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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                          |                                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                          |                                                                                                                                                                                                                                             |  |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                                                          |                                                                                                                                                                                                                                             |  |
| <b>A</b>                                                                                                 | This return/report is for:                                                                               | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)               |  |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |                                                                                                                                                                                                                                             |  |
| <b>B</b>                                                                                                 | This return/report is:                                                                                   | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |  |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/>    |                                                                                                                                                                                                                                             |  |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                               | <input checked="" type="checkbox"/> Form 5558<br><input type="checkbox"/> automatic extension<br><input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                |  |

|                |                                                                                                                                                                                                                                                                                                                                                       |           |                                                           |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                        |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>WAUSAU PAPER CORP. RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                             | <b>1b</b> | Three-digit plan number (PN) ▶ <u>012</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                       | <b>1c</b> | Effective date of plan<br><u>09/01/1963</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SCA AMERICAS, INC.</u><br><br><u>2929 ARCH STREET</u><br><u>PHILADELPHIA, PA 19104-2858</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>23-3061590</u> |
|                |                                                                                                                                                                                                                                                                                                                                                       | <b>2c</b> | Plan Sponsor's telephone number<br><u>610-499-3700</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                       | <b>2d</b> | Business code (see instructions)<br><u>322100</u>         |
|                |                                                                                                                                                                                                                                                                                                                                                       |           |                                                           |

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

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

|                                                                                                 |                                                   |                   |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | <u>10/13/2017</u> | <u>TOM PEZICK</u>                                            |
|                                                                                                 | <b>Signature of plan administrator</b>            | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>         | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                           | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                   |                   | Preparer's telephone number                                  |
|                                                                                                 |                                                   |                   |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br>WAUSAU PAPER CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br>39-0690900<br><b>4c</b> PN<br>002                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 1338                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 507<br><b>6a(2)</b> 495<br><b>6b</b> 257<br><b>6c</b> 344<br><b>6d</b> 1096<br><b>6e</b> 182<br><b>6f</b> 1278<br><b>6g</b><br><b>6h</b> 0          |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1C 1D 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2016</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|                                                                                            |                                                                    |            |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>WAUSAU PAPER CORP. RETIREMENT PLAN</b>                         | <b>B</b> Three-digit plan number (PN) ►                            | <b>012</b> |
|                                                                                            |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SCA AMERICAS, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>23-3061590</b> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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  
**PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-1050034 | 93629         | IN-17183A                             | 0                                                                           | 01/01/2016              | 12/31/2016 |

**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 |
|--------------------------------------|-------------------------------|
|                                      |                               |

**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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**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****c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year.....

**7c(3)**

(4) Transferred from separate account .....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions ..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

**7e(1)**

(2) Administration charge made by carrier.....

**7e(2)**

(3) Transferred to separate account .....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions ..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

**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:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan<br/>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WAUSAU PAPER CORP. RETIREMENT PLAN</u>                                                                        | <b>B</b> Three-digit plan number (PN) ▶ <u>012</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>SCA AMERICAS, INC.</u>                                     | <b>D</b> Employer Identification Number (EIN)<br><u>23-3061590</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                                 |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>                                                                                                                               |                                                                                                                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>56990682</u>                                                                                                |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>60409505</u>                                                                                                |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                                          |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants <u>454</u> (2) Vested Funding Target <u>25693615</u> (3) Total Funding Target <u>25693615</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>377</u> <u>15392550</u> <u>15392550</u>                                                                               |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>507</u> <u>15097866</u> <u>15528740</u>                                                                               |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>1338</u> <u>56184031</u> <u>56614905</u>                                                                              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                                                                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                                                |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                                                                |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>5.97 %</u>                                                                                                   |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>603032</u>                                                                                                   |

**Statement by Enrolled Actuary**

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

|                                                                 |                               |                                        |
|-----------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                |                               | <u>10/09/2017</u>                      |
|                                                                 | Signature of actuary          | Date                                   |
| <u>J. STEVEN PAK</u>                                            | Type or print name of actuary | <u>17-05793</u>                        |
| <u>TOWERS WATSON DELAWARE INC.</u>                              | Firm name                     | Most recent enrollment number          |
| <u>1500 MARKET STREET</u><br><u>PHILADELPHIA, PA 19102-4790</u> | Address of the firm           | <u>215-246-4941</u>                    |
|                                                                 |                               | Telephone number (including area code) |

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2016  
v. 160205**

| Part II |                                                                                                                                                          | Beginning of Year Carryover and Prefunding Balances |                        |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|
|         |                                                                                                                                                          | (a) Carryover balance                               | (b) Prefunding balance |
| 7       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                          | 0                                                   | 0                      |
| 8       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       | 0                                                   | 0                      |
| 9       | Amount remaining (line 7 minus line 8) .....                                                                                                             | 0                                                   | 0                      |
| 10      | Interest on line 9 using prior year's actual return of <u>-0.51</u> % .....                                                                              | 0                                                   | 0                      |
| 11      | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                                                     |                        |
| a       | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                                                     | 0                      |
| b(1)    | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.15</u> % ..... |                                                     | 0                      |
| b(2)    | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                     | 0                      |
| c       | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                                                     | 0                      |
| d       | Portion of (c) to be added to prefunding balance .....                                                                                                   |                                                     | 0                      |
| 12      | Other reductions in balances due to elections or deemed elections .....                                                                                  | 0                                                   | 0                      |
| 13      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 0                                                   | 0                      |

| Part III |                                                                                                                                                                  | Funding Percentages |         |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------|
| 14       | Funding target attainment percentage .....                                                                                                                       | 14                  | 106.70% |
| 15       | Adjusted funding target attainment percentage .....                                                                                                              | 15                  | 106.70% |
| 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                  | 104.47% |
| 17       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | 17                  | %       |

| Part IV                                                                           |                                   | Contributions and Liquidity Shortfalls |   |
|-----------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|---|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                        |   |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees        |   |
|                                                                                   |                                   |                                        |   |
|                                                                                   |                                   |                                        |   |
|                                                                                   |                                   |                                        |   |
|                                                                                   |                                   |                                        |   |
|                                                                                   |                                   |                                        |   |
|                                                                                   |                                   |                                        |   |
| 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? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> 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                                                             |
|                                                                                                                               |                                                                     |

|                       |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>Part V</b>         | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                       |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>21</b>             | Discount rate:                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>a</b>              | Segment rates:                                                                                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment:<br/>4.43%</td> <td style="width: 33%;">2nd segment:<br/>5.91%</td> <td style="width: 33%;">3rd segment:<br/>6.65%</td> </tr> </table> | 1st segment:<br>4.43%                                                                                                   | 2nd segment:<br>5.91% | 3rd segment:<br>6.65% | <input type="checkbox"/> N/A, full yield curve used |
| 1st segment:<br>4.43% | 2nd segment:<br>5.91%                                                                                                                                                                                                            | 3rd segment:<br>6.65%                                                                                                                                                                                                                              |                                                                                                                         |                       |                       |                                                     |
| <b>b</b>              | Applicable month (enter code) .....                                                                                                                                                                                              | <b>21b</b>                                                                                                                                                                                                                                         | 4                                                                                                                       |                       |                       |                                                     |
| <b>22</b>             | Weighted average retirement age .....                                                                                                                                                                                            | <b>22</b>                                                                                                                                                                                                                                          | 62                                                                                                                      |                       |                       |                                                     |
| <b>23</b>             | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                               |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>Part VI</b>        | <b>Miscellaneous Items</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>24</b>             | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>25</b>             | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                      |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>26</b>             | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>27</b>             | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                                                                                       | <b>27</b>                                                                                                                                                                                                                                          |                                                                                                                         |                       |                       |                                                     |
| <b>Part VII</b>       | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                   |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>28</b>             | Unpaid minimum required contributions for all prior years .....                                                                                                                                                                  | <b>28</b>                                                                                                                                                                                                                                          | 0                                                                                                                       |                       |                       |                                                     |
| <b>29</b>             | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                       | <b>29</b>                                                                                                                                                                                                                                          | 0                                                                                                                       |                       |                       |                                                     |
| <b>30</b>             | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                          | <b>30</b>                                                                                                                                                                                                                                          | 0                                                                                                                       |                       |                       |                                                     |
| <b>Part VIII</b>      | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>31</b>             | Target normal cost and excess assets (see instructions):                                                                                                                                                                         |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>a</b>              | Target normal cost (line 6) .....                                                                                                                                                                                                | <b>31a</b>                                                                                                                                                                                                                                         | 603032                                                                                                                  |                       |                       |                                                     |
| <b>b</b>              | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                | <b>31b</b>                                                                                                                                                                                                                                         | 603032                                                                                                                  |                       |                       |                                                     |
| <b>32</b>             | Amortization installments:                                                                                                                                                                                                       | Outstanding Balance                                                                                                                                                                                                                                | Installment                                                                                                             |                       |                       |                                                     |
| <b>a</b>              | Net shortfall amortization installment .....                                                                                                                                                                                     | 0                                                                                                                                                                                                                                                  | 0                                                                                                                       |                       |                       |                                                     |
| <b>b</b>              | Waiver amortization installment .....                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                  | 0                                                                                                                       |                       |                       |                                                     |
| <b>33</b>             | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                       |                                                                                                                                                                                                                                                    | <b>33</b>                                                                                                               |                       |                       |                                                     |
| <b>34</b>             | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                                                                               |                                                                                                                                                                                                                                                    | <b>34</b>                                                                                                               |                       |                       |                                                     |
|                       |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    | 0                                                                                                                       |                       |                       |                                                     |
|                       |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
|                       | Carryover balance                                                                                                                                                                                                                | Prefunding balance                                                                                                                                                                                                                                 | Total balance                                                                                                           |                       |                       |                                                     |
| <b>35</b>             | Balances elected for use to offset funding requirement .....                                                                                                                                                                     | 0                                                                                                                                                                                                                                                  | 0                                                                                                                       |                       |                       |                                                     |
| <b>36</b>             | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                        |                                                                                                                                                                                                                                                    | <b>36</b>                                                                                                               |                       |                       |                                                     |
| <b>37</b>             | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                        |                                                                                                                                                                                                                                                    | <b>37</b>                                                                                                               |                       |                       |                                                     |
| <b>38</b>             | Present value of excess contributions for current year (see instructions)                                                                                                                                                        |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>a</b>              | Total (excess, if any, of line 37 over line 36) .....                                                                                                                                                                            | <b>38a</b>                                                                                                                                                                                                                                         | 0                                                                                                                       |                       |                       |                                                     |
| <b>b</b>              | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                     | <b>38b</b>                                                                                                                                                                                                                                         |                                                                                                                         |                       |                       |                                                     |
| <b>39</b>             | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                            |                                                                                                                                                                                                                                                    | <b>39</b>                                                                                                               |                       |                       |                                                     |
| <b>40</b>             | Unpaid minimum required contributions for all years .....                                                                                                                                                                        |                                                                                                                                                                                                                                                    | <b>40</b>                                                                                                               |                       |                       |                                                     |
| <b>41</b>             |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |
| <b>a</b>              | Schedule elected .....                                                                                                                                                                                                           |                                                                                                                                                                                                                                                    | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |                       |                       |                                                     |
| <b>b</b>              | Eligible plan year(s) for which the election in line 41a was made .....                                                                                                                                                          |                                                                                                                                                                                                                                                    | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |                       |                       |                                                     |
| <b>42</b>             | Amount of acceleration adjustment .....                                                                                                                                                                                          |                                                                                                                                                                                                                                                    | <b>42</b>                                                                                                               |                       |                       |                                                     |
| <b>43</b>             | Excess installment acceleration amount to be carried over to future plan years .....                                                                                                                                             |                                                                                                                                                                                                                                                    | <b>43</b>                                                                                                               |                       |                       |                                                     |
| <b>Part IX</b>        | <b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>                                                                                                                                                |                                                                                                                                                                                                                                                    |                                                                                                                         |                       |                       |                                                     |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2016</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>WAUSAU PAPER CORP. RETIREMENT PLAN                                                                                                                                                               | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 012                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SCA AMERICAS, INC.                                                                                                                                       | <b>D</b> Employer Identification Number (EIN)<br>23-3061590                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 13 50 27 62 52 68             | NONE                                                                                                     | 31359                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

