continued

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

Other assets and liabilities: Valued at the closing price reported in the primary and secondary markets in which the individual security is traded at year end. When quoted prices are not available, the security is valued by third party vendors using observable inputs with market based interest rates, such as similar instruments.

The John Hancock group annuity contracts had a fair value of $2,100,549 and $2,075,628 at December 31, 2013 and 2012, respectively, classified within Level 3. The John Hancock contract is valued at its principal balance and accumulated interest based on its guaranteed interest rate. The change in value for the period ended December 31, 2013 is attributed to benefit payments and expenses of $90,193 and realized income of $115,113.

Total Master Trust assets and liabilities at fair value classified within Level 3 were $275,386,053 and $279,902,135, as of December 31, 2013 and 2012, respectively. Such amounts were 7% of "Total investments" on the Master Trust's statement of net assets at fair value as of December 31, 2013 and 2012. The following information is presented for assets recorded in the Plan's statement of net assets available for benefits at December 31, 2013 and 2012, respectively.

Note 9 - Continued

Assets	December 31, 2013	Level 1 [1]	Level 2 [2]	Level 3 [3]
Common Stock [b]:				
Domestic Common Stock	$382,614,978	$382,469,147	$ -	$ 145,831
International Equities	122,484,660	121,848,815	635,845	-
Preferred Stock [b]	3,845,404	2,922,524	922,880	-
Government Securities [c]	896,527,360	57,739,270	828,136,278	10,651,812
Corporate Debt Investments [d]:				
Domestic Corporate Debt	697,946,391	-	696,889,274	1,057,117
International Corporate Debt	184,320,793	-	181,162,550	3,158,243
Partnerships/Joint Ventures [g]:				
AEW Value II LP	8,119,526	-	-	8,119,526
Behrman Capital II LP	25,503	-	-	25,503
Blackstone LP	25,400,004	-	-	25,400,004
Cerberus LP	23,579,028	-	-	23,579,028
Crosslink Crossover & Venture Fund LP	20,513,139	-	-	20,513,139
Dover Street VII Cayman Fund LP	19,698,175	-	-	19,698,175
Fortress Credit Opportunities Fund III B,C	11,330,982	-	-	11,330,982
Global Infrastructure Partners - B LP	7,014,721	-	-	7,014,721
Goldman Sachs Vintage Fund V Offshore LP	9,365,658	-	-	9,365,658
Heritage Fund III LP	7,109	-	-	7,109
J. H. Whitney III, VII LP	7,764,423	-	-	7,764,423
J. W. Childs Equity Partners II LP	980,509	-	-	980,509
Oaktree Principal Fund V	34,160,000	-	-	34,160,000
Polaris Venture Partners II, III LP	1,636,963	-	-	1,636,963
Spectrum Equity Investors III LP	39,636	-	-	39,636
Square Mile Partners III LP	7,785,987	-	-	7,785,987
Warburg Pincus Private Equity X LP	45,615,577	-	-	45,615,577
Whitney V LP	1	-	-	1

Note 9 - Continued

Assets	December 31, 2013	Level 1 [1]	Level 2 [2]	Level 3 [3]
Real Estate [h] :				
AEW Value Investor Asia, REIT LP	$ 6,563,095	$ -	$ -	$ 6,563,095
Value Enhancement Fund IV, 2 LP	6,718,734	2,132,788	-	4,585,946
Oaktree Real Estate Fd VI LP	5,788,446	-	-	5,788,446
Walton Street Real Estate Fund IV, V, VI LP	23,974,390	-	-	23,974,390
Common Collective Trusts [f]:				
Blackrock Equity Index	250,675,843	-	250,675,843	-
Oaktree Cap. Management - Hi Yield Fund	50,163,546	-	50,163,546	-
Pimco Stock Plus	66,763,424	-	66,763,424	-
SSGA Long Credit Index Fund	234,357,936	-	234,357,936	-
SSGA Long U.S. Government Index Fund	241,005,778	-	241,005,778	-
Wellington International Equity	110,710,385	-	110,710,385	-
Wellington CIF Opportunity Fund	27,054,657	-	27,054,657	-
Northern Trust STIF Fund	22,683,949	-	22,683,949	-
Registered Investment Companies [f]:				
GMO International Small Cap Fund	43,806,365	-	43,806,365	-
IShares TR Russell 2000	3,903,390	3,903,390	-	-
Pimco Fund PAC Investment Management	18,846,539	-	18,846,539	-
Pimco Funds PAPS Emerging Markets	6,201,183	-	6,201,183	-
Derivatives [a, e]	247,451	(54,889)	302,340	-
103-12 Investment Entities [f]:				
Genesis Group Emerging Markets Fund	151,862,264	-	151,862,264	-
Silchester International Equity FD	108,298,297	-	108,298,297	-
Other Assets/Liabilities [b]	(17,597,896)	(14,905,177)	883,049	(3,575,768)
Total	$3,872,804,303	$556,055,868	$3,041,362,382	$275,386,053

