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 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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- [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
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [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
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 070

1c Effective date of plan 01/01/1989

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)
GEORGIA-PACIFIC LLC

133 PEACHTREE STREET NE, 14TH FLOOR
ATLANTA, GA 30303

2b Employer Identification Number (EIN)
93-0432081

2c Plan Sponsor's telephone number
404-652-2109

2d Business code (see instructions)
321210

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.	10/04/2019	JULIE BREHM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

GEORGIA-PACIFIC LLC
C/O KOCH BUSINESS SOLUTIONS, LP
100 PEACHTREE STREET NW, 6TH FLOOR
ATLANTA, GA 30303

3b Administrator's EIN: 93-0432081

3c Administrator's telephone number: 404-652-2109

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	54271
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)**	12260
a(2) Total number of active participants at the end of the plan year	**6a(2)**	10827
b Retired or separated participants receiving benefits	**6b**	17991
c Other retired or separated participants entitled to future benefits	**6c**	10306
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	39124
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3689
f Total. Add lines **6d** and **6e**.	**6f**	42813
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	761
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) Insurance	☐	**(1)** Insurance	☐
(2) Code section 412(e)(3) insurance contracts	☐	**(2)** Code section 412(e)(3) insurance contracts	☐
(3) Trust	X	**(3)** Trust	X
(4) General assets of the sponsor	☐	**(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)	☐	0	**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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

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

D Employer Identification Number (EIN)
93-0432081

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 2018

2 Assets:

a Market value	**2a**	3371342023
b Actuarial value	**2b**	3389119165

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	31231	1915946279	1915946279
b For terminated vested participants	10780	330375728	330375728
c For active participants	12260	579946654	609071380
d Total	54271	2826268661	2855393387

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**	5.67 %
6 Target normal cost	**6**	40949735

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	09/18/2019 Date
MICHAEL R. MACE Type or print name of actuary	17-06591 Most recent enrollment number
WILLIS TOWERS WATSON US LLC Firm name	314-719-5900 Telephone number (including area code)
101 S HANLEY ROAD SUITE 900 ST. LOUIS, MO 63105-3437 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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 8.74 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		440176630
	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 5.88%		25882385
	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		466059015
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	118.69%
15	Adjusted funding target attainment percentage	15	118.69%
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	107.47%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (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:	
3.92%	5.52%	6.29%	☐ N/A, full yield curve used

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

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Current regulation: ☐ 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**	40949735
b Excess assets, if applicable, but not greater than line 31a	**31b**	40949735

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

C Plan sponsor's name as shown on line 2a of Form 5500
GEORGIA-PACIFIC LLC

D Employer Identification Number (EIN)
93-0432081

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ALIGHT FINANCIAL SOLUTIONS LLC

82-1061233

(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)

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(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	RECORDKEEPER	2245378	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BANK OF NEW YORK MELLON

13-5160382

(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?
18 21	TRUSTEE	741558	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOWERS WATSON DELAWARE, INC.

53-0181291

(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	ACTUARY	362679	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)

MAYER HOFFMAN MCCANN P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	29550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IRON MOUNTAIN

1000 CAMPUS DRIVE
COLLEGEVILLE, PA 19426

(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	RECORDKEEPER	25816	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DELOITTE CONSULTING LLP

06-1454513

(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?
17	CONSULTANT	16368	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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GEORGIA-PACIFIC LLC

D Employer Identification Number (EIN)
93-0432081

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: KOCH IND INC PEN RET PLAN MASTER TR

b Name of sponsor of entity listed in (a): KOCH INDUSTRIES INC

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)
25-6263968-001	M	3225300803

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

C Plan sponsor's name as shown on line 2a of Form 5500
GEORGIA-PACIFIC LLC

D Employer Identification Number (EIN)
93-0432081

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	485000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	3962970
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2938591788	3225300803
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3423591788	3229263773
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	541293	422089
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	541293	422089
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3423050495	3228841684

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.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		161777237
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		161777237
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	343693461	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		343693461
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)	1150155	
(2) Contract administrator fees	2i(2)	2245378	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	8897054	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		12292587
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		355986048
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-194208811
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MAYER HOFFMAN MCCANN PC **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
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			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4158981. (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

C Plan sponsor's name as shown on line 2a of Form 5500
GEORGIA-PACIFIC LLC

D Employer Identification Number (EIN)
93-0432081

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): 25-6263968

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** 10317

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (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: 31.0 % Investment-Grade Debt: 17.0 % High-Yield Debt: 6.0 % Real Estate: 12.0 % Other: 34.0 %

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):

Financial Statements and
Independent Auditor's Report

Georgia-Pacific LLC Hourly Pension Plan

December 31, 2018 and 2017

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Financial statements:

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Note: All 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, as amended, have been omitted because they are not applicable.

Mayer Hoffman McCann P.C.
700 W 47th St Ste 1100 ▪ Kansas City, MO 64112
Main: 816.945.5600 ▪ Fax: 816.897.1280 ▪ www.mhmcpa.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Georgia-Pacific LLC Hourly Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Georgia-Pacific LLC Hourly Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2018 and 2017 and for the years then ended, that the information provided to the plan administrator by the trustee 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. Accordingly, we do not express an opinion on these financial statements.

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

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

Mayer Hoffman McCann P.C.

Kansas City, Missouri
September 27, 2019

Statements of net assets available for benefits

December 31	2018	2017
Assets:		
Investment in Koch Companies Defined Benefit Master Trust, at fair value	**$ 3,225,300,803**	$ 2,938,591,788
Employer contributions receivable	**—**	485,000,000
Other receivable	**3,962,970**	**—**
Total assets	**3,229,263,773**	3,423,591,788
Liabilities:		
Accrued liabilities	**422,089**	541,293
Total liabilities	**422,089**	541,293
Net assets available for benefits	**$ 3,228,841,684**	$ 3,423,050,495

See accompanying notes to the financial statements

Statements of changes in net assets available for benefits

For the years ended December 31	2018	2017
Additions:		
Net increase of investment in Koch Companies Defined Benefit Master Trust, at fair value	**$ 161,777,237**	$ 228,433,111
Employer contributions	**—**	485,000,000
Total additions, net	**161,777,237**	713,433,111
Deductions:		
Benefit payments to participants and beneficiaries	**204,116,431**	209,116,839
Transfer of assets for annuity purchases	**139,577,030**	—
Administrative expenses	**12,292,587**	21,389,394
Total deductions	**355,986,048**	230,506,233
Net (decrease)/increase	**(194,208,811)**	482,926,878
Net assets available for benefits, beginning of year	**3,423,050,495**	2,940,123,617
Net assets available for benefits, end of year	**$ 3,228,841,684**	$ 3,423,050,495

See accompanying notes to the financial statements

Notes to financial statements

1 Description of the Plan

The following description of the Georgia-Pacific LLC Hourly Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory defined benefit pension plan, established to provide retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan covers certain groups of non-union hourly employees and union hourly employees of Georgia-Pacific LLC, a Delaware limited liability company, and its affiliates (the Company). Certain non-union hourly employees are eligible to participate upon the participant's date of hire. Certain groups of union hourly employees are eligible to participate as of their initial dates of hire, if participation in the Plan is negotiated in the collective bargaining agreement governing their employment. A leased employee, as defined in Section 414(n) of the Internal Revenue Code (the Code) is not eligible to participate in the Plan.

The trustee of the Plan, Bank of New York Mellon/BNY Mellon, N.A., formerly Mellon Bank, N.A. (Trustee), and the Koch Industries, Inc. Investment Committee manage the Plan's investment assets.