TOWERS WATSON DELAWARE, INC

53-0181291

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 50                         | NONE                                                                                                     | 29000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

SCHENCK SC

39-1173131

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10                            | NONE                                                                                                     | 11725                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

|                    |                                                                           |                     |              |
|--------------------|---------------------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | JASON GAY                                                                 | <b>b</b> EIN:       | 06-1050034   |
| <b>c</b> Position: | ENROLLED ACTUARY                                                          |                     |              |
| <b>d</b> Address:  | PRUDENTIAL RETIREMENT<br>280 TRUMBALL STREET, H 06E<br>HARTFORD, CT 06103 | <b>e</b> Telephone: | 860-534-3564 |

Explanation: CHANGE IN ACTUARY DUE TO BUSINESS DECISIONS.

|                    |                                                    |                     |              |
|--------------------|----------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | SCHENCK SC                                         | <b>b</b> EIN:       | 39-1173131   |
| <b>c</b> Position: | ACCOUNTANT/AUDITOR                                 |                     |              |
| <b>d</b> Address:  | 311 FINANCIAL WAY<br>SUITE 100<br>WAUSAU, WA 54401 | <b>e</b> Telephone: | 715-675-2351 |

Explanation: PLAN SPONSOR ACQUIRED AND DECIDED TO USE PARENT COMPANY'S ACCOUNTANT/AUDITOR.

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                   |                                                                                       |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WAUSAU PAPER CORP. RETIREMENT PLAN</u>                                | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>012</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SCA AMERICAS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>23-3061590</u>                    |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                     |                               |                                                                                                                                          |
|-------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND ENHANCED INDEX/PIM</u>  |                               |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                          |
| <b>c</b> EIN-PN <u>06-1050034-036</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE PLUS BOND/PIM FUND</u>       |                               |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                          |
| <b>c</b> EIN-PN <u>06-1050034-299</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN S&amp;P 500 INDEX</u>      |                               |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                          |
| <b>c</b> EIN-PN <u>06-1050034-123</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL BLEND/LAZARD</u>    |                               |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                          |
| <b>c</b> EIN-PN <u>06-1050034-719</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTL GROWTH/ARTISAN</u>           |                               |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                          |
| <b>c</b> EIN-PN <u>06-1050034-259</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH/MFS FUND</u>     |                               |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                          |
| <b>c</b> EIN-PN <u>06-1050034-350</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE/BARROW HANLEY</u> |                               |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                          |
| <b>c</b> EIN-PN <u>06-1050034-312</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH/ARTISAN PARTNER

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-185 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE/WELLINGTON

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-187 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL SHORT-TERM

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-041 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: QMA EMERGING MARKETS

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-030 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH/COLUMBUS

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-650 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE/TBCAM

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-410 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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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

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Internal Revenue Service</small><br><small>Department of Labor</small><br><small>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>WAUSAU PAPER CORP. RETIREMENT PLAN</u>                                       | <b>B</b> Three-digit plan number (PN) ►                            | <u>012</u> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SCA AMERICAS, INC.</u>               | <b>D</b> Employer Identification Number (EIN)<br><u>23-3061590</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 0                     | 425060          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 55376604              | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 1614078               | 54662706        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 56990682              | 55087766        |

**Liabilities**

|                                                                           |           |       |   |
|---------------------------------------------------------------------------|-----------|-------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 13062 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 13062 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 56977620 | 55087766 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1167833    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1167833   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 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)  |            | 2268558   |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 119127    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 3555518   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 5044608 |         |
| (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) |         | 5044608 |
| 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) | 29000   |         |
| (2) Contract administrator fees.....                                                 | 2i(2) |         |         |
| (3) Investment advisory and management fees.....                                     | 2i(3) |         |         |
| (4) Other .....                                                                      | 2i(4) | 371764  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 400764  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 5445372 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -1889854 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan.....                                    | 2l(1) |  |          |
| (2) From this plan.....                                  | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: **TORRILLO & ASSOCIATES, LLC**

(2) EIN: **83-0414789**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> |     |    |        |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |        |

**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  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3985314. (See instructions.)

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                            |                                                                    |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WAUSAU PAPER CORP. RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN) ▶<br><u>012</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SCA AMERICAS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>23-3061590</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u>  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>22-1211670</u> |          |           |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> | <u>40</u> |

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

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

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

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

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2016  
v. 160205

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)<br><b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>60.3</u> % Investment-Grade Debt: <u>37.5</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>2.2</u> %<br><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input checked="" type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more<br><b>c</b> What duration measure was used to calculate line 19(b)?<br><input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                           | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                               | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter     /     /     and the serial number     . |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter     /     /     .                                  |                                                                                                                                                                                   |

**Wausau Paper Corp. Retirement Plan**

**Financial Statements  
As of December 31, 2016 and 2015  
and for the Year Ended  
December 31, 2016  
And  
Supplemental Schedules  
As of and for the Year Ended  
December 31, 2016**

## **Wausau Paper Corp. Retirement Plan Index**

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

## INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the Wausau Paper Corp. Retirement Plan

### Report on the 2016 Financial Statements

We were engaged to audit the accompanying 2016 financial statements of the Wausau Paper Corp. Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Plan 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 for the 2016 Financial Statements

Our responsibility is to express an opinion on the 2016 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 on the 2016 Financial Statements* 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 on the 2016 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company and Prudential Retirement Insurance and Annuity Company, the trustees of the Plan, except for comparing the information with the related information included in the 2016 financial statements. We have been informed by the plan administrator that Vanguard Fiduciary Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2016, and for the period from December 15, 2016 to December 31, 2016, and that Prudential Retirement Insurance and Annuity Company held the Plan's investment assets and executed investment transactions for the period January 1, 2016 to December 14, 2016. The plan administrator has obtained certifications from the trustees as of and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustees is complete and accurate.

### Disclaimer of Opinion on the 2016 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2016 Financial Statements* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements referred to in the first paragraph.

### Other Matter – Supplemental Schedules

The supplemental Schedule H, Line 4(i)–Schedule of Assets (Held at End of Year) as of December 31, 2016 and the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2016 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2016 Financial Statements* paragraph, we do not express an opinion on the supplemental schedules referred to above.

**Other Matter – 2015 Financial Statement**

The financial statement of the Plan as of December 31, 2015, was audited by predecessor auditors. 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 the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan. Their report, dated October 14, 2016, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, were 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.

**Report on Form and Content in Compliance with DOL Rules and Regulations 2016**

The form and content of the information included in the 2016 financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Touiller + Associates, LLP*

October 9, 2017

**Wausau Paper Corp. Retirement Plan**  
**Statements of Net Assets Available for Benefits**  
**As of December 31, 2016 and 2015**

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|                                                | <u>2016</u>              | <u>2015</u>              |
|------------------------------------------------|--------------------------|--------------------------|
| <b>Assets:</b>                                 |                          |                          |
| Cash                                           | \$ 425,060               | \$ -                     |
| Investments, at fair value:                    |                          |                          |
| Pooled separate accounts                       | -                        | 55,376,604               |
| Registered investment companies (mutual funds) | 54,662,706               | 1,614,078                |
| Total investments, at fair value               | <u>54,662,706</u>        | <u>56,990,682</u>        |
| <br>Total assets                               | <br>55,087,766           | <br>56,990,682           |
| <br><b>Liabilities:</b>                        |                          |                          |
| Accrued fees                                   | <u>-</u>                 | <u>13,062</u>            |
| Total liabilities                              | -                        | 13,062                   |
| <br>Net assets available for benefits          | <br><u>\$ 55,087,766</u> | <br><u>\$ 56,977,620</u> |

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

**Wausau Paper Corp. Retirement Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2016**

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|                                               | <u>2016</u>                 |
|-----------------------------------------------|-----------------------------|
| <b>Additions:</b>                             |                             |
| Additions to net assets attributed to:        |                             |
| Investment income:                            |                             |
| Interest and dividend income                  | \$ 1,167,833                |
| Net appreciation in fair value of investments | 2,387,685                   |
| Investment income                             | <u>3,555,518</u>            |
| Total additions                               | <u>3,555,518</u>            |
| <b>Deductions:</b>                            |                             |
| Deductions from net assets attributed to:     |                             |
| Benefits paid to participants                 | 5,044,608                   |
| Administrative expenses                       | 400,764                     |
| Total deductions                              | <u>5,445,372</u>            |
| Net decrease                                  | (1,889,854)                 |
| <b>Net assets available for benefits</b>      |                             |
| Beginning of year                             | 56,977,620                  |
| End of year                                   | <u><u>\$ 55,087,766</u></u> |

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

**Wausau Paper Corp. Retirement Plan**  
**Notes to Financial Statements**  
**As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016**

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**1. Description of Plan**

The following description of the Wausau Paper Corp. Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

Effective January 1, 2011, the Plan was frozen to new nonunion participants, and future Company credits to current nonunion participants. Participant accounts continue to be credited for interest earned. Effective December 31, 2016, the Plan was frozen to all union employees at the Middletown mill (and Sorg Paper Company) and there will be no new participants or benefit accruals for these participants after December 31, 2016 (see Note 9).

Prior to January 1, 2011 the Plan was a defined benefit pension plan covering all nonunion employees of Wausau Paper Corp. and all union employees at the Middletown mill and Sorg Paper Company (collectively, the "Company"). Most employees became eligible to participate in the Plan on either (1) their date of hire if expected to be credited with 1,000 hours of work during the first 12 consecutive months of employment, or (2) the first day of any plan year in which the employee performed 1,000 hour of work. The Company controls and manages the operation and administration of the Plan. Prudential Retirement Insurance and Annuity Company ("Prudential") served as the trustee of the Plan through December 14, 2016, when Vanguard Fiduciary Trust Company ("Vanguard") became trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

On January 21, 2016, the acquisition of Wausau by SCA Tissue North America LLC ("SCA Tissue"), a wholly owned subsidiary of SCA Americas Inc. ("SCA Americas"), was consummated pursuant to the terms of the previously announced Agreement and Plan of Merger, dated as of October 12, 2015 ("the Merger Agreement"), by and among the Wausau, SCA Americas, and Salmon Acquisition, Inc., a wholly owned subsidiary of SCA Tissue ("Merger Sub"). Pursuant to the Merger Agreement, Merger Sub merged with and into Wausau (the "Merger"), with Wausau continuing as the surviving corporation. As a result of the Merger, Wausau became a wholly owned subsidiary of SCA Tissue, which pursuant to an Assignment of Agreement and Plan Merger, dated January 20, 2016 (the "Assignment Agreement"), and was assigned SCA Americas' rights and obligations under the Merger Agreement. In December 2016, SCA Americas assumed sponsorship of the Plan.

