

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>09/30/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ROCK-TENN COMPANY PENSION PLAN FOR CERTAIN SALARIED EMPLOYEES (SSCC)</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>026</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1948</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>026</u>	1c Effective date of plan <u>09/01/1948</u>	
1b Three-digit plan number (PN) ▶	<u>026</u>				
1c Effective date of plan <u>09/01/1948</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ROCK-TENN COMPANY</u> <u>504 THRASHER STREET</u> <u>NORCROSS, GA 30071</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>62-0342590</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>770-448-2193</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>322100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>62-0342590</u>	2c Sponsor's telephone number <u>770-448-2193</u>	2d Business code (see instructions) <u>322100</u>	
2b Employer Identification Number (EIN) <u>62-0342590</u>					
2c Sponsor's telephone number <u>770-448-2193</u>					
2d Business code (see instructions) <u>322100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>STEVEN MURPHY</u> <u>MOORE, COLSON & COMPANY, P.C.</u> <u>1640 POWERS FERRY RD, BLDG 11</u> <u>MARIETTA, GA 30067</u>			Preparer's telephone number (optional) <div style="background-color: #cccccc; height: 100px; width: 100%;"></div>

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 18094
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants		6a 1443
b Retired or separated participants receiving benefits		6b 9063
c Other retired or separated participants entitled to future benefits.....		6c 3250
d Subtotal. Add lines 6a , 6b , and 6c		6d 13756
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 1301
f Total. Add lines 6d and 6e		6f 15057
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

<div><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div></div><div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014		
A Name of plan ROCK-TENN COMPANY PENSION PLAN FOR CERTAIN SALARIED EMPLOYEES (SSCC)	B Three-digit plan number (PN) ▶	026
C Plan sponsor's name as shown on line 2a of Form 5500 ROCK-TENN COMPANY	D Employer Identification Number (EIN) 62-0342590	

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

(a) Name of insurance carrier EQUITABLE LIFE ASSURANCE SOCIETY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
	62944	316,1370,2047		10/01/2013	09/30/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	911821
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	21833
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	70857
▶ UNREALIZED GAIN		
(6) Total additions	7c(6)	92690
d Total of balance and additions (add lines 7b and 7c(6))	7d	1004511
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	19682
(2) Administration charge made by carrier	7e(2)	4018
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	23700
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	980811

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

▶ **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 <u>ROCK-TENN COMPANY PENSION PLAN FOR CERTAIN SALARIED EMPLOYEES (SSCC)</u>	B Three-digit plan number (PN) ▶ <u>026</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ROCK-TENN COMPANY</u>	D Employer Identification Number (EIN) <u>62-0342590</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>1198992382</u>
b Actuarial value	2b <u>1186309668</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>8839</u> (1) Number of participants <u>857018495</u> (2) Funding Target
b For terminated vested participants.....	3b <u>7660</u> <u>337307249</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>131939138</u>
(3) Total active.....	3c(3) <u>1595</u> <u>131939138</u>
d Total.....	3d <u>18094</u> <u>1326264882</u>
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 <u>6.59 %</u>
6 Target normal cost	6 <u>10035501</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>06/29/2015</u>
	Signature of actuary	Date
<u>JOHN C. HALL, M.A.A.A.</u>	Type or print name of actuary	<u>14-07090</u>
		Most recent enrollment number
<u>MERCER</u>	Firm name	<u>202-331-2551</u>
<u>1050 CONNECTICUT AVE NW, SUITE 700</u> <u>WASHINGTON, DC 20036</u>	Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2013
v. 130118

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)	75080	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9 Amount remaining (line 7 minus line 8)	75080	
10 Interest on line 9 using prior year's actual return of <u>2.67</u> %	2005	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5523886
b Interest on (a) using prior year's effective interest rate of <u>6.61</u> % except as otherwise provided (see instructions)		270882
c Total available at beginning of current plan year to add to prefunding balance		5794768
d Portion of (c) to be added to prefunding balance		5794768
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	77085	5794768

Part III Funding Percentages		
14 Funding target attainment percentage	14	89.00 %
15 Adjusted funding target attainment percentage	15	90.00 %
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	85.50 %
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
01/02/2014	32000		05/18/2015	18280000	
01/13/2014	22000000				
04/03/2014	22000000				
06/25/2014	11400000				
01/12/2015	6770000				
04/13/2015	4110000				
			Totals ►	18(b)	84592000 18(c)

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	80260641
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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment: 7.16%	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	10035501	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	145827067	66127155	
b Waiver amortization installment			
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	76162656	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	77085	5794768	5871853
36 Additional cash requirement (line 34 minus line 35).....	36	70290803	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	80260641	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	9969838	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	5871853	
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		

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	10449260	
43 Excess installment acceleration amount to be carried over to future plan years	43	23510835	

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

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan <u>ROCK-TENN COMPANY PENSION PLAN FOR CERTAIN SALARIED EMPLOYEES (SSCC)</u>	B Three-digit plan number (PN) ▶ <u>026</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROCK-TENN COMPANY</u>	D Employer Identification Number (EIN) <u>62-0342590</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

36-2723087

(b) Enter name and EIN or address of person who provided you disclosure 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)

GOLDMAN SACHS ASSET MANAGEMENT

13-4019460

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	3773516	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

13-2834414

(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	2287420	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☐

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

LINDSAY GOLDBERG & BESSEMER II

20-5177881

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	731594	Yes ☐ No ☒	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)

NORTHERN TRUST

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	607910	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☐

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

MONDRIAN

56-2475918

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	140724	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☐

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

WELLINGTON TRUST

27-2594633

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	122884	Yes ☐ No ☒	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)

MOORE COLSON

58-1653941

(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	68608	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAZURSKY AND CONSTANTINE

27-3547321

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LAWYER	32960	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☐

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

NEPC, LLC

26-1429809

(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?
16	CONSULTANT	26702	Yes ☐ No ☒	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)

HUSCH BLACKWELL SANDERS, LLP

26-1688286

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LAWYER	6306	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>09/30/2014</u>		
A Name of plan <u>ROCK-TENN COMPANY PENSION PLAN FOR CERTAIN SALARIED EMPLOYEES (SSCC)</u>	B Three-digit plan number (PN) ►	<u>026</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ROCK-TENN COMPANY</u>	D Employer Identification Number (EIN) <u>62-0342590</u>	

