Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 10/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 020

1c Effective date of plan 04/01/1980

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
R.R. DONNELLEY AND SONS COMPANY

35 W. WACKER DRIVE
SUITE 3701
CHICAGO, IL 60601

2b Employer Identification Number (EIN)
36-1004130

2c Plan Sponsor's telephone number
312-326-8000

2d Business code (see instructions)
322200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/12/2018	CHRISTY GOLDBERG-HIRSCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/12/2018	CHRISTY GOLDBERG-HIRSCH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	2597
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	169
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	166
b	Retired or separated participants receiving benefits	**6b**	618
c	Other retired or separated participants entitled to future benefits	**6c**	1270
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2054
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	2056
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 10/31/2015

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

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

A Name of plan
ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
R.R. DONNELLEY AND SONS COMPANY

D Employer Identification Number (EIN)
36-1004130

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015

2 Assets:

a Market value	**2a**	182081764
b Actuarial value	**2b**	179729311

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1382	81762147	81762147
b For terminated vested participants	1072	37567484	37567484
c For active participants	169	9643948	9909332
d Total	2623	128973579	129238963

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.28%
6 Target normal cost	**6**	186667

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 08/29/2018

DANIEL F. MCFALL — Type or print name of actuary

17-04341 — Most recent enrollment number

HEWITT ASSOCIATES LLC — Firm name

847-295-5000 — Telephone number (including area code)

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	23508146	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)	23508146	0
10	Interest on line 9 using prior year's actual return of 15.14%	3559133	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 6.40%		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		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	27067279	0

Part III Funding Percentages

14	Funding target attainment percentage	14	118.12 %
15	Adjusted funding target attainment percentage	15	140.88 %
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	131.58 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.72 %	6.11 %	6.81 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 63

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) — **30**: 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6) — **31a**: 186667

b Excess assets, if applicable, but not greater than line 31a — **31b**: 186667

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — **34**: 0

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

36 Additional cash requirement (line 34 minus line 35) — **36**: 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) — **37**: 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) — **38a**: 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances — **38b**: 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) — **39**: 0

40 Unpaid minimum required contributions for all years — **40**: 0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

42 Amount of acceleration adjustment — **42**:

43 Excess installment acceleration amount to be carried over to future plan years — **43**:

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 10/31/2015

A Name of plan	B Three-digit plan number (PN) ▶	
ESSELTE GROUP U.S. RETIREMENT INCOME PLAN		020

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
R.R. DONNELLEY AND SONS COMPANY	36-1004130

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

UBS GLOBAL SECURITIES COLLECTIVE FD

36-3762086

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	RETAINED BY CLIENT	705458	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 62 64	RETAINED BY CLIENT	250400	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

JOHN HANCOCK MUTUAL LIFE INSURANCE

04-1414660

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24	RETAINED BY CLIENT	125000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AON HEWITT

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	RETAINED BY CLIENT	51551	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

R.R. DONNELLEY

36-1004130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	15850	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WAGNER LAW FIRM

04-3323315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	RETAINED BY CLIENT	11735	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 10/31/2015

A Name of plan
ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 020

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
R.R. DONNELLEY AND SONS COMPANY

D Employer Identification Number (EIN)
36-1004130

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

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS DIVERSIFIED RETURN COLLECTIVE

b Name of sponsor of entity listed in (a): UBS US GROUP TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-3762086-088	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS US LONG DURATION CREDIT COLLECT

b Name of sponsor of entity listed in (a): UBS US GROUP TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-3762086-066	C	68850140

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 10/31/2015

A Name of plan
ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500
R.R. DONNELLEY AND SONS COMPANY

D Employer Identification Number (EIN)
36-1004130

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	680293	2047741
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		221431
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12156835	11774324
(2) U.S. Government securities	1c(2)	45855857	39788818
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	74141017	68850140
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	49249422	47935938
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	182083424	170618392
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	731804	289220
k Total liabilities (add all amounts in lines 1g through1j)	1k	731804	289220
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	181351620	170329172

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	807	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		807
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	546687	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		546687
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		-3716238
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-3168744
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7161937	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7161937
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)	691767	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		691767
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7853704
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-11022448
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BAKER TILLY VIRCHOW KRAUSE, LLP **(2)** EIN: 39-0859910

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

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

Part IV Compliance Questions

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

During the plan year:

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

		Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o	Did the plan trust incur unrelated business taxable income?	4o		X		
p	Were in-service distributions made during the plan year?	4p		X		

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

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

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

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

Part V Trust Information

6a Name of trust
JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY

6b Trust's EIN
041414660

6c Name of trustee or custodian
JOHN HANCOCK MUTUAL LIFE INSURANCE CO

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 10/31/2015

A Name of plan
ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500
R.R. DONNELLEY AND SONS COMPANY

D Employer Identification Number (EIN)
36-1004130

Part I Distributions

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

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

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

EIN(s): 13-3808042

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 28% Investment-Grade Debt: 70% High-Yield Debt: 0% Real Estate: 0% Other: 2%

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

FINANCIAL STATEMENTS

AS OF
OCTOBER 31, 2015 AND DECEMBER 31, 2014 AND FOR THE PERIOD FROM JANUARY 1, 2015 THROUGH OCTOBER 31, 2015 AND THE YEAR ENDED DECEMBER 31, 2014

TOGETHER WITH INDEPENDENT AUDITORS' REPORT

ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

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NOTE: ALL OTHER SCHEDULES REQUIRED BY SECTION 2520.103-10 OF THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 HAVE BEEN OMITTED BECAUSE THEY ARE NOT APPLICABLE TO THE ESSELTE GROUP U.S. RETIREMENT INCOME PLAN.