On July 30, 2014, prior to SCA America's acquisition of Wausau Paper Company, a settlement agreement was entered into with the Pension Benefit Guaranty Corporation (the "PBGC") with respect to the Wausau Paper Company's unfunded defined benefit pension obligations. Under the agreement, the Wausau Paper Company had agreed to grant a lien on substantially all of its assets to the PBGC that was junior and subordinate to the lien security interest on assets pledged under the Wausau Paper Company's secured term loan and revolving credit facilities. The Wausau Paper Company had also agreed to contribute in excess of minimum funding requirements of up to \$36 million to its defined benefit pension plans through 2018. After SCA America's acquisition of Wausau Paper Company in early 2016, SCA Americas requested that the PBGC review the agreement based on the combined assets and liabilities of both SCA Americas and the Wausau Paper Company and requested a termination of the agreement. During 2017, the agreement was terminated and SCA Americas' and its affiliates' obligation have ceased under this agreement. The PBGC, via a letter dated February 14, 2017, concurs that the agreement is terminated.

Prior to January 1, 2011, the Plan had a cash balance pension formula component for all nonunion employees. Under the cash balance formula, every year the Company credited each eligible participant for current service at a rate of 4.25% of eligible compensation up to the Old Age, Survivors, and Disability Insurance ("OASDI") wage base and 8.5% of compensation in excess of the OASDI wage base up to the maximum allowable amount.

**Wausau Paper Corp. Retirement Plan**  
**Notes to Financial Statements**  
**As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016**

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The participant accounts continue to earn annual interest credited on the beginning of year balance at the 30 year Treasury Securities Rate from November of the prior year (3.03% for the 2016 Plan year).

Although the portion of the plan for nonunion employees was frozen effective January 1, 2011, nonunion participants, not fully vested at the time, were required to complete the additional service period to become fully vested. Wausau Paper Corp. amended the Plan effective on June 20, 2013, to fully vest all participants impacted by the sale of the Company's specialty paper business effective June 26, 2013.

**Pension Benefits**

Effective January 1 2008, participants with three years of continuous service, as defined by the Plan, are entitled to pension benefits. Pension benefits are provided to participants under several types of retirement options. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option for nonunion employees under the cash balance pension formula.

**Death Benefits**

If a participant (active or terminated) dies prior to retirement and has met the service requirements for vesting, their designated beneficiary is eligible to receive the accumulated pension benefit in the participant's cash balance account.

**Funding Policy**

The Company's funding policy is to make contributions in such amounts as may be required to meet the minimum funding requirements of ERISA. Employer contributions are made based on actuarially determined amounts using the projected unit credit cost method. Minimum contribution requirements have been met for 2016.

**Plan Termination**

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

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

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value

**Wausau Paper Corp. Retirement Plan**  
**Notes to Financial Statements**  
**As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016**

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of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The benefits steering committee of the Plan sponsor determines the Plan's valuation policies utilizing information provided by trustees, custodians and investment advisors. See Note 4 for discussion of fair value measurements.

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

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

**Administrative Expenses**

In 2016, certain investment and administrative expenses were paid out of the Plan, and include recordkeeping, trustee, and actuarial professional fees. Certain other administrative expenses of the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the statement of changes in net assets available for benefits.

**Subsequent Events**

The Plan has evaluated subsequent events through October 9, 2017, the date the financial statements were available to be issued.

**3. Financial Information Certified by Trustees (Unaudited)**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information included in the accompanying financial statements and supplemental schedules was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Vanguard Fiduciary Trust Company and Prudential Retirement Insurance and Annuity Company, the trustees of the Plan, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Vanguard Fiduciary Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2016, and for the period from December 15, 2016 to December 31, 2016, and Prudential Retirement Insurance and Annuity Company held the Plan's investment assets and executed investment transactions as of December 31, 2015 and for the period January 1, 2016 to December 14, 2016.

Information obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Vanguard Fiduciary Trust Company:

- Cash and investments, at fair value, as shown in the statement of net assets available for benefits as of December 31, 2016.
- Investment activity, including interest and dividend income, and net appreciation (depreciation) in fair value of investments for the period December 15, 2016 to December 31, 2016 as follows:

For the period from December 15, 2016 to December 31, 2016

|                                               |    |           |
|-----------------------------------------------|----|-----------|
| Net depreciation in fair value of investments | \$ | (201,624) |
| Interest and dividends                        |    | 256,459   |

**Wausau Paper Corp. Retirement Plan**  
**Notes to Financial Statements**  
**As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016**

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- The information for all registered investment companies (mutual funds) listed in the schedule of assets (held at end of year) as of December 31, 2016, as shown in the supplemental schedules.
- The information for all registered investment companies (mutual funds) listed in the schedule of reportable transactions for the year ended December 31, 2016, as shown in the supplemental schedules.

Information obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Prudential Retirement Insurance and Annuity Company:

- Investments, at fair value as shown in the statement of net assets available for benefits as of December 31, 2015.
- Investment activity, including interest and dividend income, and net appreciation (depreciation) in fair value of investments for the period January 1, 2016 to December 14, 2016 as follows:

For the period from January 1, 2016 to December 14, 2016

|                                               |    |           |
|-----------------------------------------------|----|-----------|
| Net appreciation in fair value of investments | \$ | 2,589,309 |
| Interest and dividends                        |    | 911,374   |

- The information for all pooled separate accounts listed in the schedule of reportable transactions for the year ended December 31, 2016, as shown in the supplemental schedules.

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

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2016 and 2015.

|                                                        |                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Registered investment companies (mutual funds):</i> | Valued at the net asset value ("NAV") of shares held by the Plan at year-end based upon quoted market prices on nationally recognized exchanges. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Wausau Paper Corp. Retirement Plan**  
**Notes to Financial Statements**  
**As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016**

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*Pooled separate accounts:* Valued at the NAV of units held by the Plan at year-end. The NAV, as provided by the administrator of the fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, minus its liabilities, and then divided by the number of units outstanding. This practical expedient is not used when it is determined to be probable that the pooled separate account will sell the investment for an amount different than the reported NAV.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016:

|                             | <u>Total</u>         | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> |
|-----------------------------|----------------------|----------------------|----------------|----------------|
| Investments, at fair value: |                      |                      |                |                |
| Mutual funds                | \$ 54,662,706        | \$ 54,662,706        | \$ -           | \$ -           |
| Total                       | <u>\$ 54,662,706</u> | <u>\$ 54,662,706</u> | <u>\$ -</u>    | <u>\$ -</u>    |

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2015:

|                              | <u>Total</u>         | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> |
|------------------------------|----------------------|---------------------|----------------|----------------|
| Investments, at fair value:  |                      |                     |                |                |
| Mutual funds                 | \$ 1,614,078         | \$ 1,614,078        | \$ -           | \$ -           |
| Pooled separate accounts (*) | 55,376,604           | -                   | -              | -              |
| Total                        | <u>\$ 56,990,682</u> | <u>\$ 1,614,078</u> | <u>\$ -</u>    | <u>\$ -</u>    |

\*In accordance with fair value measurement guidance, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented as investments in the statements of net assets available for benefits.

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31, 2016 and 2015.

| <u>Investment Type</u>   | <u>Fair Value</u><br><u>December 31, 2016</u> | <u>Fair Value</u><br><u>December 31, 2015</u> | <u>Unfunded</u><br><u>Commitments</u> | <u>Redemption</u><br><u>Frequency</u> | <u>Redemption</u><br><u>Notice Period</u> |
|--------------------------|-----------------------------------------------|-----------------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------------|
| Pooled separate accounts | \$ -                                          | \$ 55,376,604                                 | \$ -                                  | Daily                                 | Daily                                     |

The Plan's pooled separate accounts were invested in a variety of funds designed to mirror the investment strategies of similar registered investment companies (mutual funds), including equity-style and fixed income style funds.

**Wausau Paper Corp. Retirement Plan**  
**Notes to Financial Statements**  
**As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016**

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

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries and, (2) beneficiaries of employees who have died. The actuarial present value of accumulated plan benefits is determined by an independent actuary 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, or withdrawal) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of December 31, 2016 and 2015 are as follows:

|                                                            | 2016                 | 2015                 |
|------------------------------------------------------------|----------------------|----------------------|
| Vested benefits                                            |                      |                      |
| Participants currently receiving benefits                  | \$ 23,564,821        | \$ 24,985,442        |
| Active and terminated vested participants                  | 29,010,780           | 29,800,568           |
| Total vested benefits                                      | 52,575,601           | 54,786,010           |
| Nonvested benefits                                         | 283,927              | 301,511              |
| Total actuarial present value of accumulated plan benefits | <u>\$ 52,859,528</u> | <u>\$ 55,087,521</u> |

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2016 are as follows:

|                                                                         |                      |
|-------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits, beginning of year | <u>\$ 55,087,521</u> |
| Increase (decrease) during the year attributed to:                      |                      |
| Benefits paid                                                           | (5,044,608)          |
| Benefits accumulated                                                    | 375,973              |
| Decrease in the discount period                                         | 3,708,869            |
| Actuarial (gains)/losses                                                | (1,274,552)          |
| Plan amendments                                                         | 146,475              |
| Assumption changes                                                      | (140,150)            |
| Net decrease                                                            | <u>(2,227,993)</u>   |
| Actuarial present value of accumulated plan benefits, end of year       | <u>\$ 52,859,528</u> |

The significant methods and assumptions used to determine the actuarial present value of accumulated plan benefits as of December 31, 2016 and 2015 are as follows:

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality      | RP-2014 employee/annuitant specific mortality tables without collar adjustment, projected on a generational basis with Scale MP-2016, a conversion rate of 3.62% and the 2017 417(e) mortality table used for lump sum conversions as of December 31, 2016 and RP-2014 employee/annuitant specific mortality tables without collar adjustment, projected on a generational basis with Scale MP-2015, a conversion rate of 4.00% and the 2016 417(e) mortality table used for lump sum conversions as of December 31, 2015 |
| Discount Rate  | 7.00% as of December 31, 2016 and 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Retirement Age | Average retirement age of 62 as of December 31, 2016 and 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

The change in the actuarial assumption is primarily due to the change in mortality assumption described above.