Funding Policy

The Company makes contributions to the Plan based on the funding recommendations of the Plan's independent consulting actuary to meet the minimum requirements under ERISA. The Plan was in compliance with applicable ERISA funding requirements for 2018 and 2017.

Vesting

Participants become 100% vested upon completion of five years of vesting service or attainment of normal retirement age (age 65) while still an employee of the Company. If a participant terminates employment before satisfying these vesting requirements, that participant forfeits the right to receive the benefits accumulated.

Pension Benefits

At normal retirement, participants are entitled to monthly pension benefits based on years of credited service, as defined by the Plan document. A participant may elect early retirement at age 55 with five or more years of vesting service, as defined by the Plan document. Early retirement benefits payable before age 62 are reduced as defined by the Plan from the normal retirement benefit. The amount of the monthly pension benefit is specified in the individual exhibits to the Plan document.

The normal form of payment is a single life annuity if the participant is not married. The normal form of payment for a married participant is a joint and 50% survivor annuity, unless an election is made to receive the benefit in another form.

Effective August 29, 2018, the Plan purchased a single premium group annuity contract through Pacific Life for a total premium amount of $139,577,030. The group annuity contract provided for the payment of annuities to approximately 9,990 plan participants and their beneficiaries whose monthly benefit was $200 or less. The benefit takeover date was November 1, 2018 and as of that date the payees have ceased to be participants in the Plan and the Plan has no further liability to those payees. The actuarial present value of accumulated plan benefits will report the annuity purchase and remove the payees from the Plan's liability in the January 1, 2019 valuation.

Disability Benefits

Active participants who have completed five years of service and who become permanently and totally disabled are eligible to receive the normal monthly retirement benefits, commencing six months following the last day worked by the participant. Benefits cease upon recovery and the participant's return to service or at age 65 when normal retirement benefits become payable.

Death Benefits

The spouse of any active or terminated participant who has completed five years of service is entitled to a pre-retirement survivor benefit payable in the event of the participant's death prior to actual retirement.

2 Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America (US GAAP) requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

New Accounting Pronouncement

In February 2017, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2017-06, "Employee Benefit Plan Master Trust Reporting". The ASU will require an employee benefit plan to report an interest in a master trust and the change in the value of that interest as separate line items on the statements of net assets available for benefits and the statements of changes in net assets available for benefits, respectively. Additionally, the ASU requires the Plan to disclose the master trust's investments and other assets and liabilities, as well as the dollar amount of its interest in these balances. The guidance requires retrospective application and is effective for fiscal years beginning after December 15, 2018, with early adoption permitted. The Company is currently evaluating the new guidance and the impact on the financial statements.

Investment Valuation and Income Recognition

The Plan's investment in the Koch Companies Defined Benefit Master Trust (Koch Master Trust) is stated at fair value (Note 3). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 4).

Investments held by the Koch Master Trust that are traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year. Investments in preferred stocks, government bonds, corporate bonds, other corporate debt securities, and cash equivalents are valued based on yields available on comparable securities. Investments in limited partnerships are valued at appraised values at the end of the Plan year as reported by the partnerships' respective general partners and the Trustee of the Plan. Appraised values are developed using various modeling techniques, including, but not limited to, the strong correlation of the underlying security to one or more broad-based securities market indices and/or other financial instruments. Other investments consist primarily of synthetic equity options that are indexed to specific equity market benchmarks and are valued based upon observable market data. Investments in derivative instruments are marked to market daily based on quoted prices or widely accepted models that use readily observable market parameters as their basis. Amounts owed or due on open derivative contracts are recorded as receivables or payables to the Koch Master Trust. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Investment related expenses of the Koch Master Trust, such as Trustee and investment manager fees, are paid by the Koch Master Trust and are netted against investment gains.

Payment of Benefits

Benefits are recorded in the year in which they are paid.

Administrative Expenses

Administrative expenses include Pension Benefit Guaranty Corporation (PBGC) premiums, record keeping, legal, and other administration fees directly incurred by the Plan.

Subsequent Events

The Plan administrator has evaluated subsequent events through September 27, 2019, the date the financial statements were available to be issued. No significant matters were identified during this evaluation.

3 Financial Information of Koch Master Trust

The Koch Master Trust was established for the collective investment of the assets of participating employee benefit plans of Koch Industries, Inc. and certain subsidiaries. Fund assets are allocated among participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and specific administrative expenses) which can be specifically identified. Income and expenses resulting from the collective investment of the assets are allocated (on a monthly or daily basis) in proportion to the fair value of the assets assigned to each plan.

The assets of the Koch Master Trust are accounted for on a units-of-participation basis. At December 31, 2018 and 2017, the Plan held 3,225,300,803 and 2,938,591,788 units of the Koch Master Trust, respectively, with an individual unit estimated fair value of $1. The Plan's unit holdings at December 31, 2018 and 2017 had fair values of $3,225,300,803 and $2,938,591,788, which represented approximately 47.8% and 48.7% of the net assets of the Koch Master Trust, respectively.

The Trustee of the Plan has certified the completeness and accuracy of substantially all investments reflected in the accompanying statements of net assets available for benefits and substantially all of the related investment activity reflected in the statements of changes in net assets available for benefits of the Plan. The net assets of the Koch Master Trust certified as complete and accurate by the Trustee totaled $6,734,920,703 and $5,963,519,341 at December 31, 2018 and 2017, respectively. Net investment gain of the Koch Master Trust certified as complete and accurate by the Trustee totaled $389,673,958 and $486,844,487, which excluded $14,053,997 and $68,371,155 of net investment gain related to certain investment valuations subsequent to Trustee certification for the years ended December 31, 2018 and 2017, respectively. The Plan's independent auditors have not audited investment information certified by the Trustee of the Plan.

A summary of the net assets of the Koch Master Trust is as follows:

December 31	2018	2017
Assets:		
Investments at fair value:		
Cash equivalents [1]	**$ 411,328,413**	$ 946,286,693
Common and preferred stocks	**202,990,216**	185,474,031
Corporate debt instruments	**360,797,529**	313,833,618
Government bonds	**1,644,726,266**	154,105,020
Limited partnerships	**4,113,841,156**	4,334,668,128
Other investments	**1,481,783**	81,676,253
Total investments at fair value	**6,735,165,363**	6,016,043,743
Receivables:		
Interest and dividends	**11,016,418**	3,167,103
Due from brokers	**2,792,919**	13,498,191
Total receivables	**13,809,337**	16,665,294
Total assets	**6,748,974,700**	6,032,709,037
Liabilities:		
Due to brokers	**—**	818,541
Total liabilities	**—**	818,541
Net assets	**$ 6,748,974,700**	$ 6,031,890,496

[1] Includes cash, repurchase agreements, U.S. government Treasury bills, and funds that invest in U.S. government short-term securities.

Net investment gain for the Koch Master Trust is as follows:

For the years ended December 31	2018	2017
Net investment gain:		
Net increase in fair value of investments	**$ 77,991,095**	$ 204,697,112
Interest, dividend and other income	**258,011,063**	268,792,420
Investment expenses	**(645,358)**	(3,558,698)
Net investment gain of Koch Master Trust	**$ 335,356,800**	$ 469,930,834

The Koch Master Trust's overall strategy is to provide investment diversification to minimize risk and maximize long-term investment returns while maintaining sufficient liquidity. As a part of this strategy, the Koch Master Trust holds certain investments that have redemption restrictions, future funding commitments, and other requirements that vary by individual investment. Redemption restrictions are generally short-term with the exception of certain limited partnership investments, of which funds frequently cannot be withdrawn for the life of the investment. At December 31, 2018 and 2017, the Koch Master Trust had noncancelable commitments to make future investments in certain limited partnerships totaling $1,670,456,605 and $1,252,515,614, respectively. The commitments mature at various dates designated by the respective fund agreements.