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Esselte Group U.S. Retirement Income Plan
Chicago, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Esselte Group U.S. Retirement Income Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of October 31, 2015 and December 31, 2014, and the related statements of changes in net assets available for plan benefits for the period from January 1, 2015 through October 31, 2015 and for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by New York Life Trust Company, the trustee of the Plan, and JPMorgan Chase Bank, N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and custodian holds the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certification from the trustee and custodian as of October 31, 2015 and December 31, 2014 and for the period from January 1, 2015 through October 31, 2015, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions, as of and for the period from January 1, 2015 through October 31, 2015, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA 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 paragraph, we do not express an opinion on these supplemental schedules.

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

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

Baker Tilly Virchow Krause, LLP

Chicago, Illinois
July 20, 2016

ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

AS OF OCTOBER 31, 2015 AND DECEMBER 31, 2014
Employer Identification Number: 36-1004130, Plan Number 020

	2015	2014
Assets		
Investments, at fair value:		
Short-term securities	$ 11,774,324	$ 9,462,986
U.S. government securities	39,788,818	45,769,493
Mutual fund	47,935,938	49,249,422
Collective trust	68,850,140	74,141,017
Derivative instruments	-	888,246
Total investments	168,349,220	179,511,164
Receivables:		
Accrued interest income and dividend receivable	221,431	2,036,644
Cash	2,047,741	535,616
Total assets	170,618,392	182,083,424
Liabilities		
Accrued expenses	250,085	731,804
Derivative instruments	39,135	-
Total liabilities	289,220	731,804
Net assets available for benefits	$ 170,329,172	$ 181,351,620

See notes to financial statement.

ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

FOR THE PERIOD FROM JANUARY 1, 2015 THROUGH OCTOBER 31, 2015 AND THE YEAR ENDED DECEMBER 31, 2014

Employer Identification Number: 36-1004130, Plan Number 020

	2015	2014
Additions		
Investment income		
Net (depreciation) appreciation in fair value of investments	$ (3,716,238)	$ 22,086,226
Interest and dividends	547,494	2,578,861
Total additions	(3,168,744)	24,665,087
Deductions		
Benefits paid to participants	7,161,937	8,294,639
Administrative expenses	691,767	983,677
Total deductions	7,853,704	9,278,316
Net (decrease) increase	(11,022,448)	15,386,771
Net Assets Available for Benefits		
Beginning of year	181,351,620	165,964,849
End of year	$ 170,329,172	$ 181,351,620

See notes to financial statements.

ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS
AS OF OCTOBER 31, 2015 AND DECEMBER 31, 2014 AND FOR THE PERIOD FROM JANUARY 1, 2015 THROUGH OCTOBER 31, 2015 AND THE YEAR ENDED DECEMBER 31, 2014

NOTE 1 – PLAN DESCRIPTION

The following description of the Esselte Group U.S. Retirement Income Plan (the "Plan") is provided for general information purposes only. R. R. Donnelley & Sons Company (the "Company") bought the assets of the North American operations of Esselte Corp. on March 25, 2014. The Plan is a defined benefit pension plan sponsored by the Company for the benefit of certain of its employees. The Company became the Plan sponsor by being the surviving corporation in a December 31, 2014 merger with TOPS Products, LLC, a Delaware limited liability company. TOPS Products, LLC was the successor, by way of conversion, to TOPS SLT, Inc., a New York corporation, which was formerly known as Esselte Corporation. For more complete information, refer to the Summary Plan Descriptions and the Plan document, including any modifications and amendments thereto.

General

The Plan is a noncontributory defined benefit pension plan covering most of the Company's domestic employees who were previously employed by its former subsidiary, Esselte Corporation, or any of Esselte Corporation's participating affiliates, other than such employees hired on or after September 1, 2004. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan was established on April 1, 1980, as a result of the merger of the Oxford Pendaflex Non-Bargaining Employees Retirement Income Plan of Esselte Pendaflex Corporation with the Dymo Employee Pension Plan. Thereafter, various other defined benefit pension plans merged into the Plan. Effective March 31, 2002, the Esselte Pendaflex Corporation Retirement Income Plan for Bargaining Unit Employees was merged with the Plan. Effective April 1, 2005, the Plan's name was changed to "Esselte Group U.S. Retirement Income Plan".

The Plan is administered by the Plan's Benefits Committee and its delegates. The Plan's recordkeeper is New York Life. Pursuant to a trust agreement with the Company, New York Life Trust Company (the "Trustee") acts as the trustee of the Esselte Group U.S. Retirement Income Plan (the "Plan").

Expenses are required to be paid by the Plan unless paid by the Company. Administrative expenses paid by the Plan primarily include recordkeeping fees, investment consulting and custody fees, and actuarial fees. All other major administrative expenses are paid by the Company and are excluded from these financial statements.

The Plan's normal form of payment is a single life annuity for single participants and a 50% qualified joint and survivor annuity for married participants. Participfants may also elect to have monthly benefits paid under other actuarially equivalent annuities. The Plan was frozen effective September 30, 2005, such that no participant may earn an accrued benefit under the Plan with respect to any period after September 30, 2005. For plan benefits and payments that were available prior to September 30, 2005, refer to the Plan document.

The Plan's plan year changed from a calendar year plan year to a November 1 through October 31 plan year. Therefore, the 2015 plan period was from January 1, 2015 through October 31, 2015.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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 amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimates of investment valuation and actuarial present value of accumulated plan benefits.

Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-07, Fair Value Measurement (Topic 820), "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)" ("ASU 2015-07"). ASU 2015-07 removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value per share practical expedient under Accounting Standards Codification 820. ASU 2015-07 is effective for the Plan for years beginning after December 15, 2016, with early adoption permitted. Management is currently evaluating the impact of the pending adoption of ASU 2015-07 on the Plan's financial statements.

In July 2015, the FASB issued Accounting Standards Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts; II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient* ("ASU 2015-12"). Part I of the accounting standards update requires fully-benefit responsive investment contracts to be measured, presented, and disclosed only at contract value. Part II of this update requires that investments (both participant-directed and nonparticipant-directed investments) be grouped only by general type, eliminating the need to disaggregate the investments in multiple ways. Part II also eliminates the disclosure of individual investments that represent 5 percent or more of net assets available for benefits and the disclosure of net appreciation or depreciation for investments by general type, requiring only presentation of net appreciation (depreciation) in investments in the aggregate. Additionally, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is a fund that files a U.S. Department of Labor Form 5500, as a direct filing entity, disclosure of that investment's strategy is no longer required. Part III of the update permits plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The amendments in ASU 2015-12 are effective for fiscal years beginning after December 15, 2015, with early application permitted. The amendments within Parts I and II require retrospective application; whereas, the amendments within Part III should be applied prospectively. Management is currently evaluating the impact of the pending adoption of ASU 2015-12 on the Plan's financial statements.

Accounting Standards Update No. 2015-10 "Technical Corrections and Improvements: Amendments to the FASB Accounting Standards Codification" was effective for and adopted by the Plan in 2015. The adoption of this standard did not have a material impact on the Plan's net assets available for plan benefits or changes in net assets available for plan benefits.

Payment of Benefits

Benefits are recorded when paid.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Funding Policy

Annual contributions from the Company are at least equal to the minimum amounts required to be funded in accordance with the provisions of ERISA. No participant contributions are permitted. For the period from January 1, 2015 through October 31, 2015 and the year ended December 31, 2014, the Company's minimum funding requirement was $0. There were no contributions for the period from January 1, 2015 through October 31, 2015 or the year ended December 31, 2014.

Risks and Uncertainties

The Plan holds various investments including short-term investments, U.S. government securities, a mutual fund, a collective trust, and futures contracts. The underlying investments and derivative instruments are exposed to various risks, such as interest rate, market, liquidity, and credit risks. Because of the level of risk associated with certain investments and derivative instruments and sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of investments and derivative instruments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Concentration of Credit Risk

The Plan invests primarily in government securities, a mutual fund, and a collective trust that invests in such securities and bonds. The investment managers invest in a large number of corporate and industry instruments to limit loss exposure. The mutual fund is within a diverse portfolio of funds in multiple industries.

Investment Valuation and Income Recognition

The Plan's investments held by the Trustee and JPMorgan Chase Bank, N.A., (Custodian) are stated at fair value. Fair value is the price that would be received or paid, as applicable, to sell an asset or to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3, Fair Value Measurements, for further discussion. When investments are sold, the difference between the sale price and fair market value of investments at the beginning of the year is recorded as realized gain or loss.

Unrealized appreciation or depreciation of investments held represents the change in the fair market value of the investments from the beginning of the plan year (or date the investments were purchased, if later) to the end of the plan year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. The realized and unrealized gains or losses on investments are determined based on revalued cost. Revalued cost is the fair value of investments at the beginning of the year or the average cost of investments if purchased in the current year.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The Plan's derivative instruments are reported at fair value. The carrying values of the Plan's cash and receivables as of October 31, 2015 and December 31, 2014 approximate fair value.

NOTE 3 – FAIR VALUE MEASUREMENTS

Various inputs are used in determining the fair value of the Plan's investments. These inputs are categorized in the three tier value hierarchy, which prioritizes valuation methodology based on the reliability of inputs, as listed below:

Level 1: Valuation based on quoted prices for identical assets and liabilities in active markets.

Level 2: Valuations based on observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.

Level 3: Valuations based on unobservable inputs reflecting the Plan's own assumptions, consistent with reasonably available assumptions made by other market participants.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments and derivative instruments apply to investments and derivative instruments held directly by the Plan.

Mutual fund: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges. As such, the investment is classified as Level 1.

U.S. government securities: The fair values of U.S. government securities reflect the closing price reported in the active market in which the security is traded. As such, these investments are classified as Level 1.

Collective trust-: The fair value of participation units held in the collective trust is based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices. As such, this investment is classified as Level 2. The investment objective of the UBS U.S. Long Duration Credit Collective Fund is to produce a total return consistent with the Barclays Capital U.S. Long Credit A or Better Index by investing in a variety of intermediate and long term investment grade fixed income securities. The fund provides for redemptions by the Plan at reported net asset value per share, at pre-designated mid-month and month-end dates.

Short-term securities: The fair values of the short-term securities are estimated to approximate deposit account balances, payable on demand, as no discounts for credit quality or liquidity were determined to be applicable. As such, these investments are classified as Level 2.

Derivative instruments: The fair values of exchange-traded derivatives are based upon quoted market prices. As such, these investments are classified as Level 1.