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:	<u>ROCK-TENN COMPANY MASTER TRUST</u>
--	---------------------------------------

b Name of sponsor of entity listed in (a):	<u>ROCK-TENN COMPANY</u>
---	--------------------------

c EIN-PN <u>62-0342590-499</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1117209109</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014	
A Name of plan ROCK-TENN COMPANY PENSION PLAN FOR CERTAIN SALARIED EMPLOYEES (SSCC)	B Three-digit plan number (PN) ► 026
C Plan sponsor's name as shown on line 2a of Form 5500 ROCK-TENN COMPANY	D Employer Identification Number (EIN) 62-0342590

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)	29800000	29160000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	1173952989	1117209109
(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)	911821	980811
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	1204664810	1147349920

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	5021233	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		1556728
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5021233	1556728

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1199643577	1145793192
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	84592000	
(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)		84592000
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)	21833	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21833
(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)		
(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)		
(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)		

		(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)		106223151
(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		190836984

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	233069365	
(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)		233069365
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)	2424095	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	5382155	
(4) Other.....	2i(4)	3811754	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11618004
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		244687369

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-53850385
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: MOORE COLSON

(2) EIN: 58-1653941

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan <u>ROCK-TENN COMPANY PENSION PLAN FOR CERTAIN SALARIED EMPLOYEES (SSCC)</u>	B Three-digit plan number (PN) ▶ <u>026</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROCK-TENN COMPANY</u>	D Employer Identification Number (EIN) <u>62-0342590</u>

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
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): <u>36-2723087</u>	
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 <u>2769</u>

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: 31.6% Investment-Grade Debt: 38.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 30.4%

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):

**ROCK-TENN COMPANY PENSION PLAN
FOR CERTAIN SALARIED EMPLOYEES (SSCC)**

**FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITOR'S REPORT**

**AS OF SEPTEMBER 30, 2014 AND 2013
AND FOR THE YEAR ENDED SEPTEMBER 30, 2014
AND THE PERIOD ENDED SEPTEMBER 30, 2013**

ROCK-TENN COMPANY PENSION PLAN
FOR CERTAIN SALARIED EMPLOYEES (SSCC)

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* Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Rock-Tenn Company Pension Plan
For Certain Salaried Employees (SSCC)

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Rock-Tenn Company Pension Plan for Certain Salaried Employees (SSCC) (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2014 and 2013, and the related statements of changes in net assets available for benefits for the year ended September 30, 2014 and the period ended September 30, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Northern Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of September 30, 2014 and 2013, and for the year ended September 30, 2014 and the period ended September 30, 2013, that the information provided to the Plan administrator by the Trustee is complete and accurate.

e n e r g y

i n s i g h t

g r o w t h

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Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule of Assets (Held at End of Year), as of September 30, 2014 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

Moore, Colson + Company, P.C.

Marietta, Georgia
June 30, 2015

ROCK-TENN COMPANY PENSION PLAN
FOR CERTAIN SALARIED EMPLOYEES (SSCC)
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
<u>ASSETS</u>		
ASSETS:		
Investment in Rock-Tenn Company Master Retirement Trust, at fair value	\$ 1,117,209,109	\$ 1,173,952,989
Group annuity contracts	980,811	911,821
Employer contributions receivable	<u>29,160,000</u>	<u>29,800,000</u>
Total assets	<u>1,147,349,920</u>	<u>1,204,664,810</u>
LIABILITIES:		
Accrued expenses	<u>1,556,728</u>	<u>5,021,233</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,145,793,192</u>	<u>\$ 1,199,643,577</u>

See notes to financial statements.

ROCK-TENN COMPANY PENSION PLAN
FOR CERTAIN SALARIED EMPLOYEES (SSCC)
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED SEPTEMBER 30, 2014 AND
THE PERIOD ENDED SEPTEMBER 30, 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer contributions	\$ 84,592,000	\$ 60,441,000
Interest on group annuity contracts	21,833	19,051
Plan interest in Rock-Tenn Company Master Retirement Trust investment income	<u>106,223,151</u>	<u>38,009,751</u>
Total additions	<u>190,836,984</u>	<u>98,469,802</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid, including lump-sum payments	233,069,365	68,507,210
Administrative expenses	<u>11,618,004</u>	<u>8,716,572</u>
Total deductions	<u>244,687,369</u>	<u>77,223,782</u>
INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	(53,850,385)	21,246,020
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF THE YEAR	<u>1,199,643,577</u>	<u>1,178,397,557</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF THE YEAR	<u>\$ 1,145,793,192</u>	<u>\$ 1,199,643,577</u>

See notes to financial statements.

ROCK-TENN COMPANY PENSION PLAN
FOR CERTAIN SALARIED EMPLOYEES (SSCC)
NOTES TO FINANCIAL STATEMENTS
AS OF SEPTEMBER 30, 2014 AND 2013 AND
FOR THE YEAR ENDED SEPTEMBER 30, 2014 AND
THE PERIOD ENDED SEPTEMBER 30, 2013

1. DESCRIPTION OF PLAN

The following description of the Rock-Tenn Company Pension Plan for Certain Salaried Employees (SSCC) (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description for a complete description of the Plan’s provisions.

A. General

The Plan is a non-contributory, defined benefit pension plan covering eligible salaried employees of the former Smurfit-Stone Container Corporation which on May 27, 2011, merged with and into a subsidiary of Rock-Tenn Company who assumed sponsorship of the Plan. Rock-Tenn Company (the “Company”) continues to be the sponsor and administrator of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective September 6, 2013, the Plan’s Administrative Committee approved a change in the Plan’s fiscal year-end from December 31 to September 30 of each year. This change, to align with the Company’s fiscal year-end, began October 1, 2013. As a result of the change, the Plan has a transitional reporting period of nine months from January 1, 2013 to September 30, 2013.

B. Benefits and Vesting

Benefits are generally based on the participant’s final average earnings and credited service under the Plan and are paid at either the participant’s early or normal retirement date. A participant becomes fully vested in his benefit after completing five years of service with the Company.

As of December 31, 2008, the benefits under the Plan were frozen and no new participants were allowed into the Plan subsequent to that date. As a result, salaried employees have not accrued additional benefits under the Plan after December 31, 2008.

ROCK-TENN COMPANY PENSION PLAN
FOR CERTAIN SALARIED EMPLOYEES (SSCC)
NOTES TO FINANCIAL STATEMENTS
AS OF SEPTEMBER 30, 2014 AND 2013 AND
FOR THE YEAR ENDED SEPTEMBER 30, 2014 AND
THE PERIOD ENDED SEPTEMBER 30, 2013

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles ("GAAP").