At December 31, 2018 and 2017, the Koch Master Trust held $403,756,606 and $817,697,532 of cash equivalents held in custody by the Trustee, respectively. In addition, fees paid by the Koch Master Trust to the Trustee, or an affiliate thereof, for Trustee and investment management services totaled $1,439,401 and $1,192,634 for the years ended December 31, 2018 and 2017, respectively. Transactions with the Trustee qualify as party-in-interest transactions.

During 2018 and 2017, the Koch Master Trust invested in a limited number of derivative financial instruments. Certain investment managers were allowed to use derivatives for such strategies as portfolio structuring, return enhancement,

and hedging against deterioration of investment holdings from market and interest rate changes. Derivatives are also used as a hedge against foreign currency fluctuations. Derivative instruments included equity index, government and money market forwards and futures, credit default swaps, as well as interest rate swaps and options. The resulting fair value changes of derivative instruments were included in the net increase (decrease) in fair value of investments. Derivative positions held at December 31, 2018 and 2017 were not material and the use of derivative instruments was not believed to materially increase the credit or market risk of the Koch Master Trust's investments.

4 Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The valuation methods described in Note 2 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. There have been no changes in the methodologies used at December 31, 2018 and 2017.

The following table sets forth by level, within the fair value hierarchy, a summary of the Koch Master Trust's investment assets at fair value as of December 31, 2018.

December 31, 2018	Level 1	Level 2	Level 3	NAV	Total
Cash equivalents	$ 411,328,413	$ —	$ —	$ —	**$ 411,328,413**
Common and preferred stocks	—	—	202,990,216	—	**202,990,216**
Corporate debt instruments	—	—	360,797,529	—	**360,797,529**
Government bonds	1,644,726,266	—	—	—	**1,644,726,266**
Limited partnerships	—	—	1,608,545,264	2,505,295,892	**4,113,841,156**
Other investments	—	1,481,783	—	—	**1,481,783**
Total	$ 2,056,054,679	$ 1,481,783	$ 2,172,333,009	$ 2,505,295,892	**$ 6,735,165,363**

The following table sets forth by level, within the fair value hierarchy, a summary of the Koch Master Trust's investment assets at fair value as of December 31, 2017.

December 31, 2017	Level 1	Level 2	Level 3	NAV	Total
Cash equivalents	$ 946,286,693	$ —	$ —	$ —	**$ 946,286,693**
Common and preferred stocks	—	—	185,474,031	—	**185,474,031**
Corporate debt instruments	—	—	313,833,618	—	**313,833,618**
Government bonds	82,511,058	71,593,962	—	—	**154,105,020**
Limited partnerships	144,272,349	—	1,530,985,603	2,659,410,176	**4,334,668,128**
Other investments	(5,128,463)	86,804,716	—	—	**81,676,253**
Total	$ 1,167,941,637	$ 158,398,678	$ 2,030,293,252	$ 2,659,410,176	**$ 6,016,043,743**

The table below sets forth a summary of changes in fair value of the Koch Master Trust's level 3 investment assets.

	Common and preferred stocks	Corporate debt instruments	Limited partnerships	Total
At December 31, 2016	$ 179,892,229	$ 248,890,109	$ 1,329,435,004	**$ 1,758,217,342**
Net investment gain during the period	14,541,786	15,814,366	189,365,183	**219,721,335**
Contributions, purchases and transfer in	—	98,076,677	455,831,603	**553,908,280**
Distributions and sales	(8,959,984)	(48,947,534)	(443,646,187)	**(501,553,705)**
At December 31, 2017	$ 185,474,031	$ 313,833,618	$ 1,530,985,603	**$ 2,030,293,252**
Net investment gain during the period	26,166,919	43,451,720	105,158,665	**174,777,304**
Contributions and purchases	—	65,500,400	246,008,747	**311,509,147**
Distributions and sales	(8,650,734)	(61,988,209)	(273,607,751)	**(344,246,694)**
At December 31, 2018	$ 202,990,216	$ 360,797,529	$ 1,608,545,264	**$ 2,172,333,009**

The table below sets forth more detailed assumptions used in developing the fair values of the Koch Master Trust's level 3 investment assets.

Fund Type	Valuation Technique	Significant Unobservable Inputs	Range (if applicable)
Common and preferred stocks	Valued at probable realization value using cost price or values for recent transactions	Quotes from brokers active in trading the particular security type	
Corporate debt instruments	Valued at probable realization value using cost price or values for recent transactions	Quotes from brokers active in trading the particular security type	
Limited partnerships	Valued at probable realization value using cost price or values for recent transactions	Quotes from brokers active in trading the particular security type, counterparty valuations, market data service providers or reference to visible traded levels	
	Company trading and precedent trading multiple	EBITDA Multiple	5 times-19 times
	Discounted cash flow over holding period	Risk adjusted premiums of not achieving a return of capital. 3rd party engineering reports, comparable transactions	
	Discounted cash flow/direct capitalization	Discounted Rate Terminal Capitalization Rate	8/5/2025
	Projected cash flow	Investment, liquidation and wind-down periods	Investment Periods 20-30% Liquidations Periods 15-30% Wind down Periods 10-25%

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2018 and 2017, there were no significant transfers in or out of levels 1, 2 or 3.

5 Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan’s provisions to the services rendered by the employees to the valuation date. The actuarial present value of accumulated plan benefits is determined by the Plan’s actuary and is the amount that results from applying actuarial assumptions 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 actuarial present value of accumulated plan benefits is presented based on a beginning-of-year benefit information date.

The significant actuarial assumptions used in the January 1, 2018 valuation are as follows:

Method of valuation:	Unit credit cost method
Assumed rate of return on investments:	6.75%
Mortality:	RP-2014 with a blue collar adjustment projected with Scale MP-2014 back to 2007, converging linearly to a 1% long-term improvement rate in 2019, with no improvement above age 115.
Average age of participants receiving benefits:	72.8

These 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 computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2018. See Note 1 for information related to the purchase of a group annuity contract that occurred subsequent to the January 1, 2018 valuation date.

The actuarial present value of accumulated plan benefits of the Plan is as follows:

January 1	**2018**
Accumulated benefits:	
Participants currently receiving payments	$ 1,754,510,744
Other participants	819,979,527
Nonvested benefits	26,750,703
	$ 2,601,240,974

The changes in the actuarial present value of accumulated plan benefits consist of the following:

For the year ended January 1	**2018**
Actuarial present value of accumulated plan benefits, beginning of year	$ 2,605,192,469
Increase for interest due to the decrease in the discount period	170,652,061
Benefits paid	(209,117,310)
Assumption changes	(4,981,931)
Benefits accumulated and other changes	39,495,685
Actuarial present value of accumulated plan benefits, end of year	$ 2,601,240,974

6 Related-Party Transactions

Certain Plan investments are managed by the Trustee and therefore, these transactions qualify as party-in-interest transactions.

7 Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits attributable to employee contributions, taking into account those paid out before termination.

b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
c. Other vested benefits insured by the PBGC up to the application limitations discussed below.
d. Vested benefits not insured by the PBGC.
e. All nonvested benefits.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

8 Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated August 15, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit with respect to any tax periods in progress.