**Wausau Paper Corp. Retirement Plan**  
**Notes to Financial Statements**  
**As of December 31, 2016 and 2015 and for the Year Ended December 31, 2016**

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

**6. Tax Status**

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 22, 2016, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. The plan administrator believes that the Plan continues to be operated in compliance with the applicable sections of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

**7. Risk and Uncertainties**

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

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

**8. Related-Party and Party in Interest Transactions**

Certain plan investments are shares of registered investment companies managed by affiliates of Vanguard, the trustee and certain Plan investments are units of pooled separate accounts managed by Prudential, the former trustee of the Plan. These transactions qualify as party-in-interest transactions. During 2016, the Plan also paid service charges to Prudential of \$31,359, which are included in administrative expense on the statement of changes in net assets. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

**9. Plan Amendments**

During 2016 the Plan was amended to reflect the collective bargaining agreement with United Steel, Paper and Forestry, Rubber Manufacturing, Energy, Allied Industrial and Service Workers International Union Local 1-112, which provided that the benefit rate for such employees be increased to \$46 effective May 1, 2016 and further provided that benefit accruals cease effective December 31, 2016.

## **SUPPLEMENTAL SCHEDULES**

**Wausau Paper Corp. Retirement Plan**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**As of December 31, 2016**

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EIN 23-3061590 Plan #012

| (a) | (b)<br>Identity of<br>issue,<br>borrower,<br>lessor, or<br>similar<br>party | Shares/<br>Units | (c)<br>Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d)<br>Cost          | (e)<br>Current Value |
|-----|-----------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     |                                                                             |                  | Registered Investment Companies<br>(Mutual Funds):                                                                   |                      |                      |
| *   | Vanguard                                                                    | 2,073,811        | Total Bond Market Index                                                                                              | \$ 21,878,972        | \$ 22,086,087        |
| *   | Vanguard                                                                    | 434,167          | Total Stock Market Index                                                                                             | 24,724,988           | 24,352,443           |
| *   | Vanguard                                                                    | 699,930          | Developed Markets Index                                                                                              | 8,258,771            | 8,224,176            |
|     |                                                                             |                  |                                                                                                                      | <u>\$ 54,862,731</u> | <u>\$ 54,662,706</u> |
| *   | Party-in-interest                                                           |                  |                                                                                                                      |                      |                      |

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

**Wausau Paper Corp. Retirement Plan**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**For the Year Ended December 31, 2016**

| EIN 23-3061590 Plan #012                                                       |                                              |                |               |               |                                            |                 |
|--------------------------------------------------------------------------------|----------------------------------------------|----------------|---------------|---------------|--------------------------------------------|-----------------|
| (a)                                                                            | (b)                                          | (c)            | (d)           | (e)           | (h)                                        | (i)             |
| Identity of Party Involved                                                     | Description of Asset                         | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
| <u>Category (i) – Single transactions in excess of 5% of plan assets:</u>      |                                              |                |               |               |                                            |                 |
| *Vanguard                                                                      | Total Bond Market Index                      | \$ 22,013,172  | \$ -          | \$ 22,013,172 | \$ 22,013,172                              | \$ -            |
| *Vanguard                                                                      | Total Stock Market Index                     | 24,764,819     | -             | 24,764,819    | 24,764,819                                 | -               |
| *Vanguard                                                                      | Developed Markets Index                      | 8,254,940      | -             | 8,254,940     | 8,254,940                                  | -               |
| *PRIAC                                                                         | Dryden S&P 500 Index                         | -              | 6,300,000     | 3,431,795     | 6,300,000                                  | 2,868,205       |
| *PRIAC                                                                         | Large Cap Growth/MFS Fund                    | -              | 6,500,000     | 3,071,240     | 6,500,000                                  | 3,428,760       |
| *PRIAC                                                                         | Large Cap Value/Barrow Henley Fund           | -              | 7,175,212     | 4,409,805     | 7,175,212                                  | 2,765,407       |
| *PRIAC                                                                         | International Blend/Lazard Fund              | -              | 3,200,000     | 3,038,596     | 3,200,000                                  | 161,404         |
| *PRIAC                                                                         | Core Bond Enhanced Index/PGIM Fund           | -              | 9,800,000     | 9,388,542     | 9,800,000                                  | 411,458         |
| *PRIAC                                                                         | Core Plus Bond/PGIM Fund                     | -              | 9,900,000     | 8,998,049     | 9,900,000                                  | 901,951         |
| <u>Category (iii) – Series of transactions in excess of 5% of plan assets:</u> |                                              |                |               |               |                                            |                 |
| *Vanguard                                                                      | Total Bond Market Index – 2 purchases        | \$ 22,047,400  | \$ -          | \$ 22,047,400 | \$ 22,047,400                              | \$ -            |
| *Vanguard                                                                      | Total Bond Market Index – 1 sale             | -              | 170,024       | 168,428       | 170,024                                    | 1,596           |
| *Vanguard                                                                      | Total Stock Market Index – 2 purchases       | 24,919,191     | -             | 24,919,191    | 24,919,191                                 | -               |
| *Vanguard                                                                      | Total Stock Market Index – 1 sale            | -              | 191,277       | 194,203       | 191,277                                    | (2,926)         |
| *Vanguard                                                                      | Developed Markets Index – 2 purchases        | 8,322,798      | -             | 8,322,798     | 8,322,798                                  | -               |
| *Vanguard                                                                      | Developed Markets Index – 1 sale             | -              | 63,759        | 64,027        | 63,759                                     | (268)           |
| *PRIAC                                                                         | Dryden S&P 500 Index – 7 sales               | -              | 7,086,649     | 3,755,181     | 7,086,649                                  | 3,331,468       |
| *PRIAC                                                                         | Large Cap Growth/MFS Fund – 7 sales          | -              | 7,170,912     | 3,386,765     | 7,170,912                                  | 3,784,147       |
| *PRIAC                                                                         | Large Cap Value/Barrow Henley Fund – 6 sales | -              | 7,790,212     | 4,670,308     | 7,790,212                                  | 3,119,904       |
| *PRIAC                                                                         | International Blend/Lazard Fund – 6 sales    | -              | 3,404,820     | 3,178,525     | 3,404,820                                  | 226,295         |
| *PRIAC                                                                         | Core Bond Enhanced Index/PGIM Fund – 8 sales | -              | 10,856,393    | 10,165,670    | 10,856,393                                 | 690,723         |
| *PRIAC                                                                         | Core Plus Bond/PGIM Fund – 8 sales           | -              | 11,082,488    | 9,735,253     | 11,082,488                                 | 1,347,235       |
| *PRIAC                                                                         | Prudential Short-Term – 42 purchases         | 6,764,829      | -             | 6,764,829     | 6,764,829                                  | -               |
| *PRIAC                                                                         | Prudential Short-Term – 129 sales            | -              | 8,363,793     | 8,361,671     | 8,363,793                                  | 2,122           |
| *: Party-in interest                                                           |                                              |                |               |               |                                            |                 |

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2016.

This schedule was prepared from data certified as complete and accurate by Prudential Retirement Insurance and Annuity Company ("PRIAC") and Vanguard Fiduciary Trust Company ("Vanguard"), trustees of the Plan.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2016

| Attained Age | Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |           |            |
|--------------|---------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|-----------|------------|
|              | Under 1                   |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            | 30 to 34 |            | 35 to 39 |            | 40 & Over |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.       | Avg. Comp. |
| Under 25     | 2                         |            | 1      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 25 - 29      | 4                         |            | 8      |            | 1      |            | 1        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 30 - 34      | 2                         |            | 18     |            | 15     |            | 4        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 35 - 39      | 2                         |            | 18     |            | 5      |            | 18       |            | 1        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 40 - 44      | 0                         |            | 13     |            | 18     |            | 15       |            | 18       |            | 2        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 45 - 49      | 0                         |            | 18     |            | 16     |            | 27       |            | 20       |            | 4        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 50 - 54      | 2                         |            | 19     |            | 12     |            | 30       |            | 22       |            | 10       |            | 2        |            | 1        |            | 0        |            | 0         |            |
| 55 - 59      | 0                         |            | 12     |            | 10     |            | 22       |            | 15       |            | 15       |            | 2        |            | 0        |            | 1        |            | 0         |            |
| 60 - 64      | 0                         |            | 14     |            | 15     |            | 11       |            | 9        |            | 11       |            | 8        |            | 0        |            | 1        |            | 0         |            |
| 65 - 69      | 0                         |            | 2      |            | 1      |            | 3        |            | 1        |            | 1        |            | 1        |            | 0        |            | 0        |            | 0         |            |
| 70 & Over    | 1                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 2        |            | 0        |            | 0        |            | 0        |            | 0         |            |

Plan Name: Wausau Paper Corp. Retirement Plan  
 EIN / PN: 23-3061590 / 012  
 Plan Sponsor: SCA Americas, Inc.  
 Valuation Date: January 1, 2016

# SCHEDULE SB ATTACHMENTS

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

### Plan Sponsor

SCA Americas, Inc.

### EIN / PN

23-3061590 / 012

### Plan

Wausau Paper Corp. Retirement Plan

### Economic Assumptions

#### Interest rate basis

- |                       |                 |
|-----------------------|-----------------|
| ■ Applicable month    | September       |
| ■ Interest rate basis | 3-Segment Rates |

#### Interest rates

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate      | 4.43%                   | 1.34%                       |
| ■ Second segment rate     | 5.91%                   | 4.03%                       |
| ■ Third segment rate      | 6.65%                   | 5.06%                       |
| ■ Effective interest rate | 5.97%                   | 4.19%                       |

#### Assumed return for asset smoothing

7.00%

#### Annual rates of increase

- |                                                       |                                     |
|-------------------------------------------------------|-------------------------------------|
| ■ Compensation – Cash Balance:                        | N/A – Plan Frozen December 31, 2010 |
| ■ Compensation – Towel & Tissue Local 1-112 Employee: | N/A                                 |

#### Administrative expenses

\$200,000

|                 |                                    |
|-----------------|------------------------------------|
| Plan Name:      | Wausau Paper Corp. Retirement Plan |
| EIN / PN:       | 23-3061590 / 012                   |
| Plan Sponsor:   | SCA Americas, Inc.                 |
| Valuation Date: | January 1, 2016                    |

# SCHEDULE SB ATTACHMENTS

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

### Demographic Assumptions

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

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

### Mortality

- **Healthy** The prescribed mortality assumption under Section 430(h)(3)(A) of Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.
- **Disabled** The prescribed mortality assumption under Section 430(h)(3)(A) of Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

**Termination** Rates varying by age and gender.

### Representative Termination Rates

| Rate leaving during the year |         |         |
|------------------------------|---------|---------|
| Attained Age                 | Males   | Females |
| 15                           | 0.24415 | 0.31172 |
| 20                           | 0.14414 | 0.21171 |
| 25                           | 0.07122 | 0.11183 |
| 30                           | 0.04025 | 0.06287 |
| 35                           | 0.02812 | 0.04768 |
| 40                           | 0.01777 | 0.03515 |
| 45                           | 0.01095 | 0.02392 |
| 50                           | 0.00426 | 0.01139 |
| 55                           | 0.00000 | 0.00000 |
| 60                           | 0.00000 | 0.00000 |
| 65                           | 0.00000 | 0.00000 |

Plan Name: Wausau Paper Corp. Retirement Plan  
EIN / PN: 23-3061590 / 012  
Plan Sponsor: SCA Americas, Inc.  
Valuation Date: January 1, 2016

# SCHEDULE SB ATTACHMENTS

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

### Disability

- Nonunion Employees      None.
- Union Employees      Rates varying by age and gender.