B. Investments

Effective January 1, 2013, the assets of the Rock-Tenn Company Pension Plan for Certain Salaried Employees (SSCC) and the Rock-Tenn Company Pension Plan for Certain Hourly Employees (SSCC), which were held in the Smurfit-Stone Container Corporation Defined-Benefit Master Trust ("SSCC Master Trust"), were transferred into the Rock-Tenn Company Master Retirement Trust. Total assets transferred on January 1, 2013 totaled \$2,216,097,759, which included \$126,233 of additional investment income earned on the transfer date.

For the year ended September 30, 2014 and the period ended September 30, 2013, substantially all of the Plan's assets are held in the Rock-Tenn Company Master Retirement Trust ("Master Trust"). The Rock-Tenn Master Trust held assets on behalf of the Rock-Tenn Company Consolidated Pension Plan; the RTS Packaging, LLC Consolidated Pension Plan; the Rock-Tenn Company Pension Plan for Certain Salaried Employees (SSCC); and the Rock-Tenn Company Pension Plan for Certain Hourly Employees (SSCC).

Investments held by the Master Trust are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company's Treasury Department determines the Plan's valuation policies utilizing information provided by its investment advisers and the Plan's Trustee. See Note 4 for a discussion of fair value measurements. 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. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year.

ROCK-TENN COMPANY PENSION PLAN
FOR CERTAIN SALARIED EMPLOYEES (SSCC)
NOTES TO FINANCIAL STATEMENTS
AS OF SEPTEMBER 30, 2014 AND 2013 AND
FOR THE YEAR ENDED SEPTEMBER 30, 2014 AND
THE PERIOD ENDED SEPTEMBER 30, 2013

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Contributions

Contributions to the Plan by the Company are based on what is needed to provide definitely determinable benefits to Plan participants. Actuarial assumptions and computations are required to determine such contributions. Employer contributions receivable represent those contributions remitted to the Plan after its September 30th year-end and typically consist of a) the Company's quarterly contribution due each October following its year-end and b) the Company's final contributions generally made in May or June following its year-end and prior to the Company's funding deadline to meet applicable funding targets.

D. Administrative Expenses

Certain expenses incurred in administration or operation of the Master Trust are paid from the assets of the Master Trust and allocated to each participating plan. Such expenses are allocated monthly either specifically to the plan they relate to or to each participating plan based on their relative beginning of year net asset balances.

E. Payment of Benefits

Benefit payments are recorded when distributed.

F. Risks and Uncertainties

The Plan invests in various investment securities primarily through the Master Trust. Investment securities, in general, are exposed to various risks such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 financial statements.

ROCK-TENN COMPANY PENSION PLAN
FOR CERTAIN SALARIED EMPLOYEES (SSCC)
NOTES TO FINANCIAL STATEMENTS
AS OF SEPTEMBER 30, 2014 AND 2013 AND
FOR THE YEAR ENDED SEPTEMBER 30, 2014 AND
THE PERIOD ENDED SEPTEMBER 30, 2013

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Actuarial Present Value of Accumulated Plan Benefits Obligation

The accumulated plan benefits obligation (Note 8) represents estimated future periodic payments, including lump-sum distributions, to be made in accordance with the Plan's provisions with respect to service which employees have rendered to the valuation date. It includes benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their last five years of credited service prior to December 31, 2008. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding December 31, 2008. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. The effect of plan amendments on accumulated plan benefits is recognized in the year in which such amendments become effective.

The actuarial present value of the accumulated plan benefits obligation is determined by an independent actuary and represents the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits obligation 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 significant actuarial assumptions used in the valuations as of October 1, 2013 and January 1, 2013 were as follows:

	<u>October 1, 2013</u>	<u>January 1, 2013</u>
Interest Rate	5.19%	7.50%
Mortality Table	RP-2000 Combined Active/Retiree Healthy Mortality Table for males and females with White Collar Adjustment projected with generational improvements using Scale AA	RP-2000 Combined Active/Retiree Healthy Mortality Table for males and females with a White Collar Adjustment projected with mortality improvements to 2017 using Scale AA

ROCK-TENN COMPANY PENSION PLAN
FOR CERTAIN SALARIED EMPLOYEES (SSCC)
NOTES TO FINANCIAL STATEMENTS
AS OF SEPTEMBER 30, 2014 AND 2013 AND
FOR THE YEAR ENDED SEPTEMBER 30, 2014 AND
THE PERIOD ENDED SEPTEMBER 30, 2013

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Actuarial Present Value of Accumulated Plan Benefits Obligation (Continued)

	<u>October 1, 2013</u>	<u>January 1, 2013</u>
Retirement Age	Active participants - Ages 55 to 65, at specific percentage rates from 5% to 100% Terminated vested participants - Age 62	Active participants - Ages 55 to 65, at specific percentage rates from 5% to 100% Terminated vested participants - Age 62

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

H. Use of Estimates

The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

ROCK-TENN COMPANY PENSION PLAN
FOR CERTAIN SALARIED EMPLOYEES (SSCC)
NOTES TO FINANCIAL STATEMENTS
AS OF SEPTEMBER 30, 2014 AND 2013 AND
FOR THE YEAR ENDED SEPTEMBER 30, 2014 AND
THE PERIOD ENDED SEPTEMBER 30, 2013

3. INVESTMENT IN THE ROCK-TENN COMPANY RETIREMENT MASTER TRUST

The Plan assets are held in the Master Trust under the terms of a trust agreement. The Northern Trust Company is the Trustee of the Plan for the year ended September 30, 2014 and the period ended September 30, 2013. The value of the Plan's share of assets is presented as a single asset and the net investment experience of the Master Trust is presented as a single addition to or deduction from net assets in the accompanying financial statements. Each participating plan has an undivided interest in the Master Trust. The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trust, income (loss) and expenses resulting from the collective investment of the assets of the Master Trust. The Plan's pro-rata share of the net assets available for benefits under the Master Trust is 41.77% and 43.49% at September 30, 2014 and 2013, respectively. The condensed statements of net assets and statements of changes in net assets of the Master Trust are presented in Note 10.