NOTE 3 – FAIR VALUE MEASUREMENTS (continued)

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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments and derivative instruments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at October 31, 2015	
	Level 1	Level 2
Investments at fair value		
Mutual fund	$ 47,935,938	$ -
U.S. government securities	39,788,818	-
Collective trust -		68,850,140
Short-term securities	-	11,774,324
Derivative instruments	(39,135)	-

	Fair Value Measurements at December 31, 2014	
	Level 1	Level 2
Investments at fair value		
Mutual fund	$ 49,249,422	$ -
U.S. government securities	45,769,493	-
Collective trust	-	74,141,017
Short-term securities	-	9,462,986
Derivative instruments	888,246	-

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation and years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included, to the extent they are attributable to employee service rendered to the valuation date.

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

The principal actuarial assumptions and methods used in the valuation were as follows:

	January 1, 2015	***January 1, 2014***
Mortality	2006 base rates from the RP-2014 mortality study projected generationally from 2006 with Scale MP-2015	RP-2014 employees and healthy annuitants mortality table projected generationally using Scale MP-2014
Discount Rate	4.15%	5.0%
Normal Retirement Age	65	65

The actuarial valuations are done using the beginning-of-the-year method. Therefore, the accumulated plan benefits for the Plan for the period from January 1, 2015 through October 31, 2015is presented from information provided by the actuary as of January 1, 2015.The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The accumulated Plan benefits information as of January 1, 2015 is as follows:

	2015
Actuarial present value of accumulated plan benefits:	
Vested	
Participants currently receiving payments	$ 101,926,018
Other participants	73,679,838
Non-vested benefits	212,902
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 175,818,758

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

For the year beginning January 1, 2015, the change in actuarial present value of accumulated Plan benefits is as follows:

Balance of accumulated Plan benefits at January 1, 2014	$ 160,280,474
Experience gains and losses	1,248,334
Benefits paid	(8,294,639)
Increase for interest accumulated	7,809,532
Assumption changes	14,775,057**
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AS OF JANUARY 1, 2015	$ 175,818,758

**Due to the changes in the mortality table and discount rate, which management and the actuary believe more accurately reflect anticipated Plan experience.

NOTE 5 – ALLOCATION OF ASSETS UPON TERMINATION OF THE PLAN

Although it has not expressed any intention to do so, the Company has the right under the Plan to change, amend, or terminate the Plan, subject to the provisions of ERISA and its related regulations. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("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.

The PBGC will guarantee the payment of most vested normal retirement age benefits and early retirement age benefits that employees were receiving or were entitled to receive as of the date the Plan terminated. Such benefits, however, are only guaranteed to the extent of the actuarial value of the vested benefits as of the date the Plan terminated, payable in the form of a straight-life annuity commencing at the age of 65. Additionally, the total amount of such guaranteed benefits is subject to an overall ceiling, which is adjusted periodically by the PBGC.

The provisions of the Plan provide that, if the Plan is terminated, the Plan's members will be fully vested in their rights under the Plan to the extent then funded in the order of priority specified in the Plan. Further information concerning the priority order of participants' claims to the assets of the Plan is contained in the plan document, which is available to all of the Plan's participants.

NOTE 6 – UNAUDITED INFORMATION – CERTIFIED INVESTMENTS

The Trustee and Custodian of the Plan's investments and derivative instruments, hold investment assets and derivative instruments and execute transactions therein, and substantially all information pertaining to investments and derivative instruments included in the financial statements was certified by them. This information has not been audited by independent accountants.

NOTE 6 – UNAUDITED INFORMATION – CERTIFIED INVESTMENTS (continued)

Accordingly, the Trustee and custodian have certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments, accrued interest and dividend receivable, cash and derivative instruments liabilities as shown in the Statements of Net Assets Available for Plan Benefits as of October 31, 2015 and December 31, 2014.
- Net appreciation/depreciation in fair value of investments and interest and dividends as shown in the Statements of Changes in Net Assets Available for Plan Benefits for the period from January 1, 2015 through October 31, 2015 and the year ended December 31, 2014.
- Supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
- Supplemental Schedule H, Line 4j – Schedule of Reportable Transactions.

NOTE 7 – INVESTMENTS IN PLAN

The following presents the fair value of investments. Investments that represent 5% or more of the Plan's net assets available for benefits at October 31, 2015 and December 31, 2014 are summarized as follows:

	2015	2014
UBS Dynamic Alpha Fund	$47,935,938	$49,249,422
UBS US Long Duration Credit Collective Fund	68,850,140	74,141,017
JPMorgan Prime Money Market	8,767,901	n/a

During the period from January 1, 2015 through October 31, 2015 and the year ended December 31, 2014, the Plan's investments and derivative instruments (including gains and losses on investments bought and sold, as well as held, during the year) appreciated (depreciated) in fair value as follows:

	2015	2014
Collective trust	$ (1,290,877)	$ 11,227,393
Mutual fund	(2,563,684)	(308,561)
Derivative instruments	227,623	5,328,875
U.S. government securities	(89,300)	5,838,519
	$ (3,716,238)	$ 22,086,226

The Plan earned interest and dividend income of $547,494 and $2,578,861 for the period from January 1, 2015 through October 31, 2015 and the year ended December 31, 2014, respectively.