#### Representative Disability Rates

| Rate leaving during the year |         |         |
|------------------------------|---------|---------|
| Attained Age                 | Males   | Females |
| 15                           | 0.00285 | 0.00428 |
| 20                           | 0.00286 | 0.00429 |
| 25                           | 0.00278 | 0.00417 |
| 30                           | 0.00275 | 0.00413 |
| 35                           | 0.00288 | 0.00432 |
| 40                           | 0.00323 | 0.00485 |
| 45                           | 0.00405 | 0.00608 |
| 50                           | 0.00574 | 0.00861 |
| 55                           | 0.00868 | 0.01302 |
| 60                           | 0.01363 | 0.02045 |
| 65                           | 0.00000 | 0.00000 |

### Retirement

- For Active Employees:  
Nonunion      Rates varying by age.

#### Representative Retirement Rates

| Age  | Probability |
|------|-------------|
| 55   | 0.07        |
| 56   | 0.07        |
| 57   | 0.07        |
| 58   | 0.07        |
| 59   | 0.07        |
| 60   | 0.15        |
| 61   | 0.15        |
| 62   | 0.15        |
| 63   | 0.15        |
| 64   | 0.10        |
| 65   | 0.15        |
| 66   | 0.50        |
| 67 + | 1.00        |

Plan Name:            Wausau Paper Corp. Retirement Plan  
EIN / PN:            23-3061590 / 012  
Plan Sponsor:        SCA Americas, Inc.  
Valuation Date:      January 1, 2016

# SCHEDULE SB ATTACHMENTS

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

- For Active Employees:  
Union

Rates varying by age.

### Representative Retirement Rates

| Age  | Probability |
|------|-------------|
| 55   | 0.02        |
| 56   | 0.02        |
| 57   | 0.02        |
| 58   | 0.02        |
| 59   | 0.02        |
| 60   | 0.02        |
| 61   | 0.02        |
| 62   | 0.30        |
| 63   | 0.05        |
| 64   | 0.15        |
| 65   | 0.20        |
| 66   | 0.15        |
| 67 + | 1.00        |

---

- For Inactive Employees:  
Nonunion

Rates varying by age.

### Representative Retirement Rates

| Age   | Probability |
|-------|-------------|
| < 25  | 0.15        |
| 25-29 | 0.45        |
| 30-34 | 0.25        |
| 35-39 | 0.20        |
| 40-44 | 0.10        |
| 45-54 | 0.15        |
| 55-56 | 0.20        |
| 57-58 | 0.10        |
| 59    | 0.30        |
| 60    | 0.25        |
| 61-62 | 0.40        |
| 63    | 0.65        |
| 64    | 0.60        |
| 65 +  | 1.00        |

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Plan Name: Wausau Paper Corp. Retirement Plan  
EIN / PN: 23-3061590 / 012  
Plan Sponsor: SCA Americas, Inc.  
Valuation Date: January 1, 2016

# SCHEDULE SB ATTACHMENTS

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

- For Inactive Employees:  
Union
- Age 62.

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form of payment</b>                                                        | Upon retirement, 90% of participants are assumed to elect a lump sum and 10% are assumed to elect a life annuity. Upon termination, prior to retirement, 100% of participants are assumed to elect a lump sum.<br><br>Calculation of lump sum: Lump sums were assumed equal to the cash balance account balance.<br><br>Calculation of annuity: Annuities were valued as the actuarial equivalent of the cash balance account balance. Actuarial equivalent annuities were determined using the IRS mandated interest rates for funding and the IRS mandated mortality table applicable for lump sums during the valuation plan year. |
| <b>Percent married</b>                                                        | 80% of males; 80% of females. Used to value pre-retirement surviving spouse benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Spouse age</b>                                                             | Wife three years younger than husband.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>At-risk assumptions</b>                                                    | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Timing of benefit payments</b>                                             | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Future Increases in Maximum Benefits and Plan Compensation Limitations</b> | Accrued benefits projected to be paid in future years are limited to be the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.                                                                                                                                                                                                                                                                                                                             |
| <b>Calculation of Cash Balance Accounts</b>                                   | Future cash balance account balances are projected at the assumed interest crediting rate until decrement for valuation purposes. The future interest crediting rate assumption is 3.50% per year.                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|                 |                                    |
|-----------------|------------------------------------|
| Plan Name:      | Wausau Paper Corp. Retirement Plan |
| EIN / PN:       | 23-3061590 / 012                   |
| Plan Sponsor:   | SCA Americas, Inc.                 |
| Valuation Date: | January 1, 2016                    |

# SCHEDULE SB ATTACHMENTS

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

### Annuity conversion rate for hybrid plans

The assumed annuity conversion rate for PPA funding purposes is the Segment Rates with a 4 month look-back as adjusted by the 90% - 110% corridor around the 25-year average segment rates:

- First segment rate 4.43%
- Second segment rate 5.91%
- Third segment rate 6.65%

### Methods

#### Valuation date

First day of plan year.

#### Funding target

Present value of accrued benefits as required by regulations under IRC §430.

#### Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

#### Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name: Wausau Paper Corp. Retirement Plan  
EIN / PN: 23-3061590 / 012  
Plan Sponsor: SCA Americas, Inc.  
Valuation Date: January 1, 2016

# SCHEDULE SB ATTACHMENTS

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

### Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions and, based on that review, is not aware of any other significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

### Assumptions Rationale - Significant Economic Assumptions

#### Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

#### Cash balance interest crediting rate

The plan credits interest to cash balance accounts using the 30-year Treasury rate. After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable, allowing for some adverse deviation, based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate.

#### Lump sum conversion rate

As required by IRC §430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.

#### Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

#### Assumed return for asset smoothing

Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

### Assumptions Rationale - Significant Demographic Assumptions

|                 |                                    |
|-----------------|------------------------------------|
| Plan Name:      | Wausau Paper Corp. Retirement Plan |
| EIN / PN:       | 23-3061590 / 012                   |
| Plan Sponsor:   | SCA Americas, Inc.                 |
| Valuation Date: | January 1, 2016                    |

# SCHEDULE SB ATTACHMENTS

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

|                                                         |                                                                                                                                                                                                                                              |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy Mortality</b>                                | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                      |
| <b>Disabled Mortality</b>                               | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                      |
| <b>Termination</b>                                      | Termination rates are based on plan sponsor expectations for the future reflecting plan changes and current economic conditions with periodic monitoring of observed gains and losses caused by termination patterns different than assumed. |
| <b>Disability</b>                                       | Disability rates are based on plan sponsor expectations for the future reflecting plan changes and current economic conditions with periodic monitoring of observed gains and losses caused by disability patterns different than assumed.   |
| <b>Retirement</b>                                       | Retirement rates are based on plan sponsor expectations for the future reflecting plan changes and current economic conditions with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.   |
| <b>Benefit commencement date for deferred benefits:</b> |                                                                                                                                                                                                                                              |
| Deferred vested benefit                                 | Deferred vested participants who are eligible for early retirement are assumed to begin benefits based on rates applied to a number of commencement ages based on an analysis of actual commencement patterns.                               |

### Source of Prescribed Methods

|                        |                                                                                                                                                                                                                                                                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding methods</b> | The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                                    |
|-----------------|------------------------------------|
| Plan Name:      | Wausau Paper Corp. Retirement Plan |
| EIN / PN:       | 23-3061590 / 012                   |
| Plan Sponsor:   | SCA Americas, Inc.                 |
| Valuation Date: | January 1, 2016                    |

# SCHEDULE SB ATTACHMENTS

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

### Changes in Assumptions and Methods

#### Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2014 to September 2015.

The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

The expected return on assets was updated from 7.25% for the prior plan year to 7.00% for the current plan year.

The interest crediting rate was updated from 3.04% for the first year of the valuation to 3.03% and from 3.25% for the prior plan year to 3.50% for all years thereafter for the current plan year.

There have been no other changes in assumptions since the prior valuation.

#### Change in methods since prior valuation

The valuation software used to produce the actuarial information submitted on this schedule is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 5% of those values as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Announcement 2010-3.

Plan Name: Wausau Paper Corp. Retirement Plan  
EIN / PN: 23-3061590 / 012  
Plan Sponsor: SCA Americas, Inc.  
Valuation Date: January 1, 2016

# **SCHEDULE SB ATTACHMENTS**

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

Plan Name: Wausau Paper Corp. Retirement Plan  
EIN / PN: 23-3061590 / 012  
Plan Sponsor: SCA Americas, Inc.  
Valuation Date: January 1, 2016

**Schedule H, line 4j – Schedule of Reportable Transactions**

Plan Name: Wausau Paper Corp. Retirement Plan  
Employer I.D. #: 23-3061590  
Plan Number: 002

| (a) Identity of party involved | (b) Description of asset (including interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|--------------------------------|-----------------------------------------------------------------------------------|--------------------|-------------------|------------------|---------------------------------------|-------------------|------------------------------------------------|------------------------|
|--------------------------------|-----------------------------------------------------------------------------------|--------------------|-------------------|------------------|---------------------------------------|-------------------|------------------------------------------------|------------------------|

Schedule of Reportable Transactions is contained in the attached audit report.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

|                                                                                                                                                         |                                                                            |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>Wausau Paper Corp. Retirement Plan                                                                                             | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | 012 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>SCA Americas, Inc.                                                          | <b>D</b> Employer Identification Number (EIN)<br>23-3061590                |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                            |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                            |     |

| <b>Part I Basic Information</b>                                                                                                                                                                                |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>                                                                                                                              |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                               |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                     | <b>2a</b>                  | 56,990,682                |                          |
| <b>b</b> Actuarial value.....                                                                                                                                                                                  | <b>2b</b>                  | 60,409,505                |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 454                        | 25,693,615                | 25,693,615               |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 377                        | 15,392,550                | 15,392,550               |
| <b>c</b> For active participants.....                                                                                                                                                                          | 507                        | 15,097,866                | 15,528,740               |
| <b>d</b> Total.....                                                                                                                                                                                            | 1,338                      | 56,184,031                | 56,614,905               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                               |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                          | <b>5</b> 5.97%             |                           |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b> 603,032           |                           |                          |

**Statement by Enrolled Actuary**

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

|                  |                                                                         |                                               |
|------------------|-------------------------------------------------------------------------|-----------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of actuary                                                | <br>Date<br>1705793                           |
|                  | J. STEVEN PAK<br>Type or print name of actuary                          | Most recent enrollment number<br>215-246-4941 |
|                  | TOWERS WATSON DELAWARE INC.<br>Firm name                                | Telephone number (including area code)        |
|                  | 1500 MARKET STREET<br>PHILADELPHIA PA 19102-4790<br>Address of the firm |                                               |