9 Risks and Uncertainties

The Plan, through the Koch Master Trust, invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities 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 Plan, through the Koch Master Trust, invests in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income (loss) of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Plan contributions are made, and 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 estimation 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.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2018

	Attained Years of Credited Service[1]									
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**
Under 25	104	262	7	0	0	0	0	0	0	0
25-29	113	623	158	8	0	0	0	0	0	0
30-34	89	548	313	101	3	0	0	0	0	0
35-39	64	443	317	234	96	4	0	0	0	0
40-44	45	413	325	305	211	105	5	0	0	0
45-49	35	406	357	318	290	223	100	16	0	0
50-54	21	331	314	345	251	217	256	178	9	0
55-59	20	253	287	317	220	217	266	252	231	50
60-64	2	122	165	169	125	108	134	145	143	237
65-69	1	18	22	23	15	17	22	17	21	36
70 & over	0	2	3	7	4	2	5	2	3	14
			Average Age:	47.0	Average Service:	13.2				

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods - Contributions

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
First segment rate	3.92%	1.75%
Second segment rate	5.52%	3.76%
Third segment rate	6.29%	4.66%
Effective interest rate	5.67%	4.01%

Administrative expenses Prior year administrative expenses paid, adjusted for expected deviations and PBGC premiums. For 2018 an amount of $11,570,000 was included in the target normal cost.

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

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

SCHEDULE SB ATTACHMENTS

Mortality

- Healthy — Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2025 using Scale AA)
- Disabled — Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2025 using Scale AA)

Termination

Rates varying by age and service per 1,000 participants as follows:

Number leaving during the year				
Age	Years of Service			
	0-2	2-3	3-4	4+
0-24	400	230	180	200
25-29	400	230	180	150
30-34	320	230	180	120
35-39	320	230	180	90
40-44	320	230	180	70
45-49	320	230	180	60
50-69	320	230	180	50
70+	0	0	0	0

Disability

Rates varying by age and gender, per 1,000 participants. Representative rates follow:

Number becoming disabled during the year		
Age	Males	Females
30	0.45	0.60
40	1.20	1.95
50	4.95	6.00
60	17.25	13.50

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, per 1,000 participants as follows:

- Former participants in the Pension Plan for Hourly-Rated Employees

Number retiring during the year:	
Age	**Rate**
55-60	60
61	90
62-64	250
65-67	300
68-69	200
70+	1,000

- Former participants in the Retirement Plan for Consumer Products and Packaging Employees

Number retiring during the year	
Age	**Rate**
55-59	70
60-61	100
62	400
63-64	350
65-69	300
70+	1,000

- Former participants in the Fort James Retirement Plan for Discontinued Operations

Not applicable.

Benefit commencement date:

- Deferred vested benefit — Age 62, except for certain locations where 65 is the earliest retirement age for deferred inactive participants.
- Disability benefit — Upon disablement
- Retirement benefit — Upon termination of employment

Form of payment

For actives that are eligible for a lump sum form of payment, 70% are assumed to elect a lump sum and 30% are assumed to elect an annuity. All other participants are assumed to elect an annuity.

Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.

SCHEDULE SB ATTACHMENTS

Percent married	85%
Spouse age	Wife three years younger than husband.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the 50% Joint and Survivor form of payment.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable. The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is

	below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Georgia-Pacific and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $5,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC 430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.
Termination	Termination rates were based on an experience study conducted in 2016, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

SCHEDULE SB ATTACHMENTS

Retirement	Retirement rates were based on an experience study conducted in 2016, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Source of Prescribed Methods

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

Changes in Assumptions and Methods

Change in assumptions since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2016 to September 2017 as required by IRC 430. The mortality table used to calculate the funding target and target normal cost was changed from generational to static projection, and updated to include one additional year of projected mortality improvement, as required by IRC §430.
Change in methods since prior valuation	None.

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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
GEORGIA-PACIFIC LLC HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 070

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

D Employer Identification Number (EIN)
93-0432081

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 2018

2 Assets:

a Market value	**2a**	3,371,342,023
b Actuarial value	**2b**	3,389,119,165

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	31,231	1,915,946,279	1,915,946,279
b For terminated vested participants	10,780	330,375,728	330,375,728
c For active participants	12,260	579,946,654	609,071,380
d Total	54,271	2,826,268,661	2,855,393,387

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**	5.67%
6 Target normal cost	**6**	40,949,735

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 MRM Michael R Mace — Signature of actuary

9/18/19 — Date

Michael R. Mace — Type or print name of actuary

1706591 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

314-719-5900 — Telephone number (including area code)

101 S Hanley Road
Suite 900
St. Louis MO 63105-3437
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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 8.74%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		440,176,630
	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 5.88%		25,882,385
	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		466,059,015
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	118.69%
15	Adjusted funding target attainment percentage	15	118.69%
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	107.47%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.92%	5.52%	6.29%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

23 Mortality table(s) (see instructions)

Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
Current regulation:	☐ 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		40,949,735
b Excess assets, if applicable, but not greater than line 31a	31b		40,949,735
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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2018

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age * Number Retiring
55	6%	1,000	60	3,300
56	6%	940	56	3,136
57	6%	884	53	3,021
58	6%	831	50	2,900
59	6%	781	47	2,773
60	6%	734	44	2,640
61	9%	690	62	3,782
62	25%	628	157	9,734
63	25%	471	118	7,434
64	25%	353	88	5,632
65	30%	265	80	5,200
66	30%	185	56	3,696
67	30%	129	39	2,613
68	20%	90	18	1,224
69	20%	72	14	966
70+	100%	58	58	4,060
			1,000	62,111 /1000
		Weighted Average Retirement Age		62

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date January 1, 2018

SCHEDULE SB ATTACHMENTS

Summary of Plan Provisions

Plan Provisions	Georgia-Pacific LLC Hourly Pension Plan
Former plan	Georgia-Pacific LLC Pension Plan for Hourly-Rated Employees (merged effective 12/31/2010)
Purpose	1/1/2018 Funding Valuation
Type of plan	Flat Dollar
Normal form	Life annuity, if single, except Exhibit 365 is 3-year certain and life annuity and Exhibit 402 is 5-year certain and life annuity
Plan eligibility	Date of employment, but date of coverage may vary by location
Benefit service	1 year for every 12 months of service
Class	Hourly paid employees varying by Exhibit
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A. Certain locations have grandfathered offset or add-on benefits

Benefit	Age	Vest Svc	Age + Memb Svc	Description
Normal retirement	65	--	--	Generally, AB, payable immediately
Early retirement	55	5	--	Generally, AB, reduced 6% per year before age 62. Some locations have grandfathered reductions
Postponed retirement	> 65	--	--	Generally, AB, payable immediately
Vested termination	--	5	--	Generally, AB, reduced 6% per year before age 62. Some locations have grandfathered reductions
Disablement	--	5	--	Generally, AB, if totally disabled, payable 6 months after date of disablement
Pre-ret death	--	5	--	Generally, 50% of AB, reduced for 50% J&S, payable for life of spouse. Benefit commences at age 62

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
EIN / PN: 93-0432081/070
Plan Sponsor: Georgia-Pacific LLC
Valuation Date January 1, 2018

SCHEDULE SB ATTACHMENTS

Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**		
Former plan	Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)		
Purpose	1/1/2018 Funding Valuation	Location name:	Dubuque, Iowa
		Exhibit number:	439 - A
Type of plan	Flat Dollar		
Normal form	Life Annuity		
Plan eligibility	Date of Hire		
Benefit service	Elapsed time from Date of Hire, includes some Predecessor Plan service, excludes service prior to 07/17/1984		
Class	Union employees - USW, Local 1861U		
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.		