Note 9 - Continued

Assets	December 31, 2012	Level 1 [1]	Level 2 [2]	Level 3 [3]
Common Stock [b]:				
Domestic Common Stock	$479,822,322	$479,644,092	$ -	$ 178,230
International Equities	122,376,551	121,775,886	600,665	-
Preferred Stock [b]	3,421,082	2,992,864	428,218	-
Government Securities [c]	1,024,107,523	88,600,538	930,619,471	4,887,514
Corporate Debt Investments [d]:				
Domestic Corporate Debt	644,432,969	2,192	644,086,299	344,478
International Corporate Debt	193,995,196	-	191,211,744	2,783,452
Partnerships/Joint Ventures [g]:				
AEW Value II LP	8,804,476	-	-	8,804,476
Behrman Capital II LP	30,974	-	-	30,974
Blackstone LP	23,215,157	-	-	23,215,157
Cerberus LP	22,267,747	-	-	22,267,747
Crosslink Crossover & Venture Fund LP	13,725,335	-	-	13,725,335
Dover Street VII Cayman Fund LP	19,757,652	-	-	19,757,652
Fortress Credit Opportunities Fund III B,C	6,148,126	-	-	6,148,126
Global Infrastructure Partners - B LP	9,548,435	-	-	9,548,435
Goldman Sachs Vintage Fund V Offshore LP	10,019,364	-	-	10,019,364
Heritage Fund III LP	7,109	-	-	7,109
J. H. Whitney III, VII LP	7,790,625	-	-	7,790,625
J. W. Childs Equity Partners II LP	2,041,433	-	-	2,041,433
Oaktree Principal Fund V	32,444,036	-	-	32,444,036
Polaris Venture Partners II, III LP	4,303,348	-	-	4,303,348
Spectrum Equity Investors III LP	3,175,708	-	-	3,175,708
Square Mile Partners III LP	11,049,589	-	-	11,049,589
Three Cities Fund II, III LP	2,563,127	-	-	2,563,127
Warburg Pincus Private Equity X LP	48,228,937	-	-	48,228,937
Whitney V LP	31,018	-	-	31,018

Note 9 - Continued

Assets	December 31, 2012	Level 1 [1]	Level 2 [2]	Level 3 [3]
Real Estate [h] :				
AEW Value Investor Asia, REIT LP	$ 10,649,614	$ -	$ -	$ 10,649,614
REIT Fund	4,917,705	4,917,705	-	-
Value Enhancement Fund IV, 2 LP	4,712,161	-	-	4,712,161
Walton Street Real Estate Fund IV, V, VI LP	25,262,147	-	-	25,262,147
Common Collective Trusts [f]:				
Blackrock Equity Index	301,118,600	-	301,118,600	-
Oaktree Cap. Management - Hi Yield Fund	192,296,701	-	192,296,701	-
Pimco Stock Plus	58,689,307	-	58,689,307	-
SSGA Long Credit Index Fund	168,850,117	-	168,850,117	-
SSGA Long U.S. Government Index Fund	359,280,714	-	359,280,714	-
Wellington International Equity	103,236,651	-	103,236,651	-
Wellington CIF Opportunity Fund	67,152,141	-	67,152,141	-
Northern Trust STIF Fund	19,714,501	-	19,714,501	-
Registered Investment Companies [f]:				
GMO International Small Cap Fund	36,896,296	-	36,896,296	-
IShares TR Russell 2000 Value Index Fund	2,265,300	2,265,300	-	-
Pimco Fund PAC Investment Management	18,369,234	-	18,369,234	-
Pimco Funds PAPS Emerging Markets	6,367,907	-	6,367,907	-
Derivatives [a, e]	20,281,410	325,870	10,402,956	9,552,584
103-12 Investment Entities [f]:				
Genesis Group Emerging Markets Fund	150,256,833	-	150,256,833	-
Silchester International Equity FD	101,019,960	-	101,019,960	-
Other Assets/Liabilities [b]	(65,995,065)	(62,559,272)	184,448	(3,620,241)
Total	$4,278,650,073	$637,965,175	$3,360,782,763	$279,902,135

Note 9 - Continued

(1) Quoted prices in active markets for identical assets.
(2) Quoted prices for similar assets and liabilities in active markets.
(3) Significant unobservable inputs.