NOTE 8 – DERIVATIVES INSTRUMENTS

During the year ended December 31, 2014 and for the period ended October 31, 2015, the Plan invested in futures contracts. The variation margin on the futures contracts are recorded in the financial statements. The primary risk using futures contracts is the price risk associated with investments. Investment managers for the Plan enter into various futures contracts to economically hedge investments in domestic securities. These contracts, which are considered derivatives under Accounting Standards Codification Topic 815, *Derivatives and Hedging* are agreements between two parties to buy or sell a security or financial interest at a set price on a future date and are standardized and exchange-traded. Upon entering into such a contract on behalf of Plan, the investment manager is required to pledge to the broker an amount of cash or securities equal to the minimum "initial margin" requirements of the exchange on which the contract is traded. Pursuant to the contract, the investment manager agrees to receive from or pay to the broker an amount of cash equal to the daily fluctuation in the value of the contract. Such receipts or payments are known as variation margin and are recorded on a daily basis by the Plan as a realized gain or loss equal to the difference in the value of the contract between daily closing prices. Upon entering into such contracts, the Plan bears the risk of interest or exchange rates or securities prices moving unexpectedly, in which case, the Plan may not achieve the anticipated benefits of the futures contracts and may realize a loss. With futures, there is minimal counterparty credit risk to the Plan since futures are exchange traded and the exchange's clearinghouse, as counterparty to all exchange traded futures, guarantees the futures against default. The investments in the Plan are subject to equity price risk and interest rate risk, in the normal course of pursuing its investment objectives. The U.S. interest rate and Euro futures held in the portfolio as of October 31, 2015 and December 31, 2014 were used primarily to hedge and manage the duration risk of the portfolio.

The following table summarizes the futures contracts at October 31, 2015:

Description	Notional Amount	Unrealized Appreciation (Depreciation)
US Ultra Bond future contract expires 12/21/2015	$ 27,577,923	$ (100,923)
US 10 Year Note Bond future contract expires 12/21/2015	34,225,052	(4,802)
Interest Rate Future 90 Day Euro contract expires 12/16/2019	13,368,535	66,590

NOTE 8 – DERIVATIVES INSTRUMENTS

The following table summarizes the futures contracts at December 31, 2014:

Description	Notional Amount	Unrealized Appreciation (Depreciation)
Interest Rate Future 90 Day Euro contract expires 12/16/2019	$ 13,368,535	$ (8,347)
U.S. 10 Year Note Bond future contract expires 03/20/2015	45,144,882	248,399
U.S. Ultra Bond future contract expires 03/20/2015	51,961,859	2,384,828
U.S. Long Bond future contract expires 03/20/2015	(61,003,491)	(1,736,634)

NOTE 9 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor's regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan's investments issued by JPMorgan Chase Bank, N.A., an affiliate of JPMorgan Chase Bank, N.A., or UBS Global Asset Management were considered party-in-interest investments as JPMorgan Chase Bank, N.A. is a custodian of the Plan's investments, and UBS Global Asset Management is the investment manager. The Plan's investments managed by New York Life Trust Company were also considered party-in-interest transactions as New York Life Trust Company is the trustee of the Plan.

Professional fees for the administration of the Plan were expensed by the Plan, as were fees for actuarial and investment services.

NOTE 10 – INCOME TAX STATUS

The Internal Revenue Service ("IRS") issued a favorable determination letter dated October 5, 2011 in which the IRS indicated that the Plan, as then designed, was in compliance with the applicable requirements of Section 501(c)(9) of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator, having consulted with the Plan's legal counsel, believes that the Plan remains tax-exempt as of the financial statement date.

U.S. GAAP requires the plan administrator to evaluate tax positions taken by the Plan. The financial statement effects of an uncertain tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by taxing jurisdictions. The Plan has recognized no tax interest or penalties related to uncertain tax positions. The Plan could be subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 11 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 20, 2016, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

The Plan's recordkeeper changed from New York Life to Milliman effective November 1, 2015. The Plan's assets were transferred into the master trust, Retirement Benefit Trust of R. R. Donnelley & Sons Company, with the Bowne Pension Plan effective January 1, 2016. As such, Northern Trust Company has become the Trustee and paying agent.

During March 2016, the Plan was amended to add a temporary lump sum payment option for certain eligible Plan participants as defined in the Plan document. Participants had the option to elect a one-time lump sum distribution of their entire pension benefit in April 2016.

ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

SCHEDULE H, ITEM 4j-SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE PERIOD FROM JANUARY 1, 2015 THROUGH OCTOBER 31, 2015

Employer Identification Number: 36-1004130, Plan Number 020

	Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expenses (f)	Cost (g)	Current Value (h)	Net Gain/ (Loss) (i)
	Single transactions								
		None							
	Series transactions								
*	Sales:	JPMorgan Prime Money Market 96 Transactions	$ -	$ 37,452,149	$ -	$ -	$ 37,452,149	$ 37,452,149	$ -
*	Purchases:	JPMorgan Prime Money Market 108 Transactions	40,102,366	-	-	-	40,102,366	40,102,366	-

* A party in interest as defined by ERISA.

ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

SCHEDULE H, ITEM 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF OCTOBER 31, 2015
Employer Identification Number: 36-1004130, Plan Number 020

	(a) Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Money market funds			
	Vanguard	Prime Money Market	$ 3,006,423	$ 3,006,423
*	JPMorgan	Prime Money Market	8,767,901	8,767,901
		Total Money market funds	11,774,324	11,774,324
	US government securities			
	US Government	US Government Treasury Bond 8.125% matures 5/15/21	6,754,768	6,513,614
	US Government	US Government Treasury Bond 0.000% matures 8/15/23	6,727,558	7,399,643
	US Government	US Government Treasury Bond 0.000% matures 2/15/43	5,139,936	7,351,723
	US Government	US Government Treasury Bond 0.000% matures 2/15/45	995,130	905,715
	US Government	US Government Treasury Bond 0.000% matures 5/15/30	5,682,551	6,579,413
	US Government	US Government Treasury Bond 0.000% matures 11/15/22	2,386,715	3,761,855
	US Government	US Government Treasury Bond 1.625% matures 11/15/22	2,435,331	2,410,957
	US Government	US Government Treasury Note 2% matures 2/15/25	2,383,672	2,372,208
	US Government	US Government Treasury Note 2% matures 2/15/23	2,470,263	2,493,690
		Total US government securities	34,975,924	39,788,818
	Mutual fund			
*	UBS	UBS Dynamic Alpha Fund	46,913,180	47,935,938
	Collective trust			
*	UBS	UBS US Long Duration Credit Collective Fund	47,906,343	68,850,140
		Futures margin	-	(39,135)
		Total	$ 141,569,771	$ 168,310,085

* A party in interest as defined by ERISA.