Benefit	**Age**	**Vest Svc**	**Age + Memb Svc**	**Description**
Normal retirement	65	--	--	AB, payable immediately
Early retirement	55	5	--	AB, reduced 6% per year from age 62; other reduction may apply for Predecessor Plan employees
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB, reduced 6% per year from age 62; other reduction may apply for Predecessor Plan employees
Disablement	--	5	--	AB, if considered totally disabled by the SSA and remains totally disabled for 6 months
Pre-ret death	--	5	--	50% of AB, reduced for 50% J&S, payable for life of spouse

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

Plan Name:	Georgia-Pacific LLC Hourly Pension Plan
EIN / PN:	93-0432081/070
Plan Sponsor:	Georgia-Pacific LLC
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**		
Former plan	Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)		
Purpose	1/1/2018 Funding Valuation	Location name:	Spartanburg, South Carolina
		Exhibit number:	441 - A
Type of plan	Flat Dollar		
Normal form	3 Year certain and life annuity		
Plan eligibility	Date of Hire		
Benefit service	Elapsed time from Date of Hire after 03/16/1981, but not less than under Predecessor Plan as of 04/30/2004		
Class	Certain hourly employees not covered by a collective bargaining agreement		
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.		

Benefit	**Age**	**Vest Svc**	**Age + Memb Svc**	**Description**
Normal retirement	65	--	--	AB, payable immediately
Early retirement	55	5	--	AB, reduced 6% per year from age 62
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB, reduced 6% per year from age 62
Disablement	--	10 yrs VS with 1 yr BS or 5 yrs BS	--	AB, if considered totally disabled by the SSA and remains totally disabled for 6 months
Pre-ret death	--	5	--	50% of AB, reduced for 50% J&S, payable for life of spouse

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

Plan Name:	Georgia-Pacific LLC Hourly Pension Plan
EIN / PN:	93-0432081/070
Plan Sponsor:	Georgia-Pacific LLC
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**		
Former plan	Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)		
Purpose	1/1/2018 Funding Valuation	Location name:	Fort Smith, Arkansas
		Exhibit number:	443 - A
Type of plan	Flat Dollar		
Normal form	Life Annuity		
Plan eligibility	Date of Hire		
Benefit service	Elapsed time from Date of Hire		
Class	Certain hourly employees not covered by a collective bargaining agreement		
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.		

Benefit	**Age**	**Vest Svc**	**Age + Memb Svc**	**Description**
Normal retirement	65	--	--	AB, payable immediately
Early retirement	55	5	--	AB, reduced 6% per year from age 62
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB, reduced 6% per year from age 62
Disablement	--	5	--	AB, if considered totally disabled by the SSA and remains totally disabled for 6 months
Pre-ret death	--	5	--	50% of AB, reduced for 50% J&S, payable for life of spouse

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

Plan Name:	Georgia-Pacific LLC Hourly Pension Plan
EIN / PN:	93-0432081/070
Plan Sponsor:	Georgia-Pacific LLC
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**		
Former plan	Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)		
Purpose	1/1/2018 Funding Valuation	Location name:	Wauna Mill Division
		Exhibit number:	56 - B
Type of plan	Flat Dollar		
Normal form	Life Annuity		
Plan eligibility	Date of Hire		
Benefit service	Elapsed time from Date of Hire		
Pension earnings	Regular straight time job rate		
Class	Union employees - USW, Local 1097		
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A, based on regular straight time job rate		

Benefit	**Age**	**Vest Svc**	**Age + Memb Svc**	**Description**
Normal retirement	65	--	--	AB, payable immediately
Early retirement	55	15	--	AB, reduced 3% per year from age 65
	58	14	--	
	59	10	--	
	60	5	--	
	62	20	--	AB, payable immediately
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB, reduced for early commencement per plan specific table
Disablement	--	10	--	AB, if totally and permanently disabled
Pre-ret death	--	5	--	Actives: AB, reduced for 100% J&S, payable for life of spouse Terminated: 50% of AB, reduced for 50% J&S, payable for life of spouse $1,000 Lump Sum

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

Plan Name:	Georgia-Pacific LLC Hourly Pension Plan
EIN / PN:	93-0432081/070
Plan Sponsor:	Georgia-Pacific LLC
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**		
Former plan	Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)		
Purpose	1/1/2018 Funding Valuation	Location name:	Camas Mill Division
		Exhibit number:	85 - B
Type of plan	Flat Dollar		
Normal form	Life Annuity		
Plan eligibility	Date of Hire		
Benefit service	Elapsed time from Date of Hire		
Pension earnings	Regular straight time job rate		
Class	Union employees - AWPPW, Local 5		
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A, based on regular straight time job rate		

Benefit	**Age**	**Vest Svc**	**Age + Memb Svc**	**Description**
Normal retirement	65	--	--	AB, payable immediately
Early retirement	55	15	--	AB, reduced 3% per year from age 65
	58	14	--	
	59	10	--	
	60	5	--	
	62	20	--	AB, payable immediately
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB, reduced for early commencement per plan specific table
Disablement	--	5	--	AB, if considered disabled by the SSA
Pre-ret death	--	5	--	Actives: AB, reduced for 100% J&S, payable for life of spouse Terminated: 50% of AB, reduced for 50% J&S, payable for life of spouse $1,000 Lump Sum

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

Plan Name:	Georgia-Pacific LLC Hourly Pension Plan
EIN / PN:	93-0432081/070
Plan Sponsor:	Georgia-Pacific LLC
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**		
Former plan	Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)		
Purpose	1/1/2018 Funding Valuation	Location name:	Epic Plant, Parchment, Michigan
		Exhibit number:	215 - B
Type of plan	Flat Dollar		
Normal form	Life Annuity		
Plan eligibility	Date of Hire		
Benefit service	Completed months from Date of Hire		
Class	Union employees - USW, Local 323		
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.		

Benefit	**Age**	**Vest Svc**	**Age + Memb Svc**	**Description**
Normal retirement	65	--	--	AB, payable immediately
Early retirement	55	15	--	AB, reduced 2.4% per year from age 65 to age 60 and 4.8% per year before age 60
Early retirement for Initial Staffing employees	55	--	--	AB, reduced 2.4% per year from age 62 to age 60 and 4.8% per year before age 60
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB, reduced same as early retirement
Disablement	--	5	--	AB, if totally and permanently disabled
Pre-ret death	--	5	--	50% of AB, reduced for 50% J&S, payable for life of spouse

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

SCHEDULE SB ATTACHMENTS

Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**			
Former plan	Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)			
Purpose	1/1/2018 Funding Valuation		Location name:	St. Mary's, Georgia
			Exhibit number:	261 - B
Type of plan	Flat Dollar			
Normal form	Life Annuity			
Plan eligibility	Date of Hire			
Benefit service	Hours	Benefit Service		
	< 800	0.0		
	800 - 999	0.5		
	> 999	1.0		
Class	Union employees - USW, Local 958			
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.			

Benefit	**Age**	**Vest Svc**	**Age + Memb Svc**	**Description**
Normal retirement	65	--	--	AB, payable immediately
	62	20	--	AB, payable immediately
Early retirement	55	--	--	AB, reduced 5% per year from Normal Retirement Date
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB, reduced 5% per year from Normal Retirement Date
Disablement	--	5	--	AB, if considered totally disabled by the SSA
Pre-ret death	--	5	--	50% of AB, reduced for 50% J&S, payable for life of spouse

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

SCHEDULE SB ATTACHMENTS

Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**		
Former plan	Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)		
Purpose	1/1/2018 Funding Valuation	Location name:	Green Bay, Wisconsin
		Exhibit number:	262 - B
Type of plan	Flat Dollar		
Normal form	Life Annuity		
Plan eligibility	Date of Hire		
Benefit service	One month of benefit service for each month in which employee earns at least 80 Hours of Service, up to maximum of 12 months per plan year		
Class	Union employees - USW, Local 2-327 and 2-213		
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.		