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

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

Schedule SB (Form 5500) 2016  
v. 160205

| <b>Part II</b> |                                                                                                                                                         | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                                                         | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                          | 0                                                          | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                      | 0                                                          | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8).....                                                                                                             | 0                                                          | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>-0.51%</u> .....                                                                              | 0                                                          | 0                      |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                                                    |                                                            |                        |
| <b>a</b>       | Present value of excess contributions (line 38a from prior year).....                                                                                   |                                                            | 0                      |
| <b>b(1)</b>    | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.15%</u> ..... |                                                            | 0                      |
| <b>b(2)</b>    | Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                 |                                                            | 0                      |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance.....                                                                     |                                                            | 0                      |
| <b>d</b>       | Portion of (c) to be added to prefunding balance.....                                                                                                   |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections.....                                                                                  | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                       | 0                                                          | 0                      |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |         |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 106.70% |
| <b>15</b>       | Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b>                  | 106.70% |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 104.47% |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                         | <b>17</b>                  | %       |

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

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

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

|                                                                                                                                                                                                                                     |                        |                                                                                                                         |                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                   |                        |                                                                                                                         |                                                                            |
| 21 Discount rate:                                                                                                                                                                                                                   |                        |                                                                                                                         |                                                                            |
| a Segment rates:                                                                                                                                                                                                                    | 1st segment:<br>4.43 % | 2nd segment:<br>5.91 %                                                                                                  | 3rd segment:<br>6.65 % <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code).....                                                                                                                                                                                                |                        |                                                                                                                         | 21b 4                                                                      |
| 22 Weighted average retirement age .....                                                                                                                                                                                            |                        |                                                                                                                         | 22 62                                                                      |
| 23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                               |                        |                                                                                                                         |                                                                            |
| <b>Part VI Miscellaneous Items</b>                                                                                                                                                                                                  |                        |                                                                                                                         |                                                                            |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                        |                                                                                                                         |                                                                            |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                       |                        |                                                                                                                         |                                                                            |
| 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |                        |                                                                                                                         |                                                                            |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                                                                                       |                        | 27                                                                                                                      |                                                                            |
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                             |                        |                                                                                                                         |                                                                            |
| 28 Unpaid minimum required contributions for all prior years .....                                                                                                                                                                  |                        | 28                                                                                                                      |                                                                            |
| 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                                                                          |
| <b>Part VIII Minimum Required Contribution For Current Year</b>                                                                                                                                                                     |                        |                                                                                                                         |                                                                            |
| 31 Target normal cost and excess assets (see instructions):                                                                                                                                                                         |                        |                                                                                                                         |                                                                            |
| a Target normal cost (line 6) .....                                                                                                                                                                                                 |                        | 31a                                                                                                                     | 603,032                                                                    |
| b Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                 |                        | 31b                                                                                                                     | 603,032                                                                    |
| 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                                                                          |
| <b>Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>                                                                                                                                           |                        |                                                                                                                         |                                                                            |
| 41 If an election was made to use PRA 2010 funding relief for this plan:                                                                                                                                                            |                        |                                                                                                                         |                                                                            |
| a Schedule elected .....                                                                                                                                                                                                            |                        | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |                                                                            |
| b Eligible plan year(s) for which the election in line 41a was made .....                                                                                                                                                           |                        | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |                                                                            |
| 42 Amount of acceleration adjustment .....                                                                                                                                                                                          |                        | 42                                                                                                                      |                                                                            |
| 43 Excess installment acceleration amount to be carried over to future plan years .....                                                                                                                                             |                        | 43                                                                                                                      |                                                                            |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2016

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

| All Nonunion Employees |         |           |                                  |                        |                            |
|------------------------|---------|-----------|----------------------------------|------------------------|----------------------------|
| Age                    | $q_x^r$ | $l_x$     | ${}_{x-55}p_{55} = l_x / l_{55}$ | $q_x^r * l_x / l_{55}$ | $x * q_x^r * l_x / l_{55}$ |
| 55                     | 0.0700  | 1,000,000 | 1.000                            | 0.070                  | 3.850                      |
| 56                     | 0.0700  | 930,000   | 0.930                            | 0.065                  | 3.646                      |
| 57                     | 0.0700  | 864,900   | 0.865                            | 0.061                  | 3.451                      |
| 58                     | 0.0700  | 804,357   | 0.804                            | 0.056                  | 3.266                      |
| 59                     | 0.0700  | 748,052   | 0.748                            | 0.052                  | 3.089                      |
| 60                     | 0.1500  | 695,688   | 0.696                            | 0.104                  | 6.261                      |
| 61                     | 0.1500  | 591,335   | 0.591                            | 0.089                  | 5.411                      |
| 62                     | 0.1500  | 502,635   | 0.503                            | 0.075                  | 4.675                      |
| 63                     | 0.1500  | 427,240   | 0.427                            | 0.064                  | 4.037                      |
| 64                     | 0.1000  | 363,154   | 0.363                            | 0.036                  | 2.324                      |
| 65                     | 0.1500  | 326,838   | 0.327                            | 0.049                  | 3.187                      |
| 66                     | 0.5000  | 277,813   | 0.278                            | 0.139                  | 9.168                      |
| 67                     | 1.0000  | 138,906   | 0.139                            | 0.139                  | 9.307                      |

Average age at retirement 61.7

| All Union Employees |         |           |                                  |                        |                            |
|---------------------|---------|-----------|----------------------------------|------------------------|----------------------------|
| Age                 | $q_x^r$ | $l_x$     | ${}_{x-55}p_{55} = l_x / l_{55}$ | $q_x^r * l_x / l_{55}$ | $x * q_x^r * l_x / l_{55}$ |
| 55                  | 0.0200  | 1,000,000 | 1.000                            | 0.020                  | 1.100                      |
| 56                  | 0.0200  | 980,000   | 0.980                            | 0.020                  | 1.098                      |
| 57                  | 0.0200  | 960,400   | 0.960                            | 0.019                  | 1.095                      |
| 58                  | 0.0200  | 941,192   | 0.941                            | 0.019                  | 1.092                      |
| 59                  | 0.0200  | 922,368   | 0.922                            | 0.018                  | 1.088                      |
| 60                  | 0.0200  | 903,921   | 0.904                            | 0.018                  | 1.085                      |
| 61                  | 0.0200  | 885,842   | 0.886                            | 0.018                  | 1.081                      |
| 62                  | 0.3000  | 868,126   | 0.868                            | 0.260                  | 16.147                     |
| 63                  | 0.0500  | 607,688   | 0.608                            | 0.030                  | 1.914                      |
| 64                  | 0.1500  | 577,303   | 0.577                            | 0.087                  | 5.542                      |
| 65                  | 0.2000  | 490,708   | 0.491                            | 0.098                  | 6.379                      |
| 66                  | 0.1500  | 392,566   | 0.393                            | 0.059                  | 3.886                      |
| 67                  | 1.0000  | 333,681   | 0.334                            | 0.334                  | 22.357                     |

Average age at retirement 63.9

Active Nonunion Employees: 350  
Active Union Employees: 157  
Total Active Employees: 507

Weighted Average Rounded for Schedule SB Line 22 62

Plan Name: Wausau Paper Corp. Retirement Plan  
EIN / PN: 23-3061590 / 012  
Plan Sponsor: SCA Americas, Inc.  
Valuation Date: January 1, 2016

# SCHEDULE SB ATTACHMENTS

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## Schedule SB - Statement by Enrolled Actuary

|                          |                                    |
|--------------------------|------------------------------------|
| <b>Plan Sponsor</b>      | SCA Americas, Inc.                 |
| <b>EIN / PN</b>          | 23-3061590 / 12                    |
| <b>Plan Name</b>         | Wausau Paper Corp. Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2016                    |
| <b>Enrolled Actuary</b>  | J. Steven Pak                      |
| <b>Enrollment Number</b> | 17-05793                           |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Line 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

|                 |                                    |
|-----------------|------------------------------------|
| Plan Name:      | Wausau Paper Corp. Retirement Plan |
| EIN / PN:       | 23-3061590 / 12                    |
| Plan Sponsor:   | SCA Americas, Inc.                 |
| Valuation Date: | January 1, 2016                    |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Sponsor

SCA Americas, Inc.

### EIN/PN

23-3061590 / 012

### Plan

Wausau Paper Corp. Retirement Plan

**Plan** - Cash Balance

### Plan Provisions

|                          |                                                                                                                                                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>    | January 1, 1999. Amended and Restated January 1, 2015.                                                                                                    |
| <b>Covered employees</b> | All salaried employees of Wausau Paper and all nonunion hourly employees at Appleton Specialty Paper, Bay West Converting and Mosinee Converted Products. |
| <b>Participation</b>     | Covered employees commence participation in the plan immediately. After December 31, 2010, there will be no new participants entering the plan.           |

|                 |                                    |
|-----------------|------------------------------------|
| Plan Name:      | Wausau Paper Corp. Retirement Plan |
| EIN / PN:       | 23-3061590 / 012                   |
| Plan Sponsor:   | SCA Americas, Inc.                 |
| Valuation Date: | January 1, 2016                    |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Definitions

- Vesting Service** For each 1,000 or more hours of work in a plan year, one year of vesting service is acquired.
- Normal retirement date (NRD)** Age 65.
- Account Balance** The initial Account Balance as of January 1, 1999 is equal to the sum of (a) and (b), if eligible:
- (a) For participants of the former Wausau Paper Retirement Plan and the former Mosinee Retirement Plan as of December 31, 1998, the lump sum Actuarial Equivalent of the December 31, 1998 accrued benefit under the formula in force under the corresponding plan on that date.
  - (b) For participants as of January 1, 1999, who are at least age 35 as of that date, the product of (i) and (ii):
    - (i) A percentage, based on the following table, of applicable earnings during 1998.

| Age as of 1/1/1999 | Pay Under SSWB | Pay Over SSWB |
|--------------------|----------------|---------------|
| 35 – 39            | 1.0%           | 2.0%          |
| 40 – 44            | 2.0%           | 4.0%          |
| 45+                | 2.5%           | 5.0%          |

(ii)

(iii) Years of service as of December 31, 1998, up to a maximum of ten.

The Account Balance at any time thereafter is equal to the initial Account Balance (if any) and the sum of (a) and (b) below:

- (a) As of the last day of each calendar year up through 2010 of active participation, 4.25% of annual earnings up to the Social Security wage base plus 8.50% of annual earnings over the Social Security wage base is credited to the Account Balance. No credit will be given after December 31, 2010.
- (b) As of the last day of each calendar year, a participant's Account

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Balance is credited with an amount equal to the product of the Interest Crediting Rate and the Account Balance on the first day of such calendar year.

**Interest Crediting Rate** The Interest Crediting Rate for a plan year is the average yield in November of the preceding plan year on 30-year Treasury Constant Maturity.

**Actuarial Equivalent Definition** A benefit of equivalent actuarial value based on the applicable interest rate and the applicable mortality.

The applicable mortality is the mortality prescribed by the Internal Revenue Service that is based on the prevailing commissioner's standard table used to determine reserves for group annuity contracts. The current table is the table referenced in Revenue Ruling 2007-67.

The applicable interest rate for a plan year is the segmented corporate bond yield curve in November of the preceding plan year, with a 5 year phase-in from 30-year Treasury Securities starting in 2008.