4. FAIR VALUE MEASUREMENTS

The FASB has established a framework for measuring fair value. The 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 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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4. FAIR VALUE MEASUREMENTS (Continued)

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the valuation methodologies used at September 30, 2014 and 2013.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets carried at fair value as of September 30, 2014:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Equity securities:				
U.S. equities ^(a)	\$ 179,037,400	\$ 2,247	\$ -	\$ 179,039,647
Non-U.S. equities ^(a)	76,414,671	361,718,957	-	438,133,628
Hedged equity ^(a)	-	228,072,870	-	228,072,870
Fixed income securities:				
U.S. government securities ^(b)	-	96,401,568	-	96,401,568
Non-U.S. government securities ^(c)	30,711,659	18,864,452	-	49,576,111
U.S. corporate bonds ^(c)	61,721,254	581,129,395	-	642,850,649
Non-U.S. corporate bonds ^(c)	48,541,368	123,786,629	-	172,327,997
Mortgage-backed securities ^(c)	-	24,344,737	-	24,344,737
Other fixed income ^(d)	-	29,737,717	-	29,737,717
Short-term investments ^(e)	292,702,945	-	-	292,702,945
Other investments:				
Alternative investments ^(f)	-	261,797,839	26,892,122	288,689,961
Global multi-asset class ^(g)	-	232,780,854	-	232,780,854
Total assets at fair value	<u>\$ 689,129,297</u>	<u>\$ 1,958,637,265</u>	<u>\$ 26,892,122</u>	<u>\$ 2,674,658,684</u>

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4. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets carried at fair value as of September 30, 2013:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Equity securities:				
U.S. equities ^(a)	\$ 133,727,352	\$ 184,307,975	\$ -	\$ 318,035,327
Non-U.S. equities ^(a)	58,122,737	543,164,562	-	601,287,299
Hedged equity ^(a)	-	219,130,433	-	219,130,433
Fixed income securities:				
U.S. government securities ^(b)	-	127,787,020	-	127,787,020
Non-U.S. government securities ^(c)	-	15,039,513	-	15,039,513
U.S. corporate bonds ^(c)	106,344,217	567,439,710	-	673,783,927
Non-U.S. corporate bonds ^(c)	170,766,640	117,263,454	-	288,030,094
Mortgage-backed securities ^(c)	-	49,205,141	-	49,205,141
Other fixed income ^(d)	-	28,049,925	-	28,049,925
Short-term investments ^(e)	95,719,920	-	-	95,719,920
Other investments:				
Alternative investments ^(f)	-	243,686,490	39,643,552	283,330,042
Total assets at fair value	<u>\$ 564,680,866</u>	<u>\$ 2,095,074,223</u>	<u>\$ 39,643,552</u>	<u>\$ 2,699,398,641</u>

^(a) Equity securities are comprised of the following investment types: (i) common stock; (ii) preferred stock; (iii) equity exchange traded funds; (iv) hedged equity investments and (v) commingled equity funds. Level 1 investments in common and preferred stocks and exchange traded funds are valued using quoted market prices multiplied by the number of shares owned. The level 2 hedged equity investment is a commingled fund that consists primarily of equity indexed investments which are hedged by options and also holds collateral in the form of short-term treasury securities. The commingled fund investments are valued at the net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled funds includes market pricing of the underlying assets as well as broker quotes and other valuation techniques.

^(b) U.S. government securities include treasury and agency debt. These investments are valued using broker quotes in an active market.

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4. FAIR VALUE MEASUREMENTS (Continued)

- (c) The level 1 non-U.S. government securities investment is an exchange traded fund valued using quoted market prices. The level 1 U.S. corporate bonds category is primarily comprised of U.S. dollar denominated investment grade securities and valued using quoted market prices. Level 2 investments are valued utilizing a market approach that includes various valuation techniques and sources such as value generation models, broker quotes in active and non-active markets, benchmark yields and securities, reported trades, issuer spreads, and/or other applicable reference data. Level 2 commingled debt funds are valued at their net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled funds includes market pricing of the underlying assets as well as broker quotes and other valuation techniques.
- (d) Other fixed income is comprised of municipal and asset-backed securities. Investments are valued utilizing a market approach that includes various valuation techniques and sources such as, broker quotes in active and non-active markets, benchmark yields and securities, reported trades, issuer spreads and/or other applicable reference data.
- (e) Short-term investments are valued at \$1.00/unit, which approximates fair value. Amounts are generally invested in interest-bearing accounts.
- (f) The alternative investments are diversified across multiple asset managers and several types of asset classes including a hedge fund and private equity partnerships. The level 2 hedge fund is valued at net asset value. Fair value of the level 3 private equity partnerships is determined based on discounted cash flow analysis that utilizes unobservable inputs such as weighted average cost of capital ranging from 9.1% to 17.2% for 2014 and 8.8% to 16.1% for 2013; residual growth rate assumptions ranging from 1.5% to 4.0% for 2014 and 1.0% to 4.0% for 2013; revenue growth rates ranging from 2.7% to 6.3% for 2014 and 2.2% to 6.6% for 2013; and EBITDA of market comparable companies with multiples ranging from 6.8 to 10.0 for 2014 and 7.0 to 13.2 for 2013. Future funding commitments related to the private equity partnerships approximated \$83,000,000 at September 30, 2014.
- (g) The global multi-asset class investment is a commingled fund with underlying investments that are diversified across multiple asset classes and include global equity, fixed income securities, commodities, and derivative contracts. The commingled fund is valued at its net asset value per share multiplied by the number of shares held. The determination of net asset value for the commingled fund includes market pricing of the underlying assets as well as broker quotes and other valuation techniques.

In estimating fair value of investments in level 3, the Company's Treasury Department may use information provided by its investment advisors and the Plan's Trustee. In substantiating the reasonableness of the data provided by third parties, the Treasury Department evaluates a variety of factors including review of methods and assumptions used by the Trustee as well as industry and market developments.

The Plan also holds other assets and liabilities not measured at fair value on a recurring basis, including employer contributions receivable and accrued expenses. The fair value of these assets and liabilities approximates the carrying amounts in the accompanying financial statements due to the short maturity of these items.