Benefit	Age	Vest Svc	Age + Memb Svc	Description
Normal retirement	65	--	--	AB, payable immediately
Early retirement	55	15	--	AB, reduced 6% per year from age 62
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB as of date of termination. With 15 years of benefit service, benefit may begin at age 55, reduced 6% per year from age 65
Disablement	--	5	--	AB, if considered totally disabled by the SSA
Pre-ret death	--	5	--	50% of AB, reduced for 50% J&S, payable for life of spouse
	--	15	--	$14.25 times benefit service at time of death, beginning the month following the month in which the spouse is eligible to receive SS retirement benefits, payable for 10 years or until remarriage or death

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

Plan Name:	Georgia-Pacific LLC Hourly Pension Plan
EIN / PN:	93-0432081/070
Plan Sponsor:	Georgia-Pacific LLC
Valuation Date	January 1, 2018

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Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**		
Former plan	Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)		
Purpose	1/1/2018 Funding Valuation	Location name:	Lexington, Kentucky
		Exhibit number:	266 - B
Type of plan	Flat Dollar		
Normal form	Life Annuity		
Plan eligibility	Date of Hire		
Benefit service	One month of benefit service for each month in which employee earns at least 80 Hours of Service, up to maximum of 12 months per plan year		
Class	Union employees - International Brotherhood of Teamsters, Local 651		
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.		

Benefit	**Age**	**Vest Svc**	**Age + Memb Svc**	**Description**
Normal retirement	65	--	--	AB, payable immediately
Early retirement	55	15	--	AB, reduced 6% per year from age 65 for participants terminating before age 62. Unreduced AB for participants terminating after age 62
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB as of date of termination. With 15 years of benefit service, benefit may begin at age 55, reduced 6% per year from age 65
Disablement	--	5	--	AB, if considered totally disabled by the SSA
Pre-ret death	--	5	--	50% of AB, reduced for 50% J&S, payable for life of spouse

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

SCHEDULE SB ATTACHMENTS

Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**		
Former plan	Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)		
Purpose	1/1/2018 Funding Valuation	Location name:	(USW) Hourly Employees at the Canal, Washington Street, Wausau, Ashland, Neenah Pilot, and Wisconsin Preparatory Center
		Exhibit number:	269 - B
Type of plan	Flat Dollar		
Normal form	Life Annuity		
Plan eligibility	Date of Hire		
Benefit service	One month of benefit service for each month in which employee earns at least 80 Hours of Service, up to maximum of 12 months per plan year		
Class	Union employees - PACE, Local 148 and 224		
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.		

Benefit	**Age**	**Vest Svc**	**Age + Memb Svc**	**Description**
Normal retirement	65	--	--	AB, payable immediately
Early retirement	55	15	--	AB, reduced 6% per year from age 62 for participants terminating before age 62. Unreduced AB for participants terminating after age 62.
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB as of date of termination. With 15 years of benefit service, benefit may begin at age 55, reduced 6% per year from age 65
Disablement	--	5	--	AB, if considered totally disabled by the SSA
Pre-ret death	--	5	--	50% of AB, reduced for 50% J&S, payable for life of spouse
	--	15	--	$10.00 times benefit service at time of death, beginning the month following the month in which the spouse is eligible to receive SS retirement benefits, payable for 10 years or until remarriage or death

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

Plan Name:	Georgia-Pacific LLC Hourly Pension Plan
EIN / PN:	93-0432081/070
Plan Sponsor:	Georgia-Pacific LLC
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**
Former plan	Georgia-Pacific LLC Retirement Plan for Consumer Products and Packaging Employees (merged effective 12/31/2010)
Purpose	1/1/2018 Funding Valuation
Location name:	Naheola Mill
Exhibit number:	271 – B
Type of plan	Flat Dollar
Normal form	Life Annuity
Plan eligibility	Date of Hire
Benefit service	One month of benefit service for each month in which employee earns at least 80 Hours of Service, up to maximum of 12 months per plan year
Class	Union employees - IBEW, Local 2048
Accumulated benefit	Dollar per month of benefit service varying by Exhibit/Pcode as described in Table A.

Benefit	**Age**	**Vest Svc**	**Age + Memb Svc**	**Description**
Normal retirement	65	--	--	AB, payable immediately
Early retirement	55	15	--	AB, reduced 3% per year from age 65 to age 60 and 6% per year from age 60 to age 55 for participants terminating before age 62. Unreduced AB for participants terminating after age 62
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB as of date of termination. With 15 years of benefit service, benefit may begin at age 55, reduced 4% per year from age 65 to age 60 and 6% per year from age 60 to age 55
Disablement	--	5	--	AB, if considered totally disabled by the SSA and remains totally disabled for 6 months
Pre-ret death	--	5	--	50% of AB, reduced for 50% J&S, payable for life of spouse
	--	15	--	$1.875 times benefit service at time of death, beginning the month following the month in which the spouse is eligible to receive SS retirement benefits, payable for 10 years or until remarriage or death

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

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Plan Provisions	**Georgia-Pacific LLC Hourly Pension Plan**
Former plan	Georgia-Pacific LLC Fort James Retirement Plan for Discontinued Operations (merged effective 12/31/2010)
Purpose	1/1/2018 Funding Valuation
Type of plan	Frozen Flat Dollar
Normal form	Life Annuity
Plan eligibility	Participants of prior plans as specified in plan document
Benefit service	No further benefit service will accrue under this plan
Class	All employees covered by a collective bargaining agreement with the union described in the applicable exhibit
Accumulated benefit	Dollar per month of benefit service as specified in the plan document. No further benefits will accrue under this plan

Benefit	**Age**	**Vest Svc**	**Age + Memb Svc**	**Description**
Normal retirement	65	--	--	AB, payable immediately
Early retirement	55	15	--	AB, reduced according to exhibits as specified in plan document
Postponed retirement	> 65	--	--	AB, payable immediately
Vested termination	--	5	--	AB, reduced for early commencement, according to exhibits as specified in plan document
Disablement	varies	varies	--	Eligibility and reduction of AB varies by exhibit as specified in plan document
Pre-ret death	55	5	--	50% of AB, reduced for 50% J&S, payable for life of spouse, beginning on participant's NRD

Changes in Benefits Valued Since Prior Year

Changes in the dollar multipliers are indicated in Table A effective with the January 1, 2018 valuation.

SCHEDULE SB ATTACHMENTS

Optional Forms of Payment

In addition to the normal form of payment, participants are eligible to elect the following actuarial equivalent optional forms:

Single Life Annuity – An annuity payable for the participant's life only.

Joint and Survivor Annuity – An annuity payable for the participant's life and upon death, an annuity payable to the beneficiary based on the percentage elected and using conversion factors based on the plan actuarial equivalence bases.

Certain and Life – An annuity payable for the participant's lifetime, and upon death, an annuity payable to the beneficiary for the certain period.

Lump Sum – Single payment paid to participants who meet plan requirements.

Certain locations have additional forms of payment available.