For purposes of determining the initial Account Balance, Actuarial Equivalence shall be determined according to the actuarial assumptions used to calculate lump sum distributions in effect on January 1, 1999.

**Cost-of-Living Increase** Not applicable.

**Compensation** Base salary, overtime pay, annual cash bonuses, and commissions paid including any salary reductions under a qualified cash or deferred arrangement and contributions or deferrals under Section 125.

**Social Security** Not applicable.

**Grandfathered Benefit** Participants of the former Wausau Paper Retirement Plan and the former Mosinee Retirement Plan as of December 31, 1998, receive the greater of (a) and (b):

(a) The cash balance plan benefit; and

(b) The benefit under the formula of the corresponding prior plan,

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crediting pay and service through the earlier of retirement date and December 31, 2006.

### Eligibility for Benefits

|                                    |                                                                                                                                             |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD.                                                                                                                          |
| <b>Postponed retirement</b>        | Cash balance "account" increased with Interest Credits through the participant's date of retirement.                                        |
| <b>Deferred vested termination</b> | Termination for reasons other than death or retirement after completing three years of vesting service.                                     |
| <b>Disability Retirement</b>       | Permanent and total disability and three years of vesting service.                                                                          |
| <b>Preretirement death benefit</b> | A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting. |

### Benefits Paid Upon the Following Events

|                                    |                                                                                                                                                                                                                                                |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | The monthly pension benefit determined as of NRD.                                                                                                                                                                                              |
| <b>Postponed retirement</b>        | The monthly pension benefit determined as of the actual retirement date.                                                                                                                                                                       |
| <b>Deferred vested termination</b> | An annual benefit equal to a participant's cash balance "account", increased with Interest Credits to the commencement date, and converted to an actuarial equivalent annuity or paid as a lump sum equal to the cash balance account balance. |
| <b>Disability Retirement</b>       | The lifetime annuity which is the actuarial equivalent of the account balance is payable upon permanent and total disability.                                                                                                                  |
| <b>Preretirement death benefit</b> | If a participant dies after having vested in his account balance, the beneficiary shall be paid the lifetime annuity which is the actuarial equivalent of the account balance as of the date of death.                                         |

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

### Other Plan Provisions

#### Normal forms of payment

- Single Life annuity, if single; and
- 50% Joint and survivor annuity actuarially equivalent to the lifetime annuity, if married.

#### Optional forms of payment

- 50% Joint and Survivor;
- 66.67% Joint and Survivor;
- 75% Joint and Survivor;
- 100% Joint and Survivor;
- 10-year Certain and Life annuity; and
- Single sum payment.

#### Plan participants' contributions

None

#### Maximum limits on benefits and pay

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

### Future Plan Changes

No future plan changes were recognized in determining funding requirements.

### Changes in Benefits Valued Since Prior Year

None.

### Substantive Commitment

None.

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## Schedule SB, Part V Summary of Plan Provisions

**Plan** - Former Wausau Paper Corp. Retirement Plan (WPM)

### Plan Provisions

|                          |                                                                                                                                                                       |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>    | September 1, 1963. Amended and restated September 1, 1984. Last amended effective September 1, 1991.                                                                  |
| <b>Covered employees</b> | All salaried employees of Wausau Paper Mills Company, Rhinelander Paper Company, Wausau Papers of New Hampshire, and Wausau Papers Otis Mill as of December 31, 1998. |

### Definitions

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting Service</b>              | For each 1,000 or more hours of work in a plan year, one year of vesting service is acquired.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Benefit Service</b>              | Prior to September 1, 1976, benefit service for determination of benefit amounts will equal credited service. After August 31, 1976, one year of benefit service is given for each plan year in which the employee has completed 2,076 hours of work. Those who do not complete 2,076 hours of work in a plan year are credited with 1/12 of a year of benefit service for each 173 hours of work.                                                                                                                                                                                                                            |
| <b>Normal retirement date (NRD)</b> | Age 65 or age 62 with 10 years of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Monthly pension benefit</b>      | <p>A monthly benefit equal to the product of:</p> <ul style="list-style-type: none"><li>(a) 50% of 1/12 of the participant's final average earnings, less 50% of the participant's primary social security benefit; and</li><li>(b) The fraction (not greater than one) of the number of full months of benefit service to 360.</li></ul> <p>Benefit service is limited to service after:</p> <ul style="list-style-type: none"><li>(a) September 1, 1979 for Rhinelander salaried employees;</li><li>(b) March 31, 1993 for Groveton salaried employees; and</li><li>(c) May 12, 1997 for Otis salaried employees.</li></ul> |

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

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Minimum Benefit</b>                 | Benefit accrued under the:<br><br>(a) Wausau-Mosinee Paper Pension Plan for Wausau salaried employees;<br><br>(b) Rhinelander Paper Company, Inc. Pension Plan for Rhinelander salaried employees;<br><br>(c) Wausau Papers of New Hampshire, Inc. Pension Plan for Groveton salaried employees and;<br><br>(d) Wausau Papers Otis Mill, Inc. Pension Plan for Otis salaried employees.             |
| <b>Actuarial Equivalent Definition</b> | A benefit of equivalent value when computed on the basis of the UP-1984 Mortality Table and an assumed 6% rate of interest.                                                                                                                                                                                                                                                                         |
| <b>Cost-of-Living Increase</b>         | The plan has provided ad hoc cost-of-living increases for retirees (and beneficiaries of retirees). The most recent increase provides for those who terminated employment and began receiving benefits before August 31, 1997. The cost-of-living increase was 0.17% times the number of months which elapsed after the later of the date the participant terminated employment or January 1, 1992. |
| <b>Compensation</b>                    | Final average annual earnings of a participant shall mean the average annual rate of basic compensation (excluding bonuses and overtime pay) for the highest five consecutive years during the ten years immediately preceding retirement date or the date of most recent termination of employment.                                                                                                |
| <b>Social Security</b>                 |                                                                                                                                                                                                                                                                                                                                                                                                     |
| ■ <b>Normal Retirement Benefit</b>     | Primary social security benefit means the benefit which a participant would be entitled to receive at age 65 as a primary insurance amount under the federal Social Security Act.                                                                                                                                                                                                                   |
| ■ <b>Early Retirement Benefit</b>      | To determine the primary social security benefit, the participant's employment is continued to age 65 at the same annual rate as his annual earnings during the last year of employment.                                                                                                                                                                                                            |
| ■ <b>Disability Retirement Benefit</b> | In computing the retirement benefit under the plan, the participant's actual disability benefit under the Social Security Act is substituted for the primary social security benefit. The disability retirement benefit is based on benefit service at the date of disability.                                                                                                                      |

|                 |                                    |
|-----------------|------------------------------------|
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**Transfers In**                      Benefit otherwise calculated is reduced by the amount of benefit payable under any other plan. The amount of reduction is determined as if the other benefit is payable in the form of a single life annuity at the date of termination (actuarially adjusted if the payment form is other than a single life annuity).

**Transfers Out**                      If transferred to employment status no longer covered by Labor Agreement, vesting service will continue to accrue so long as employment is maintained within the Company or subsidiary. The benefit payable is determined using the benefit service up to date of transfer and using the benefit amount in effect upon termination.

### Eligibility for Benefits

**Normal retirement**                      Retirement on NRD.

**Early Retirement**                      Age 55 and 10 years of vesting service.

**Deferred vested termination**                      Termination for reasons other than death or retirement after completing five years of vesting service.

**Disability Retirement**                      Permanent and total disability as defined under the provisions of the Social Security Act and 15 years of vesting service.

**Preretirement death benefit**                      A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting.

### Benefits Paid Upon the Following Events

**Normal retirement**                      The monthly pension benefit determined as of NRD.

**Early Retirement**                      A monthly benefit equal to the normal retirement benefit earned to the date of early retirement reduced by 5/12 of 1% for each month by which early retirement precedes age 62. There is no reduction if termination as a result of a job elimination occurs after age 60.

**Deferred vested termination**                      A monthly benefit equal to the accrued normal retirement benefit earned to date of termination computed as a normal retirement benefit at age 65. A participant may elect to have his benefit commence after attaining his earliest retirement age (the benefit is subject to the reduction for early retirement benefits).

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## Schedule SB, Part V Summary of Plan Provisions

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Disability Retirement</b>       | A monthly benefit equal to the accrued normal retirement benefit earned to date of disability. The benefit is payable only to the extent it exceeds any other benefit (other than social security) payable under another company-paid program.                                                                                                                                                                                                                                                                                                                        |
| <b>Preretirement death benefit</b> | If a married participant dies after attaining his earliest retirement age, the monthly benefit is 50% of the reduced benefit he would have received had he retired on the day immediately preceding his date of death and elected a 50% joint and survivor annuity. If a married participant dies on or before his earliest retirement age, the monthly benefit is 50% of the benefit he would have received had he separated from service on his date of death, survived to and retired at the earliest retirement age and elected a 50% joint and survivor annuity. |

### Other Plan Provisions

|                                           |                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal forms of payment</b>            | <ul style="list-style-type: none"><li>• Single Life annuity, if single; and</li><li>• 50% Joint and survivor annuity, if married, reduced to 85% of the benefit otherwise payable if participant and spouse have same calendar year of birth.</li></ul>                                                                       |
| <b>Optional forms of payment</b>          | <ul style="list-style-type: none"><li>• 50% Joint and Survivor;</li><li>• 66.67% Joint and Survivor;</li><li>• 75% Joint and Survivor;</li><li>• 100% Joint and Survivor;</li><li>• 10-year Certain and Life annuity;</li><li>• Social security option, and</li><li>• Single sum payment, in certain circumstances.</li></ul> |
| <b>Plan participants' contributions</b>   | None.                                                                                                                                                                                                                                                                                                                         |
| <b>Maximum limits on benefits and pay</b> | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.                                                                                                                                                                                      |

### Future Plan Changes

No future plan changes were recognized in determining funding requirements.

|                 |                                    |
|-----------------|------------------------------------|
| Plan Name:      | Wausau Paper Corp. Retirement Plan |
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### Changes in Benefits Valued Since Prior Year

None.

### Substantive Commitment

None.

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## Schedule SB, Part V Summary of Plan Provisions

**Plan** - Former Mosinee Retirement Plan (MPC)

### Plan Provisions

**Effective date** June 1, 1969. Amended and restated January 1, 1989. Last amended effective January 1, 1999.

**Covered employees** All salaried employees of Mosinee Paper Corporation, except former salaried employees of B&J Supply, as of December 31, 1998.

### Definitions

**Vesting Service** For each 1,000 or more hours of work in a plan year, one year of vesting service is acquired.

**Benefit Service** One month of benefit service is given for each 150 hours of service completed during the plan year.

**Normal retirement date (NRD)** Age 65 with 5 years of service.

**Monthly pension benefit** A monthly benefit equal to the sum of:

- (a) 0.6% of 1/12 of the participant's final average earnings times benefit service up to 30 years, and
- (b) 0.4% of 1/12 of the participant's final average earnings in excess of \$400 times benefit service up to 30 years.

**Minimum Benefit** None.

**Actuarial Equivalent Definition** A benefit of equivalent value when computed on the basis of the UP-1984 Mortality Table and an assumed 6% rate of interest.