This schedule has been prepared based upon information certified as complete and accurate by New York Life Trust Company, trustee and JPMorgan Chase Bank, N.A., custodian.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	0.00%	0.9000	0.00
57.5	0.00%	0.9000	0.00
58.5	0.00%	0.9000	0.00
59.5	0.00%	0.9000	0.00
60.5	10.00%	0.9000	5.45
61.5	0.00%	0.8100	0.00
62.5	30.00%	0.8100	15.19
63.5	0.00%	0.5670	0.00
64.5	0.00%	0.5670	0.00
65	100.00%	0.5670	36.86
		Weighted Average	63.05

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

Schedule SB, line 24—Change in Actuarial Assumptions

Inactive deferred vested participants who are over the age of 70½ are assumed to be irretrievable. These participants are included in the participant counts but their benefits have been excluded from the calculation of the liabilities.

This change was made upon the recommendation of R.R. Donnelley & Sons Company's ERISA Counsel. This assumption change did not reduce the funding shortfall by 5%; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA.
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization.
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Optional Payment Form Election Percentage	100% election of life annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that the spouses are the same age as the participant.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2013 Plan Year	6.50%. The applicable third segment rate limitation is 6.76%.
2014 Plan Year	6.50%. The applicable third segment rate limitation is 6.99%.
Trust Expenses Included in Target Normal Cost	Based on the prior year's actual plan administrative expenses (excluding PBGC premiums) plus the PBGC premiums for the current year, rounded up to the nearest $1,000.
Participants Over the Age to Commence Required Minimum Distributions	Inactive deferred vested participants who are over the age of 70½ are assumed to be irretrievable. These participants are included in the participant counts but their benefits have been excluded from the calculation of the liabilities.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	10.00%
56	0.00%
57	0.00%
58	0.00%
59	0.00%
60	10.00%
61	0.00%
62	30.00%
63	0.00%
64	0.00%
65+	100.00%

Table 2

Withdrawal Rates

Age	Male	Female
20	29.72%	39.58%
21	29.72%	39.58%
22	29.72%	39.58%
23	29.72%	39.58%
24	29.72%	39.58%
25	29.72%	39.58%
26	28.50%	37.75%
27	27.28%	35.92%
28	26.07%	34.10%
29	24.85%	32.27%
30	23.63%	30.45%
31	22.80%	29.20%
32	21.97%	27.96%
33	21.15%	26.72%
34	20.32%	25.48%
35	19.49%	24.23%
36	18.64%	22.96%
37	17.80%	21.69%
38	16.95%	20.42%
39	16.10%	19.15%
40	15.26%	17.88%
41	14.74%	17.11%
42	14.22%	16.33%
43	13.70%	15.55%
44	13.18%	14.78%
45	12.67%	14.00%
46	12.13%	13.20%
47	11.60%	12.40%
48	11.07%	11.60%
49	10.53%	10.80%
50+	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

	Certified AFTAP as of 9/29/2015	AFTAP Matching Valuation Results
Funding Target	$129,238,963	$129,238,963
Value of Plan Assets	182,081,764	179,729,311
Funding Standard Carryover	0	0
Prefunding Balance	0	0
Annuities Purchased for NHCE's	0	0
Security Posted	0	0
AFTAP	140.88%	139.06%

The AFTAP for the Plan was originally issued September 29, 2015. A change in funding method was approved by the IRS on October 6, 2016. Due to the method change, the asset valuation method will be smoothed fair market value of assets over the current and prior two years adjusted to be no greater than 110% and no less than 90% of fair market value. The AFTAP was not recertified due to the immateriality of this change.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

Schedule SB, Part V—Summary of Plan Provisions

Effective Date of Original Plan	January 1, 1980. Restated effective January 1, 2011 and amended through October 31, 2015.
Eligibility	An employee became a participant after attaining age 21 and one year of service (1,000+ hours). After September 1, 2004, no additional individuals shall become participants of the plan.
Normal Retirement	
Eligibility	Age 65 and five years of service
Benefit	Accrued benefit as of September 30, 2005 In no event shall the monthly normal retirement pension payable upon Normal Retirement be less than $200 for those who became participants prior to March 1, 2002.
Early Retirement	
Eligibility	Age 55 and five years of service
Benefit Reduction for Early Payment	The accrued benefit shall be reduced based on the following tables:

	Percentage Reduction in Benefit	
Age at Benefit Commencement	**Accrued Before April 1, 2005**	**Accrued After March 31, 2005**
64	0.00%	6.67%
63	0.00%	13.33%
62	0.00%	20.00%
61	3.00%	26.67%
60	6.00%	33.33%
59	10.00%	36.67%
58	14.00%	40.00%
57	19.00%	43.33%
56	24.00%	46.67%
55	29.00%	50.00%

Disability Retirement	
Eligibility	Ten years of service
Benefit	Accrued benefit as of September 30, 2005 payable at normal retirement date