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4. FAIR VALUE MEASUREMENTS (Continued)

Transfers Between Levels

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

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following tables set forth a summary of changes in the fair value of the Master Trust's level 3 assets for the years ended September 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Fair value, beginning of year	\$ 39,643,552	\$ 209,132
Transfer from SSCC Master Trust	-	33,797,765
Unrealized Gains (Losses) relating to investments still held at year-end	(7,817,596)	4,028,101
Realized gains	9,795,500	1,229,364
Purchases	3,483,181	3,467,817
Sales	<u>(18,212,506)</u>	<u>(3,088,627)</u>
Fair value, end of year	<u>\$ 26,892,131</u>	<u>\$ 39,643,552</u>

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4. FAIR VALUE MEASUREMENTS (Continued)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes the Master Trust's investments measured at fair value based on net asset value (NAV) per share as of September 30, 2014:

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Non-U.S. equities:				
Emerging Markets Equity Managers: Portfolio 1 (ERISA) - Class 1	\$ 168,350,434	\$ -	Monthly	5 days
SSgA MSCI EAFE Small Cap Index Fund	21,868,159	-	Semi-monthly	2 days
Laudus Mondrian International Equity Fund Class Institutional	29,550,808	-	Monthly	15 days
William Blair International Small Cap Growth Fund	26,519,994	-	Daily	10 days
SSgA Global Real Estate - CTF	28,138,862	-	Daily	2 days
Oakmark International Fund - I Shares	24,005,800	-	Daily	5 days
Goldman Sachs Non-US Equity Managers: Portfolio 1 (ERISA) - Class 1	63,284,899	-	Monthly	5 days
	<u>361,718,956</u>			
Hedged equity:				
Goldman Sachs Global Lower Beta Equity Fund Class IO Shares	<u>228,072,871</u>	-	Weekly	5 days
U.S. corporate bonds:				
SSgA Long U.S. Credit Index NL Fund	174,311,338	-	Daily	2 days
Primus High Yield Bond Fund	<u>34,643,994</u>	-	Monthly	10 days
	<u>208,955,332</u>			
Non-U.S. corporate bonds:				
Wellington Emerging Market Debt Local	<u>40,187,539</u>	-	Monthly	22 nd calendar day of month prior to trade
Global multi-asset class:				
Collective Trust Tactical Exposure Fund - Class IO	<u>232,780,854</u>	-	Daily	5 days
Alternative investments:				
Goldman Sachs Multi-Strategy Portfolio Rock-Tenn, Ltd.- Class A	<u>261,797,839</u>	-	Quarterly	91 days
Total	<u>\$ 1,333,513,391</u>			

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4. FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes the Master Trust's investments measured at fair value based on net asset value (NAV) per share as of September 30, 2013:

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
U. S. equities:				
US Equity Managers: Portfolio 1 (ERISA) - Class 1	\$ 172,732,741	\$ -	Monthly	5 days
SSgA Russell 1000 Index Fund	<u>11,569,134</u>	-	Daily	2 days
	<u>184,301,875</u>			
Non-U.S. equities:				
Emerging Markets Equity Managers: Portfolio 1 (ERISA) - Class 1	198,386,284	-	Monthly	5 days
SSgA MSCI EAFE Small Cap Index Fund	50,600,014	-	Semi-monthly	2 days
Laudus Mondrian International Equity Fund Class Institutional	29,511,034	-	Monthly	15 days
William Blair International Small Cap Growth Fund	26,480,054	-	Daily	10 days
SSgA MSCI EAFE Index Fund	54,301,473	-	Semi-monthly	2 days
Goldman Sachs Non-US Equity Managers: Portfolio 1 (ERISA) - Class 1	<u>183,885,702</u>	-	Monthly	5 days
	<u>543,164,561</u>			
Hedged equity:				
Goldman Sachs Global Lower Beta Equity Fund Class IO Shares	<u>219,130,433</u>	-	Weekly	5 days
U.S. corporate bonds:				
Primus High Yield Bond Fund	55,419,186	-	Monthly	10 days
SSgA Long U.S. Credit Index NL Fund	<u>176,486,922</u>	-	Daily	2 days
	<u>231,906,108</u>			
Non-U.S. corporate bonds:				
Wellington Emerging Market Debt Local	<u>41,076,058</u>	-	Monthly	22 nd calendar day of month prior to trade
Alternative investments:				
Goldman Sachs Multi-Strategy Portfolio Rock-Tenn, Ltd.- Class A	<u>243,456,150</u>	-	Quarterly	91 days
Total	<u>\$ 1,463,035,185</u>			

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4. FAIR VALUE MEASUREMENTS (Continued)

The following table presents the investments that represent 5% or more of the Master Trust's net assets at September 30, 2014 and 2013:

	2014	2013
Alternative investments -		
Goldman Sachs Multi-Strategy Portfolio Rock-Tenn, Ltd. - Class A	\$ 261,797,839	\$ 243,456,150
Global multi-asset class -		
Collective Trust Tactical Exposure Fund - Class IO	232,780,854	-*
Hedged equity -		
Goldman Sachs Global Lower Beta Equity Fund Class IO Shares	228,072,871	219,130,433
U.S. corporate bonds -		
SSgA Long U.S. Credit Index NL Fund	174,311,338	176,486,922
Non-U.S. equities -		
Emerging Markets Equity Managers: Portfolio 1 (ERISA) - Class 1	168,350,434	198,386,284
Goldman Sachs Non-U.S. Equity Managers: Portfolio 1 (ERISA) - Class 1	63,284,899*	183,885,702
U.S. equities -		
U.S. Equity Managers: Portfolio 1 (ERISA) - Class 1	-*	172,732,741

* Represents less than 5% of the Master Trust's net assets

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5. INFORMATION CERTIFIED BY TRUSTEE

For the year ended September 30, 2014 and the period ended September 30, 2013, the Plan administrator elected, as permitted by Section 2520.103 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, to have certain financial information certified by the Trustee, The Northern Trust Company. The following information included in the Master Trust's September 30, 2014 and 2013 financial statements was prepared by the Trustee and furnished to the Plan administrator.

	September 30,	
	2014	2013
Statements of Net Assets Available for Benefits:		
Investments:		
Equity securities	\$ 255,454,319	\$ 246,157,663
Fixed income securities	759,773,446	902,270,478
Short-term investments	292,702,945	95,719,920
Other investments	-	229,400
Total certified investments	<u>\$ 1,307,930,710</u>	<u>\$ 1,244,377,461</u>
Statements of Changes in Net Assets Available for Benefits:		
Net appreciation (depreciation) of certified investments:		
Equity securities	\$ 43,598,329	\$ 48,691,530
Fixed income securities	53,870,786	(79,034,208)
Other investments	<u>(2,617,785)</u>	<u>-</u>
Total net appreciation (depreciation) of investments from certified investments	<u>\$ 94,851,330</u>	<u>\$ (30,342,678)</u>
Dividends and interest from certified investments	<u>\$ 40,616,821</u>	<u>\$ 29,570,852</u>

Additionally, the information in Note 10 was prepared by the Trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that the above information as of September 30, 2014 and 2013 is complete and accurate.