(a) Derivative instruments consist of hedge contracts on foreign currencies and interest rate swaps. Foreign currency forward contracts and interest rate swaps are valued using models with market inputs such as prices of instruments of a similar nature.

(b) Equity investments, preferred stock, and other are valued using quoted market prices multiplied by the number of shares owned. Dealer quotes are used for less liquid markets. Valuation models with market inputs are used for securities that do not trade in transparent markets. The other pension (payables) receivables that are classified as Level 3 investments are valued using contract value which approximates fair value and include unobservable inputs such as illiquidity.

(c) Government securities include treasury and agency debt. The Level 2 investments are valued using a broker quote in an active market. The Level 3 investments include unobservable inputs that are valued using third-party pricing information without adjustments.

(d) The corporate debt investments category is primarily comprised of U.S. dollar denominated investment grade and non-investment grade securities. It also includes investments in non-U.S. dollar denominated corporate debt securities issued in both developed and emerging markets. Corporate debt investments are valued utilizing a market approach that includes various valuation techniques and sources such as value generation models, broker quotes in active and inactive markets, benchmark yields and securities, reported trades, issuer spreads, and/or other applicable reference data. The Level 3 investments include unobservable inputs that are valued using third-party pricing information without adjustments.

(e) The plan's derivative investments are forward contracts on foreign currencies, interest rate swaps, swaptions, and options on Treasury bonds. These investments are mainly traded in over-the-counter markets. The Level 2 investments are valued using models with market inputs such as dealer quoted interest rates and exchange rates. The Level 3 investments are valued based on the Black Option Pricing Model. The significant unobservable inputs include volatilities ranging from 27% - 47%.

(f) Common collective trusts, registered investment companies, and 103-12 investment entities are commingled funds for which there is no exchange quoted price. These commingled funds are valued at their net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled funds includes market pricing of the underlying assets as well as broker quotes and other valuation techniques. The funds invest mainly in liquid, transparent markets such as domestic and international equities, U.S. government bonds, and corporate bonds.

(g) Partnerships and joint ventures are commingled investments. The Master Retirement Trust owns interests in limited partnerships or funds rather than direct investments in the underlying asset classes such as real estate. Valuation is based on input from the general partner if no independent source is available. The valuation policies of the general partner are in compliance with accounting standards and the partnerships are audited by nationally recognized auditors. Various valuation techniques and inputs are considered in valuing private portfolio investments, including EBITDA multiples in other comparable third-party transactions ranging from 2.9% - 20%, Price to Earnings Ratios ranging from 4% - 13%, market conditions, liquidity, current operating results, and other pertinent information.

(h) Real estate investments are commingled investments. The fair values of the real estate partnerships are determined based on a combination of third party appraisals, discounted present value of estimated future cash flows, replacement cost, and comparable market prices. The significant unobservable inputs include discount rates ranging from 7% - 27.8% and capitalization rates ranging from 2% - 11%.

Note 9 - Continued

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the year ended December 31, 2013.

	Equity	Partnership	Corporate Debt	Other	Derivative	Government	Real Estate	Total
Beginning market value 12/31/12	$178,230	$225,152,196	$3,127,930	$(3,620,241)	$ 9,552,584	$4,887,514	$40,623,922	$279,902,135
Purchases	-	31,186,580	3,828,895	-	2,655,990	4,065,492	10,900,000	52,636,957
Sales	-	(64,724,314)	(2,995,684)	-	(126,197,928)	(7,877,846)	(12,619,192)	(214,414,964)
Unrealized Gain/(Loss)	(32,399)	14,324,358	(64,496)	44,473	(7,550,584)	(192,361)	1,324,413	7,853,404
Realized Gain/(Loss)	-	17,098,121	89,061	-	121,539,938	346,681	682,734	139,756,535
Transfer In/(Out) (a)	-	-	229,654	-	-	9,422,332	-	9,651,986
Ending Market Value 12/31/13	$145,831	$223,036,941	$4,215,360	$(3,575,768)	$ -	$10,651,812	$40,911,877	$275,386,053

(a) Transferred out of Level 3 to Levels 1 and 2 because market data for these securities was observable.

Note 10 - Subsequent Events

The Plan has evaluated its subsequent events through July 30, 2014, the date the financial statements were available to be issued.

MEADWESTVACO CORPORATION RETIREMENT PLAN
FOR BARGAINED HOURLY EMPLOYEES
(Employer Identification Number 31-1797999)
SCHEDULE H, LINE 4i - Schedule of Assets (Held at End of Year)
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Fair Value
*	John Hancock Life Insurance Company	Group Annuity Contract	$2,100,549	$2,100,549

*Party-in-Interest

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