SCHEDULE SB ATTACHMENTS

Table A – Locations with Active Employees

New Exhibit	Location Name	Benefit Service Start Date	Tier Date	2018 Benefit Level	2019 Benefit Level	2020 Benefit Level	2021 Benefit Level	2022 Benefit Level	Effective Date, if other than January 1st	Union Contract Expiration Date	Closed to New Entrants
001-A	Blue Rapids, Kansas		Tier 1: Service before 1/1/2014 Tier 2: Service after 1/1/2014	$31.75 $35.75	$31.75 $35.75	$31.75 $36.75				8/31/2020	
006-A	Las Vegas, Nevada	10/1/1987		$29.00						Non-Union	12/31/2016
007-A	Cuba, Missouri	5/1/1978		$29.00						Non-Union	12/31/2016
008-A	Canby, Oregon	4/1/1975		$35.00						Non-Union	12/31/2016
009-A	Acme, Texas		Tier 1: Service before 1/1/2013 Tier 2: Service after 1/1/2013	$32.00 $34.50	$32.00 $34.50	$32.00 $34.50				7/31/2020	
013-A	Lovell, Wyoming	7/31/1967	Tier 1: Service before 12/31/2013 Tier 2: Service after 1/1/2014	$34.00 $37.00	$34.00 $38.00					8/31/2019	
016-A	Fort Dodge, Iowa		Tier 1: Service before 1/1/2012 Tier 2: Service after 1/1/2012	$29.00 $35.00						6/19/2018	
025-A	Crossett, Arkansas		Tier 1: Service before 1/1/2017 Tier 2: Service after 1/1/2017	$37.00 $39.00	$37.00 $39.00					7/31/2019	
026-A	Martinsville, Virginia			$35.00	$37.00	$38.00				7/9/2020	12/31/2015
028-A	Augusta, Georgia			$34.00	$36.00	$37.00				1/27/2020	12/31/2015
029-A	Huntsville, Alabama			$31.00	$33.00	$34.00				6/20/2020	12/31/2015
031-A	Dudley, North Carolina			$28.00						Non-Union	12/31/2016
036-A	Crossett, Arkansas	1/1/1959	Tier 1: Service before 1/1/2019 Tier 2: Service after 1/1/2019	$39.00	$39.00 $40.00	$39.00 $41.00				1/14/2020	
048-A	Big Island, Virginia			$57.00	$57.00					10/31/2019	12/31/2015
052-A	West Monroe, Louisiana	11/23/1981		$34.50	$34.50	$36.50	$36.50	$37.50		1/28/2021	12/31/2015
065-A	Monticello, Mississippi		Tier 1: Service before 7/1/1984 Tier 2: Service after 7/1/1984	$39.00 $57.00	$39.00 $57.00	$39.00 $57.00				9/30/2020	12/31/2015
066-A	Oshkosh, Wisconsin			$36.00	$38.00	$39.00				6/30/2020	12/31/2015
067-A	Philomath, Oregon	4/1/1992		$36.00						Non-Union	12/31/2016
072-A	Brunswick, Georgia	2/1/1990		$57.00						1/3/2019	12/31/2015
073-A	Mt. Wolf, Pennsylvania	7/17/1984		$36.00	$37.00					10/31/2019	12/31/2015
077-A	Palatka, Florida		Tier 1: Service before 6/1/1972 Tier 2: Service 6/1/1972 to 12/31/2009 Tier 3: Service after 1/1/2010	$16.00 $32.00 $40.00						3/31/2018	
078-A	Madison, Georgia	9/1/1987		$28.00						Non-Union	12/31/2016
081-A	Plattsburgh, New York			$56.00						9/30/2018	12/31/2015
083-A	Cleveland, Tennessee			$32.00	$33.00					7/31/2019	12/31/2015
084-A	Milan, Michigan		Tier 1: Service before 9/1/1987 Tier 2: Service after 9/1/1987	$23.00 $37.00	$23.00 $37.00	$25.00 $39.00	$26.00 $40.00			5/2/2021	12/31/2015
085-A	Kansas City, Missouri			$34.00						9/30/2018	
106-A	Owosso, Michigan	11/23/1981		$34.00	$35.00					2/14/2019	12/31/2015
107-A	Mt. Olive, Illinois		Tier 1: Service before 9/1/1987 Tier 2: Service after 9/1/1987	$18.00 $34.00	$20.00 $36.00	$21.00 $37.00				2/7/2020	12/31/2015
119-A	Port Hudson, Louisiana			$56.00						6/6/2018	12/31/2015
120-A	Albany, Georgia	11/23/1981		$32.00	$34.00	$35.00				3/15/2020	12/31/2015
122-A	Akron, Ohio	7/17/1984		$37.00	$39.00	$40.00				9/30/2020	12/31/2015
123-A	Circleville, Ohio			$36.00	$37.00					6/30/2019	12/31/2015
125-A	Bradford, Pennsylvania			$34.00	$36.00	$37.00				3/31/2020	12/31/2015
126-A	Crossett, Arkansas			$56.00						6/30/2018	12/31/2015
137-A	Buena Park, California			$39.00	$39.00					6/14/2019	
140-A	Monticello, Georgia		Tier 1: Service before 10/1/2013 Tier 2: Service after 10/1/2013	$34.00 $38.00	$34.00 $38.00	$34.00 $39.00				9/30/2020	