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6. FUNDING POLICY

The Company's funding policy is to make contributions to the Plan in amounts sufficient to provide for the participants' benefits and to satisfy the minimum funding standards of ERISA. The Plan has met the minimum funding requirements of ERISA for the year ended September 30, 2014 and period ended September 30, 2013.

In September 2013, the Plan's actuaries certified that the Plan's Adjusted Funding Target Attainment Percentage ("AFTAP"), which represents the measurement of the Plan's funding level as defined under the Pension Protection Act of 2006, exceeded 80% effective January 1, 2013. As a result, benefit restrictions and restrictions on certain accelerated forms of payments that the Plan was previously subject to under Section 436 of the Internal Revenue Code were removed October 1, 2013.

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. Should the Plan terminate at some future time, its net assets generally may not be available to provide full benefits to all participants. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. For further description regarding the priority of participants' claims to the assets of the Plan upon Plan termination and benefits guaranteed by the PBGC, reference is made to the information included in the Summary Plan Description provided to all participants.

8. ACCUMULATED PLAN BENEFITS OBLIGATION

The present value of accumulated plan benefits obligation as determined by the actuary as of October 1, 2013 and January 1, 2013 is as follows:

	October 1, 2013	January 1, 2013
Vested benefits:		
Active participants	\$ 163,913,707	\$ 127,960,485
Inactive participants with deferred benefits	429,313,768	327,093,642
Inactive participants receiving benefits	<u>960,272,392</u>	<u>789,633,334</u>
Total actuarial present value of accumulated plan benefits obligation	<u>\$ 1,553,499,867</u>	<u>\$ 1,244,687,461</u>

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8. ACCUMULATED PLAN BENEFITS OBLIGATION (Continued)

Changes in the actuarial present value of accumulated plan benefits obligation are as follows:

Actuarial present value of accumulated plan benefits obligation at January 1, 2013	\$ 1,244,687,461
Assumption changes (primarily discount rate change)	319,531,389
Interest due as a result of the decrease in the discount period	68,088,004
Benefits paid	(68,507,210)
Benefits accumulated and (gains) losses	<u>(10,299,777)</u>
Actuarial present value of accumulated plan benefits obligation at October 1, 2013	<u>\$ 1,553,499,867</u>

Effective September 1, 2014, the Company amended the Plan to permit a participant whose employment had terminated prior to January 1, 2014, but whose pension had not yet commenced, to elect to receive either a single lump-sum payment of their accrued pension or an immediate monthly annuity. Participants who did not elect either option deferred receiving payment of their monthly pension until normal retirement age. These lump-sum payments were made in September 2014 and all annuities commenced September 1, 2014. The lump-sum payout was calculated based on an actuarial present value of an individual's future expected pension benefit using certain ERISA and specific plan mandated assumptions and as such resulted in a reduction of the accumulated plan benefits obligation.

9. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated April 10, 2014 stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and has no income subject to business income tax and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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9. INCOME TAX STATUS (Continued)

U.S. 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 Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 30, 2014, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations by tax authorities for years prior to December 31, 2010.

10. MASTER TRUST STATEMENTS

The condensed statements of net assets for the Master Trust as of September 30, 2014 and 2013 are as follows:

	2014	2013
Investments, at fair value:		
Equity securities	\$ 845,246,145	\$ 1,138,453,059
Fixed income securities	1,015,238,779	1,181,895,620
Short-term investments	292,702,945	95,719,920
Other investments	521,470,815	283,330,042
Net assets	<u>\$ 2,674,658,684</u>	<u>\$ 2,699,398,641</u>

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10. MASTER TRUST STATEMENTS (Continued)

The condensed statements of changes in net assets for the Master Trust for the years ended September 30, 2014 and 2013 are as follows:

	2014	2013
Investment income:		
Interest	\$ 40,234,465	\$ 27,718,408
Dividends	7,984,428	5,217,273
Net appreciation (depreciation) in fair value of investments:		
Equity securities	91,842,053	141,842,780
Fixed income securities	79,815,003	(95,736,204)
Other investments	23,284,121	17,792,012
Administrative expenses	(33,954,208)	(14,780,769)
Contribution received by Master Trust	164,032,000	146,261,000
Benefits paid from Master Trust, including lump-sum payments	(397,977,819)	(142,651,675)
Increase (decrease) in net assets	(24,739,957)	85,662,825
Net assets at beginning of year	2,699,398,641	397,638,057
Transfer from SSCC Master Trust	-	2,216,097,759
Net assets at end of year	<u>\$2,674,658,684</u>	<u>\$2,699,398,641</u>

For the years ended September 30, 2014 and 2013, net appreciation (depreciation) in fair value of investments consisted of the following:

	2014		
	Fair Value Hierarchy		
	Level 1	Level 2 and 3	Total
Equity securities	\$ 15,568,970	\$ 76,273,083	\$ 91,842,053
Fixed income securities	3,981,258	75,833,745	79,815,003
Other investments	(7,961,203)	31,245,324	23,284,121
	<u>\$ 11,589,025</u>	<u>\$ 183,352,152</u>	<u>\$ 194,941,177</u>

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10. MASTER TRUST STATEMENTS (Continued)

	2013		
	Fair Value Hierarchy		
	Level 1	Level 2 and 3	Total
Equity securities	\$ 36,595,151	\$ 105,247,629	\$ 141,842,780
Fixed income securities	(19,279,906)	(76,456,298)	(95,736,204)
Other investments	185,184	17,606,828	17,792,012
	\$ 17,500,429	\$ 46,398,159	\$ 63,898,588

11. SUBSEQUENT EVENTS

Effective March 31, 2015, the Plan, along with the Rock-Tenn Company Consolidated Pension Plan, was merged into the Rock-Tenn Company Pension Plan for Certain Hourly Employees (SSCC).

In April 2015, the Plan's Investment Committee approved the transfer of approximately an incremental \$1,000,000,000 of Master Trust assets into fixed income securities as part of a material investment risk reduction. The asset transfer occurred during the third quarter of the fiscal year ending September 30, 2015. The Investment Committee also approved an approximate \$140,000,000 hedge fund investment redemption effective June 30, 2015, with the proceeds invested in fixed income securities.

The Plan has evaluated subsequent events through June 30, 2015, the date which the financial statements were available to be issued, and there are no additional disclosable events.