**Cost-of-Living Increase** Not Applicable.

**Compensation** Final average annual earnings of a participant shall mean the average of the highest five consecutive calendar years of pay during the period ending on the earlier of the participant's termination date or retirement date.

**Social Security** Not Applicable.

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## Schedule SB, Part V Summary of Plan Provisions

|                      |                                                                                                                                                                                                                                                                                                                                     |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Transfers In</b>  | Benefit otherwise calculated is reduced by the amount of benefit payable under any other plan. The amount of reduction is determined as if the other benefit is payable in the form of a single life annuity at the date of termination (actuarially adjusted if the payment form is other than a single life annuity).             |
| <b>Transfers Out</b> | If transferred to employment status no longer covered by Labor Agreement, vesting service will continue to accrue so long as employment is maintained within the Company or subsidiary. The benefit payable is determined using the benefit service up to date of transfer and using the benefit amount in effect upon termination. |

### Eligibility for Benefits

|                                      |                                                                                                                                             |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>             | Retirement on NRD.                                                                                                                          |
| <b>Early Retirement</b>              | Age 55 and 10 years of vesting service.                                                                                                     |
| <b>Deferred vested termination</b>   | Termination for reasons other than death or retirement after completing five years of vesting service.                                      |
| <b>Disability Retirement</b>         | Permanent and total disability and 5 years of vesting service.                                                                              |
| <b>Preretirement death benefit</b>   | A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting. |
| <b>Dependent Child Death Benefit</b> | A participant (active or terminated) is eligible for a dependent child benefit after meeting the service requirements for vesting.          |

### Benefits Paid Upon the Following Events

|                          |                                                                                                                                                                                                                                                                       |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b> | The monthly pension benefit determined as of NRD.                                                                                                                                                                                                                     |
| <b>Early Retirement</b>  | A monthly benefit equal to the normal retirement benefit earned to the date of early retirement reduced by 5/9 of 1% for each month by which early retirement precedes age 65 up to 5 years plus 5/18 of 1% for each month by which early retirement precedes age 60. |
| <b>Deferred vested</b>   | A monthly benefit equal to the accrued normal retirement benefit earned to                                                                                                                                                                                            |

|                 |                                    |
|-----------------|------------------------------------|
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|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>termination</b>                   | date of termination computed as a normal retirement benefit at age 65. A participant may elect to have his benefit commence after attaining his earliest retirement age (the benefit is subject to the reduction for early retirement benefits).                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Disability Retirement</b>         | A monthly benefit commencing at age 65 equal to the normal retirement benefit calculated by using compensation at the time of disability and service the participant would have had at normal retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Preretirement death benefit</b>   | If a married participant dies after attaining his earliest retirement age, the monthly benefit is 50% of the benefit he would have received had he retired on the day immediately preceding his date of death and elected a 50% joint and survivor annuity. If a married participant dies on or before his earliest retirement age, the monthly benefit is 50% of the benefit he would have received had he separated from service on his date of death, survived to and retired at the earliest retirement age and elected a 50% joint and survivor annuity. In either case, the benefit is not reduced for early retirement. |
| <b>Dependent Child Death Benefit</b> | Same as the surviving spouse benefit, but payable only if there is no surviving spouse or if the surviving spouse should die. The benefit terminates once each child marries or, if a full-time student, attains age 23 or, if not a full-time student, attains age 19.                                                                                                                                                                                                                                                                                                                                                        |

### Other Plan Provisions

|                                  |                                                                                                                                                                                                                                                                   |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal forms of payment</b>   | <ul style="list-style-type: none"><li>• Single Life annuity, if single; and</li><li>• 50% Joint and Survivor, if married.</li></ul>                                                                                                                               |
| <b>Optional forms of payment</b> | <ul style="list-style-type: none"><li>• 50% Joint and Survivor;</li><li>• 66.67% Joint and Survivor;</li><li>• 75% Joint and Survivor;</li><li>• 100% Joint and Survivor;</li><li>• 10-year Certain and Life annuity; and</li><li>• Single sum payment.</li></ul> |

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

**Plan participants' contributions**      None.

**Maximum limits on benefits and pay**      All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

### Future Plan Changes

No future plan changes were recognized in determining funding requirements.

### Changes in Benefits Valued Since Prior Year

None.

### Substantive Commitment

None.

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## Schedule SB, Part V Summary of Plan Provisions

**Plan** - Middletown Hourly Group

### Plan Provisions

**Effective date** May 1, 1990. Last amended effective May 1, 2003.

**Covered employees** All hourly employees who are represented for purposes of collective bargaining with the company by the United Paperworkers International Union, AFL-CIO and its Affiliate, Local No. 112, and who are regularly employed at the company's Middletown, Ohio Facility.

### Definitions

**Vesting Service** The number of whole years of service as a covered employee.

**Benefit Service** The number of fractional years of service as covered employee.

**Normal retirement date (NRD)** Age 62 with 5 years of service.

**Monthly pension benefit** A monthly benefit of \$29.00 for each year of benefit service.

\$30.00 effective May 1, 2004

\$32.00 effective May 1, 2005

\$33.00 effective May 1, 2006

\$35.00 effective May 1, 2007

\$36.50 effective May 1, 2008

\$38.00 effective May 1, 2009

\$40.00 effective May 1, 2010

\$41.00 effective May 1, 2011

\$42.00 effective May 1, 2012

\$43.00 effective May 1, 2013

\$44.00 effective May 1, 2014

\$45.00 effective May 1, 2015

A participant who retires during a bargaining cycle will continue to receive the corresponding annual multiplier increases until the end of that bargaining cycle.

**Minimum Benefit** None.

**Actuarial Equivalent Definition** A benefit of equivalent value when computed on the basis of the UP-1984 Mortality Table and an assumed 6% rate of interest.

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## Schedule SB, Part V Summary of Plan Provisions

|                                |                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Cost-of-Living Increase</b> | Not Applicable.                                                                                                                                                                                                                                                                                                                     |
| <b>Social Security</b>         | Not Applicable.                                                                                                                                                                                                                                                                                                                     |
| <b>Compensation</b>            | Not Applicable.                                                                                                                                                                                                                                                                                                                     |
| <b>Transfers In</b>            | Benefit otherwise calculated is reduced by the amount of benefit payable under any other plan. The amount of reduction is determined as if the other benefit is payable in the form of a single life annuity at the date of termination (actuarially adjusted if the payment form is other than a single life annuity).             |
| <b>Transfers Out</b>           | If transferred to employment status no longer covered by Labor Agreement, vesting service will continue to accrue so long as employment is maintained within the Company or subsidiary. The benefit payable is determined using the benefit service up to date of transfer and using the benefit amount in effect upon termination. |

### Eligibility for Benefits

|                                    |                                                                                                                                                                                                                                                                |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD.                                                                                                                                                                                                                                             |
| <b>Early Retirement</b>            | Age 55 and 10 years of vesting service.                                                                                                                                                                                                                        |
| <b>Deferred vested termination</b> | Termination for reasons other than death or retirement after completing five years of vesting service.                                                                                                                                                         |
| <b>Disability Retirement</b>       | Permanent and total disability as defined under the provisions of the Social Security Act and 5 years of participation.                                                                                                                                        |
| <b>Preretirement death benefit</b> | A married participant (active or terminated) is eligible for a surviving spouse benefit after meeting the service requirements for vesting. The employee's monthly accrued benefit is reduced to pay for the cost-of-the preretirement death benefit coverage. |

### Benefits Paid Upon the Following Events

|                          |                                                   |
|--------------------------|---------------------------------------------------|
| <b>Normal retirement</b> | The monthly pension benefit determined as of NRD. |
|--------------------------|---------------------------------------------------|

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

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early Retirement</b>            | A monthly benefit equal to the normal retirement benefit earned to the date of termination reduced by 4% for each year by which early retirement precedes age 62.                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Deferred vested termination</b> | A monthly benefit equal to the accrued normal retirement benefit earned to date of termination computed as a normal retirement benefit payable at 65. A participant may elect to have his vested benefit commence at age 55 (the benefit is subject to the reduction for early retirement benefits).                                                                                                                                                                                                                                                                   |
| <b>Disability Retirement</b>       | A monthly benefit equal to the accrued normal retirement benefit earned to date of disability, unreduced for early commencement.                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Preretirement death benefit</b> | If a married participant dies after attaining his earliest retirement age, the monthly benefit is 50% of the reduced benefit he would have received had he retired on the day immediately preceding his date of death and elected a 50% joint and survivor annuity. If a married participant dies on or before his earliest retirement age, the monthly benefit is 50% of the benefit he would have received had he separated from service on his date of death, survived to and retired at the earliest retirement age, and elected a 50% joint and survivor annuity. |

This coverage may be waived only with the written consent of the spouse.

### Other Plan Provisions

- Normal forms of payment**
- Single Life annuity, if single; and
  - 50% Joint and Survivor, if married.

- Optional forms of payment**
- 50% Joint and Survivor;
  - 66.67% Joint and Survivor;
  - 75% Joint and Survivor; and
  - 100% Joint and Survivor.

**Plan participants' contributions** None.

**Maximum limits on benefits and pay** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

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## Schedule SB, Part V Summary of Plan Provisions

### Future Plan Changes

No future plan changes were recognized in determining funding requirements.

### Changes in Benefits Valued Since Prior Year

None.

### Substantive Commitment

None.

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Plan Sponsor: SCA Americas, Inc.  
Valuation Date: January 1, 2016

**Schedule H, line 4i – Schedule of Assets (Held At End of Year)**

Plan Name: Wausau Paper Corp. Retirement Plan

Employer I.D. #: 23-3061590

Plan Number: 002

| (a) | (b) Identity of issue, borrower, lessor, or<br>similar party | (c) Description of investment<br>including maturity date, rate of<br>interest, collateral, par, or maturity<br>value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|

Schedule of Assets (Held At End of Year) is contained in the attached audit report.

## Schedule SB Attachments

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### Schedule SB, Line 25 Change in Method

The valuation software used to produce the actuarial information submitted on this schedule is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 5% of those values as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Announcement 2010-3.

|                 |                                    |
|-----------------|------------------------------------|
| Plan Name:      | Wausau Paper Corp. Retirement Plan |
| EIN / PN:       | 23-3061590 / 012                   |
| Plan Sponsor:   | SCA Americas, Inc.                 |
| Valuation Date: | January 1, 2016                    |

**Schedule SB, Line 24**  
**Change in Actuarial Assumptions**  
**As of January 1, 2016**

For funding purposes, the expected return on assets was updated from 7.25% for the prior plan year to 7.00% for the current plan year. The interest crediting rate was updated from 3.04% for the first year of the valuation to 3.03% and from 3.25% for the prior plan year to 3.50% for all years thereafter for the current plan year.

|                 |                                    |
|-----------------|------------------------------------|
| Plan Name:      | Wausau Paper Corp. Retirement Plan |
| EIN / PN:       | 23-3061590 / 012                   |
| Plan Sponsor:   | SCA Americas, Inc.                 |
| Valuation Date: | January 1, 2016                    |