Plan Name: Georgia-Pacific LLC Hourly Pension Plan
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New Exhibit	Location Name	Benefit Service Start Date	Tier Date	2018 Benefit Level	2019 Benefit Level	2020 Benefit Level	2021 Benefit Level	2022 Benefit Level	Effective Date, if other than January 1st	Union Contract Expiration Date	Closed to New Entrants
153-A	Prosperity, South Carolina			$28.00						Non-Union	12/31/2016
154-A	Warm Springs, Georgia			$28.00						Non-Union	12/31/2016
159-A	Taylorsville, Mississippi	1/1/1959	Tier 1: Service before 1/1/2011 Tier 2: Service after 1/1/2011	$34.00 $39.00						5/31/2018	
165-A	Fayette, Alabama			$28.00						Non-Union	12/31/2016
180-A	Sweetwater, Texas	4/16/1996		$29.00						Non-Union	12/31/2016
191-A	Warrenton, Georgia			$28.00						Non-Union	12/31/2016
193-A	Newington, New Hampshire	4/16/1996		$29.00						Non-Union	12/31/2016
195-A	Bay Springs, Mississippi			$28.00						Non-Union	12/31/2016
207-A	Creedmoor, North Carolina	7/1/1987		$28.00						Non-Union	12/31/2016
208-A	Dudley, North Carolina			$28.00						Non-Union	12/31/2016
214-A	McCormick, South Carolina			$28.00						Non-Union	12/31/2016
215-A	Prosperity, South Carolina			$28.00						Non-Union	12/31/2016
249-A	Modesto, California			$39.00	$39.00					6/14/2019	
251-A	Olympia, Washington			$39.00	$39.00					6/14/2019	
260-A	Palatka, Florida			$42.00	$42.00	$42.00				8/31/2020	12/31/2015
266-A	Taylorsville, Mississippi	1/1/1959	Tier 1: Service before 1/1/2011 Tier 2: Service after 1/1/2011	$34.00 $39.00						5/31/2018	
267-A	Crossett, Arkansas			$56.00						6/12/2018	12/31/2015
273-A	Emporia, Virginia		Tier 1: Service before 1/1/2013 Tier 2: Service after 1/1/2013	$34.00 $38.00	$34.00 $39.00					11/30/2019	
297-A	Sterling, Georgia		Tier 1: Service before 1/1/2011 Tier 2: Service after 1/1/2011	$31.00 $36.00						10/31/2018	
315-A	Savannah, Georgia			$29.00						Non-Union	12/31/2016
334-A	Wheatfield, Indiana	1/1/1999		$32.00	$33.00	$33.00	$34.00			4/29/2021	12/31/2017
365-A	Camden, New Jersey		Tier 1: Service before 1/1/2014 Tier 2: Service after 1/1/2014	$33.00 $37.00	$33.00 $37.00	$33.00 $38.00				11/12/2020	
380-A	Fordyce, Arkansas			$28.00						Non-Union	12/31/2016
382-A	Hosford, Florida			$28.00						Non-Union	12/31/2016
385-A	Sigurd, Utah	8/1/2005		$29.00						Non-Union	12/31/2016
391-A	Antioch, California			$41.00						6/30/2018	
392-A	Tacoma, Washington	1/1/2001 plus accrued benefit 12/31/2000	Tier 1: DOH before 1/1/2001, Service before 1/1/2014 Tier 2: DOH before 1/1/2001, Service after 1/1/2014 Tier 3: DOH after 1/1/2001, Service before 1/1/2014 Tier 4: DOH after 1/1/2001, Service after 1/1/2014	$45.00 $49.00 $39.00 $43.00	$45.00 $50.00 $39.00 $44.00	$45.00 $51.00 $39.00 $45.00				7/31/2020	
402-A	Toledo, Oregon			$52.00						12/31/2018	
412-A	Palatka, Florida			$57.00	$57.00	$57.00				5/31/2020	12/31/2015
413-A	San Francisco, California			$39.00	$39.00					6/14/2019	
415-A	Palatka, Florida			$57.00	$57.00	$57.00				5/31/2020	12/31/2015
416-A	Palatka, Florida			$57.00	$57.00	$57.00				5/31/2020	12/31/2015
419-A	Camden, Texas	4/1/2007		$28.00						Non-Union	12/31/2016
420-A	Camden, Texas	4/1/2007		$28.00						Non-Union	12/31/2016
421-A	Corrigan, Texas	4/1/2007		$28.00						Non-Union	12/31/2016
422-A	Gurdon, Arkansas	4/1/2007		$28.00						Non-Union	12/31/2016
423-A	Gurdon, Arkansas	4/1/2007		$28.00						Non-Union	12/31/2016

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New Exhibit	Location Name	Benefit Service Start Date	Tier Date	2018 Benefit Level	2019 Benefit Level	2020 Benefit Level	2021 Benefit Level	2022 Benefit Level	Effective Date, if other than January 1st	Union Contract Expiration Date	Closed to New Entrants
428-A	Brewton, Alabama	5/26/2008	Tier 1: DOH before 5/26/2008 Tier 2: DOH after 5/26/2008	$64.50 $57.00	$64.50 $57.00					10/31/2019	12/31/2015
429-A	Brewton, Alabama	5/26/2008	Tier 1: DOH before 5/26/2008 Tier 2: DOH after 5/26/2008	$64.50 $57.00	$64.50 $57.00					10/31/2019	12/31/2015
430-A	Brewton, Alabama	5/26/2008	Tier 1: DOH before 5/26/2008 Tier 2: DOH after 5/26/2008	$64.50 $57.00	$64.50 $57.00					10/31/2019	12/31/2015
431-A	Brewton, Alabama	5/26/2008	Tier 1: DOH before 5/26/2008 Tier 2: DOH after 11/1/2018	$64.50 $57.00						10/31/2019	12/31/2015
432-A	Coos Bay, Oregon		Tier 1: Service before 1/1/2017 Tier 2: Service after 1/1/2017	$43.00 $44.00	$43.00 $45.00					5/31/2020	
439-A	Dubuque, Iowa	7/17/1984		$34.50						10/31/2018	12/31/2015
441-A	Spartanburg, South Carolina	3/16/1981	Tier 1: Service before 5/1/1986 Tier 2: Service after 5/1/1986	$10.00 $27.00						Non-Union	
445-A	Monroeville, Alabama	7/19/2013		$28.00						8/6/2018	
446-A	Thomson, Georgia	7/19/2013		$35.00						Non-Union	12/31/2016
447-A	Kane, Pennsylvania	7/19/2013		$35.00						Non-Union	12/31/2016
448-A	Diboll, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
449-A	Diboll, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
450-A	Hope, Arkansas	7/19/2013		$35.00						Non-Union	12/31/2016
451-A	Fredericksburg, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
453-A	McQueeney, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
454-A	Fletcher, Oklahoma	7/19/2013		$35.00						Non-Union	12/31/2016
455-A	Cumberland City, Tennessee	7/19/2013		$35.00						Non-Union	12/31/2016
456-A	DeQuincy, Louisiana	7/19/2013		$35.00						Non-Union	12/31/2016
457-A	Pineland, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
458-A	Diboll, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
459-A	Rome, Georgia	7/19/2013		$27.00						2/1/2018	
460-A	Diboll, Texas	7/19/2013		$35.00						Non-Union	12/31/2016
461-A	Monroeville, Alabama	3/16/2015		$28.00						Non-Union	12/31/2016
462-A	Blue Rapids, Kansas		Tier 1: Service before 1/1/2014 Tier 2: Service after 1/1/2014	$31.75 $35.75	$31.75 $35.75	$31.75 $36.75				8/31/2020	
463-A	Camden, New Jersey		Tier 1: Service before 1/1/2014 Tier 2: Service after 1/1/2014	$33.00 $37.00	$33.00 $37.00	$33.00 $38.00				11/12/2020	
464-A	Las Vegas, Nevada	10/1/1987		$29.00						Non-Union	12/31/2016
056-B	Wauna Mill Clatskanie, Oregon			ranging from $38.50-$82.00						3/31/2018	12/31/2015
085-B	Camas Mill Camas, Washington			ranging from $38.00-$69.50	ranging from $38.00-$69.50	ranging from $38.00-$69.50	ranging from $38.00-$69.50	ranging from $38.00-$69.50		5/31/2021	12/31/2017
261-B	St. Mary's, Georgia			$36.00	$38.00	$39.00				9/5/2020	12/31/2015
262-B	Green Bay, Wisconsin			$57.00	$57.00	$57.00				4/30/2020	12/31/2015
266-B	Lexington, Kentucky			$38.00	$39.00	$40.00				7/13/2021	12/31/2016
269-B	Neenah, Wisconsin		Tier 1: DOH before 5/1/2013 Tier 2: DOH after 5/1/2013	$44.00 $42.00	$45.00 $43.00	$45.00 $43.00	$45.00 $43.00		May 1st	4/30/2021	12/31/2017
271-B	Naheola Facility, Pennington, Alabama			$59.00	$59.00					2/28/2019	12/31/2015

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Schedule SB, Line 25
Change in Method

The decrement timing used in the valuation was changed from beginning of year to rounded middle of year. Under rounded middle of year decrement timing, all decrements are assumed to occur at the middle of the year and eligibility for benefits, commencement and cessation of benefits, and other events are assumed to occur at the middle of the year. The change in funding method meets the parameters for automatic approval of software changes under IRS Rev. Proc. 2017-56.

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Schedule SB, Line 24
Change in Actuarial Assumptions

The mortality table used to calculate the funding target and target normal cost was changed from generational to static projection.

Plan Name:	Georgia-Pacific LLC Hourly Pension Plan
EIN / PN:	93-0432081/070
Plan Sponsor:	Georgia-Pacific LLC
Valuation Date	January 1, 2018