SUPPLEMENTAL SCHEDULE

ROCK-TENN COMPANY PENSION PLAN
 FOR CERTAIN SALARIED EMPLOYEES (SSCC)
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
 SEPTEMBER 30, 2014

Employer ID #62-0342590
 Plan Number 026

(b)	(c)	(d)	(e)
Identity of Issue	Description of Assets	Cost	Current Value
Equitable Life Assurance Society	Immediate Participation Guarantee Fund	\$ 578,835	\$ 578,835
Equitable Life Assurance Society	Dividend Experience Funds	<u>401,976</u>	<u>401,976</u>
		<u>\$ 980,811</u>	<u>\$ 980,811</u>

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Most recent plan amendments included:** The plan was last amended and restated effective January 1, 2012.
- **Plan amendments excluded:** Amendments adopted after the valuation date and effective after the current plan year are excluded.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. Additional benefit accruals are assumed to be greater than the actuarial increase for current participants over age 70.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including backpayments for payments missed from normal retirement date to the valuation date (with backpayments accumulated at an annual rate of 8%).
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* Not applicable.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Not applicable.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V – Summary of Plan Provisions**Summary of Major Plan Provisions***Plan provisions common to all prior plans*

Effective date and plan year	The plan was originally established effective September 1, 1948. Effective December 31, 1998, the Stone Container Corporation Salaried Employees' Retirement Plan merged into the Jefferson Smurfit Corporation Pension Plan for Salaried Employees to form the Smurfit-Stone Container Corporation Pension Plan for Salaried Employees. Effective December 31, 2000, the St. Laurent Pension Plan for Non-Union Employees was merged into this plan. The plan year begins October 1 and ends the following September 30.
Most recent amendment	The plan was last amended and restated effective January 1, 2012.
Status of the plan	This plan does not have ongoing benefit accruals and new employees are not eligible to participate in the plan.
Significant events that occurred during the year	None.
Sponsoring employer	Rock-Tenn Company
Administration	The plan is administered by the administrative committee.
Type of plan	The plan is defined benefit, self-insured trustee plan.
Definitions	
• Employer contributions	The employer contributes such amount, and at such times as required under accepted actuarial principles in order to meet all applicable funding requirements.
• Participant contributions	Employee contributions are neither required nor permitted.
• Actuarial equivalence	For annuities, 1983 Group Annuity Mortality table (weighted 50% male and 50% female) and 8% interest. For lump sums and the Social Security level income option, the applicable mortality table under Section 417(e)(3) of the Internal Revenue Code and the applicable interest rate under the same section as of the fourth full month preceding the calendar quarter in which the determination is made. Different assumptions may apply to participants who commenced benefits prior to 2008.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2013, the limit is \$205,000.

Schedule SB, Part V – Summary of Plan Provisions***Former Jefferson Smurfit Corporation Pension Plan for Salaried Employees*****Definitions**

• Participation	All participants in a prior plan continue as participants on the Effective Date. A salaried employee hired before July 1, 2002 is eligible to participate on the first of the month following the completion of one year of Benefit Service.
• Service considered	Benefit Service – Service for the period of employment as a salaried employee of Smurfit-Stone Container Corporation or its predecessors. For benefit accrual purposes, Benefit Service ends at earlier of termination or December 31, 2008. Vesting Service – Service as an employee of Smurfit-Stone Container Corporation, its predecessors or its successor, Rock-Tenn Company.
• Annual earnings	Total cash compensation including base pay, overtime pay, commissions, bonuses and any other form of additional cash compensation paid during a plan year. Annual Earnings shall not include deferred and acquisition bonuses or incentive payments under the Management Incentive Plan and the Containerboard Mill Division Incentive Plan, any long term incentive programs or an employment contract.
• Final average earnings	The average of the highest 5 consecutive calendar years' Annual Earnings received during the 10 calendar years prior to the earlier of termination or December 31, 2008.
• Primary Insurance Amount (PIA)	The annual old-age insurance benefit which a participant who is fully insured would be entitled to receive under the Federal Social Security Act at age 65. This amount is determined at the earlier of termination or December 31, 2008.
• Covered compensation	Thirty-five year average of the Social Security taxable wage bases ending in the year the participant attains Social Security normal retirement age as defined in Section 401(l)(5)(E) of the Internal Revenue Code. Wage base in year of termination is assumed to continue for years after termination. This amount is determined at the earlier of termination or December 31, 2008.

Schedule SB, Part V – Summary of Plan Provisions**Normal retirement**

- **Eligibility** Normal Retirement Date is the first day of the month coincident with or next following the participant's 65th birthday.
- **Benefit**

The monthly retirement benefit payable to a participant who retires on or after his Normal Retirement Date shall be the sum of one-twelfth of (1) and (2) below:

 1. For Benefit Service up to December 31, 2006, the greater of (a), (b) or (c) below:
 - a. The product obtained by multiplying the participant's years (and fraction) of Benefit Service by the difference of 1.5% of the participant's Final Average Earnings less 1.2% of the participant's Primary Insurance Amount.
 - b. \$120 multiplied by the participant's years (and fraction) of Benefit Service.
 - c. The sum of the participant's accrued benefit as of December 31, 1993 plus accruals after December 31, 1993 under a.
 2. For Benefit Service after December 31, 2006 and prior to December 31, 2008 :

0.9% of Final Average Earnings plus 0.4% of Final Average Earnings in excess of Covered Compensation all multiplied by years of Benefit Service (not to exceed 30 years minus Benefit Service earned as of December 31, 2006).

All benefit accruals cease effective December 31, 2008.

Early retirement

- **Eligibility** A participant may elect to retire early at any time after his 55th birthday and completion of 5 years of Vesting Service, or after completion of 25 years of Vesting Service.
- **Benefit**

The monthly benefit payable to a Participant who retires at an Early Retirement Date shall be the accrued benefit at the Normal Retirement Date:

 1. For the portion of the benefit attributable to service earned prior to January 1, 2007, reduced by 5/12% for each full or partial month by which his Early Retirement Date precedes (a) his Normal Retirement Date if he has less than 10 Years of Vesting Service, or (b) age 62 if he has at least 10 Years of Vesting Service.
 2. For the portion of the benefit attributable to service earned after December 31, 2006, reduced by 0.5% for each month by which his Early Retirement Date precedes his Normal Retirement Date.

All benefit accruals cease effective December 31, 2008.

Schedule SB, Part V – Summary of Plan Provisions**Late retirement**

- **Eligibility** The first day of the month coinciding with or next following his actual retirement after the participant's Normal Retirement Date.
- **Benefit** The amount of a participant's Late Retirement Benefit is calculated in accordance with the Normal Retirement Benefit provisions based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008.
All benefit accruals cease effective December 31, 2008.