Preretirement Surviving Spouse Benefit	
Eligibility	Five years of service
Benefit	The surviving spouse is entitled to an annuity commencing when the participant would have reached age 65 (may commence as early as participant's age 55 with reductions as for early retirement). This annuity is equal to one-half of the participant's accrued benefit.
Vested Termination Benefit	
Eligibility	Five years of service
Benefit	Accrued benefit as of September 30, 2005 payable at normal retirement date or early retirement age with reductions as for early retirement
Participant Contributions	No contributions are required by any participant (contributions were required under Prior Plans)
Definitions	
Normal Form of Benefit	Life annuity for unmarried participants or an actuarially equivalent 50% joint and survivor annuity if the participant is married.
Optional Payment Forms	Single life annuity (for married participants), 100%, 75%, 50% or 33-1/3% joint and survivor annuity, or 5-, 10-, or 15-years certain and life.
Prior Plans	Any plan merged into this plan. As of December 31, 1992, the following are Prior Plans: (a) Dymo Employees Pension Plan (b) Oxford Pendaflex Non-Bargaining Employees Retirement Income Plan of Esselte Pendaflex Corporation (c) Letraset Manufacturing, Inc. Retirement Plan (d) Letraset U.S.A., Inc. Retirement Plan (e) Charles T. Bainbridge's Sons, Inc. Retirement Plan (f) Retirement Plan for Meto Hourly Employees of Esselte Pendaflex Corporation
Plan Year	January 1 to October 31. Effective November 1, 2015, Plan Year changed to November 1 to October 31.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

The Plan Year was changed from January 1–December 31 to November 1–October 31, as of November 1, 2015.

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				3	1					
35-39				6	10					
40-44				3	6	8	3			
45-49				2	10	8	14	2		
50-54				3	9	9	6	17	1	
55-59				1	6	5	2	6	3	
60-64				1	5	1	5	7	2	
65-69				1	1	1		1		
70+										

N-169

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

Schedule SB, line 25—Change in Method

A change in funding method request was made to the IRS to apply the same method that the Plan Sponsor uses for its other defined benefit plans (Esselte was acquired in 2014). The IRS approved the request on October 6, 2016. Due to the method change, the plan will use segment interest rates with a four-month lookback period (i.e., September); the funding method will continue to be the unit credit method; and the asset valuation method will be the smoothed fair market value of assets over the current and prior two years adjusted to be no greater than 110% and no less than 90% of fair market value.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 10/31/2015

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

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

A Name of plan
ESSELTE GROUP U.S. RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
R.R. Donnelley & Sons Company

D Employer Identification Number (EIN)
36-1004130

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015

2 Assets:

a Market value	**2a**	182,081,764
b Actuarial value	**2b**	179,729,311

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,382	81,762,147	81,762,147
b For terminated vested participants	1,072	37,567,484	37,567,484
c For active participants	169	9,643,948	9,909,332
d Total	2,623	128,973,579	129,238,963

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.28%
6 Target normal cost	**6**	186,667

Statement by Enrolled Actuary

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

SIGN HERE

DANIEL F. McFALL — Signature of actuary

8-29-2018 — Date

DANIEL F. MCFALL — Type or print name of actuary

1704341 — Most recent enrollment number

Aon Consulting, Inc. — Firm name

847-295-5000 — Telephone number (including area code)

4 OVERLOOK POINT
LINCOLNSHIRE IL 60069 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	23,508,146	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)	23,508,146	0
10	Interest on line 9 using prior year's actual return of 15.14%	3,559,133	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 6.49%		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		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	27,067,279	0

Part III Funding Percentages

14	Funding target attainment percentage	14	118.12%
15	Adjusted funding target attainment percentage	15	140.88%
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	131.58%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.72%	6.11%	6.81%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	63

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	186,667
b Excess assets, if applicable, but not greater than line 31a	31b	186,667

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

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

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

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

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

	Certified AFTAP as of 9/29/2015	AFTAP Matching Valuation Results
Funding Target	$129,238,963	$129,238,963
Value of Plan Assets	182,081,764	179,729,311
Funding Standard Carryover	0	0
Prefunding Balance	0	0
Annuities Purchased for NHCE's	0	0
Security Posted	0	0
AFTAP	140.88%	139.06%

The AFTAP for the Plan was originally issued September 29, 2015. A change in funding method was approved by the IRS on October 6, 2016. Due to the method change, the asset valuation method will be smoothed fair market value of assets over the current and prior two years adjusted to be no greater than 110% and no less than 90% of fair market value. The AFTAP was not recertified due to the immateriality of this change.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	0.00%	0.9000	0.00
57.5	0.00%	0.9000	0.00
58.5	0.00%	0.9000	0.00
59.5	0.00%	0.9000	0.00
60.5	10.00%	0.9000	5.45
61.5	0.00%	0.8100	0.00
62.5	30.00%	0.8100	15.19
63.5	0.00%	0.5670	0.00
64.5	0.00%	0.5670	0.00
65	100.00%	0.5670	36.86
		Weighted Average	63.05

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
EIN: 36-1004130 PN: 020

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA.
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization.
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Optional Payment Form Election Percentage	100% election of life annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that the spouses are the same age as the participant.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2013 Plan Year	6.50%. The applicable third segment rate limitation is 6.76%.
2014 Plan Year	6.50%. The applicable third segment rate limitation is 6.99%.
Trust Expenses Included in Target Normal Cost	Based on the prior year's actual plan administrative expenses (excluding PBGC premiums) plus the PBGC premiums for the current year, rounded up to the nearest $1,000.
Participants Over the Age to Commence Required Minimum Distributions	Inactive deferred vested participants who are over the age of 70½ are assumed to be irretrievable. These participants are included in the participant counts but their benefits have been excluded from the calculation of the liabilities.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
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Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	10.00%
56	0.00%
57	0.00%
58	0.00%
59	0.00%
60	10.00%
61	0.00%
62	30.00%
63	0.00%
64	0.00%
65+	100.00%

Table 2

Withdrawal Rates

Age	Male	Female
20	29.72%	39.58%
21	29.72%	39.58%
22	29.72%	39.58%
23	29.72%	39.58%
24	29.72%	39.58%
25	29.72%	39.58%
26	28.50%	37.75%
27	27.28%	35.92%
28	26.07%	34.10%
29	24.85%	32.27%
30	23.63%	30.45%
31	22.80%	29.20%
32	21.97%	27.96%
33	21.15%	26.72%
34	20.32%	25.48%
35	19.49%	24.23%
36	18.64%	22.96%
37	17.80%	21.69%
38	16.95%	20.42%
39	16.10%	19.15%
40	15.26%	17.88%
41	14.74%	17.11%
42	14.22%	16.33%
43	13.70%	15.55%
44	13.18%	14.78%
45	12.67%	14.00%
46	12.13%	13.20%
47	11.60%	12.40%
48	11.07%	11.60%
49	10.53%	10.80%
50+	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
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Schedule SB, Part V—Summary of Plan Provisions

Effective Date of Original Plan	January 1, 1980. Restated effective January 1, 2011 and amended through October 31, 2015.
Eligibility	An employee became a participant after attaining age 21 and one year of service (1,000+ hours). After September 1, 2004, no additional individuals shall become participants of the plan.
Normal Retirement	
Eligibility	Age 65 and five years of service
Benefit	Accrued benefit as of September 30, 2005 In no event shall the monthly normal retirement pension payable upon Normal Retirement be less than $200 for those who became participants prior to March 1, 2002.
Early Retirement	
Eligibility	Age 55 and five years of service
Benefit Reduction for Early Payment	The accrued benefit shall be reduced based on the following tables:

	Percentage Reduction in Benefit	
Age at Benefit Commencement	**Accrued Before April 1, 2005**	**Accrued After March 31, 2005**
64	0.00%	6.67%
63	0.00%	13.33%
62	0.00%	20.00%
61	3.00%	26.67%
60	6.00%	33.33%
59	10.00%	36.67%
58	14.00%	40.00%
57	19.00%	43.33%
56	24.00%	46.67%
55	29.00%	50.00%

Disability Retirement	
Eligibility	Ten years of service
Benefit	Accrued benefit as of September 30, 2005 payable at normal retirement date

Preretirement Surviving Spouse Benefit	
Eligibility	Five years of service
Benefit	The surviving spouse is entitled to an annuity commencing when the participant would have reached age 65 (may commence as early as participant's age 55 with reductions as for early retirement). This annuity is equal to one-half of the participant's accrued benefit.
Vested Termination Benefit	
Eligibility	Five years of service
Benefit	Accrued benefit as of September 30, 2005 payable at normal retirement date or early retirement age with reductions as for early retirement
Participant Contributions	No contributions are required by any participant (contributions were required under Prior Plans)
Definitions	
Normal Form of Benefit	Life annuity for unmarried participants or an actuarially equivalent 50% joint and survivor annuity if the participant is married.
Optional Payment Forms	Single life annuity (for married participants), 100%, 75%, 50% or 33-1/3% joint and survivor annuity, or 5-, 10-, or 15-years certain and life.
Prior Plans	Any plan merged into this plan. As of December 31, 1992, the following are Prior Plans: (a) Dymo Employees Pension Plan (b) Oxford Pendaflex Non-Bargaining Employees Retirement Income Plan of Esselte Pendaflex Corporation (c) Letraset Manufacturing, Inc. Retirement Plan (d) Letraset U.S.A., Inc. Retirement Plan (e) Charles T. Bainbridge's Sons, Inc. Retirement Plan (f) Retirement Plan for Meto Hourly Employees of Esselte Pendaflex Corporation
Plan Year	January 1 to October 31. Effective November 1, 2015, Plan Year changed to November 1 to October 31.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
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Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

The Plan Year was changed from January 1–December 31 to November 1–October 31, as of November 1, 2015.

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

Inactive deferred vested participants who are over the age of 70½ are assumed to be irretrievable. These participants are included in the participant counts but their benefits have been excluded from the calculation of the liabilities.

This change was made upon the recommendation of R.R. Donnelley & Sons Company's ERISA Counsel. This assumption change did not reduce the funding shortfall by 5%; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2015 Plan Year
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Schedule SB, line 25—Change in Method

A change in funding method request was made to the IRS to apply the same method that the Plan Sponsor uses for its other defined benefit plans (Esselte was acquired in 2014). The IRS approved the request on October 6, 2016. Due to the method change, the plan will use segment interest rates with a four-month lookback period (i.e., September); the funding method will continue to be the unit credit method; and the asset valuation method will be the smoothed fair market value of assets over the current and prior two years adjusted to be no greater than 110% and no less than 90% of fair market value.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Esselte Group U.S. Retirement Income Plan
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				3	1					
35-39				6	10					
40-44				3	6	8	3			
45-49				2	10	8	14	2		
50-54				3	9	9	6	17	1	
55-59				1	6	5	2	6	3	
60-64				1	5	1	5	7	2	
65-69				1	1	1		1		
70+										

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