Deferred vested

- **Eligibility** A participant whose employment terminates other than by reason of death, disability or retirement, and who has completed 5 or more years of Vesting Service is entitled to a Deferred Vested Benefit.
- **Benefit** The benefit is calculated based on Vesting Service and Final Average Earnings at the earlier of termination or December 31, 2008 in accordance with the Normal Retirement Benefit provisions. The monthly benefit payable shall commence on the earlier of:
 1. Normal Retirement Date
 2. Elected Early Retirement Date.

For service prior to January 1, 2003, the amount of such monthly benefit under (2) above shall be reduced in accordance with the Early Retirement Benefit provisions.

For service on or after January 1, 2003, the amount of such monthly benefit under (2) above will be reduced 5/12% for each month by which his Early Retirement Date precedes his Normal Retirement Date.

All benefit accruals cease effective December 31, 2008.

Disability

- **Eligibility** A participant is eligible for disability retirement in the event of total and permanent disability prior to December 31, 2008 and the receipt of Social Security Disability benefit. There is no age and service requirement for the portion of the benefit attributable to service accrued prior to January 1, 2007. Ten years of Benefit Service are required for the benefit attributable to service accrued after December 31, 2006 and prior to December 31, 2008.
- **Benefit** The amount of disability pension is determined as if the employee had continued to work to the earlier of age 65 or December 31, 2008 and is payable at age 65. Earnings are credited at the annual rate of pay for the calendar year preceding the date of disability and Covered Compensation is determined at the disability date.
All benefit accruals cease effective December 31, 2008.

Schedule SB, Part V – Summary of Plan Provisions**Pre-retirement death**

- | | |
|---------------|---|
| • Eligibility | A married participant who dies with 5 years of Benefit Service shall be eligible for a death benefit. |
| • Benefit | <p>The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the Qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the participant's Normal Retirement Date, or the later of the date of death or the participant's earliest retirement age.</p> <p>All benefit accruals cease effective December 31, 2008.</p> |

Form of benefits

- | | |
|---|---|
| • Automatic form for unmarried participants | Single life annuity |
| • Automatic form for married participants | Qualified joint and survivor annuity |
| • Optional forms | <ol style="list-style-type: none"> 1. 50%, 66-2/3%, 75% or 100% Contingent Annuity 2. 10-Year Certain and Life Annuity 3. Social Security Level Income Option 4. Single Life Annuity (for married participants) <p>Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The Normal Form of annuity applies unless an Optional Form is elected.</p> <p>For married participants, written spousal consent is required if an Optional Form of payment is elected</p> |

Schedule SB, Part V – Summary of Plan Provisions***Former Stone Container Corporation Salaried Employees' Retirement Plan*****Definitions**

• Participation	All participants in the prior plan continue as participants on the Effective Date of the amended and restated plan (January 1, 1989). A salaried employee hired before July 1, 2002 is eligible to participate on the July 1 or January 1 following the completion of service during a 12-month period ending on the anniversary of an employee's first date of hire. The employee must be a "covered employee."
• Service considered	<p>An employee will receive Benefit Service and Vesting Service for the period of employment by the Stone Container Corporation commencing with the later of his date of hire or the plan's Effective Date.</p> <p>For certain Cameo Container Plant employees Benefit Service includes services as on hourly employee before transferring to salaried status.</p> <p>Benefit Service ends at the earlier of termination or December 31, 2008.</p>
• Annual earnings	Total earnings for services rendered (including overtime, bonuses and commissions). Effective January 1, 2007, the Annual Earnings definition was changed to exclude acquisition bonuses or incentive payments under the Management Incentive Plan.
• Final average earnings	<p>For purposes of calculating the December 31, 2006 accrued benefit, a participant's Final Average Annual Earnings, while an eligible employee, means one-fifth of Annual Earnings during the highest consecutive 60-month period of the last 180 months of employment (as a covered employee) preceding the earlier of an employee's termination date or December 31, 2006. If the entire period of the participant's employment is less than 60 months, determine Final Average Annual Earnings and divide by the period for which an employee had earnings up to December 31, 2006.</p> <p>For all other purposes, a participant's Final Average Earnings, while an eligible employee, means one-fifth of Annual Earnings (based on the definition effective January 1, 2007) during the highest 5 consecutive calendar years during the last 10 calendar years (as a covered employee) preceding the earlier of an employee's termination date or December 31, 2008.</p>
• Social security normal retirement age	Social Security Normal Retirement Age means the earliest age at which the participant is entitled to receive unreduced old age benefits from Social Security.

Schedule SB, Part V – Summary of Plan Provisions

• Covered compensation	Thirty-five year average of the Social Security taxable wage bases ending in the year the participant attains Social Security normal retirement age as defined in Section 401(l)(5)(E) of the Internal Revenue Code. Wage base in year of determination is assumed to continue for years after determination. This amount is determined at the earlier of termination or December 31, 2008.
• Social security final average compensation	Social Security Final Average Compensation means the average of the participant's Annual Earnings over the three consecutive completed plan years preceding the earlier of termination or December 31, 2008, but excluding earnings, in any year, in excess of the Social Security taxable wage base.
• Social security allowance	<p>The Social Security Allowance means $3/4\%$ for each year of Benefit Service (up to 30 years) multiplied by the lesser of:</p> <ol style="list-style-type: none">1. $1/12$th of the participant's Social Security Final Average Compensation, or2. $1/12$th of the participant's Covered Compensation. <p>This amount is then reduced for each year that the Social Security allowance applies prior to the participant's Social Security Normal Retirement Age. The reduction is at the rate of $6-2/3\%$ for the first five years, at the rate of $5-1/3\%$ for the next three years, at the rate of 4% for the next two years, at the rate of $2-2/3\%$ for the next two years and by the actuarial equivalent rate for years in excess of twelve.</p>
Normal retirement	
• Eligibility	Normal Retirement Date is the first day of the month coincident with or next following the month in which the participant attains age 65.

Schedule SB, Part V – Summary of Plan Provisions

- Benefit

The monthly retirement benefit payable to a participant who retires on his or her Normal Retirement Date shall be one-twelfth of the sum of (1) and (2) below.

1. For Benefit Service up to December 31, 2006, the greater of (a) or (b) below:

- a. 1.66667% of the participant's Final Average Annual Earnings, but not less than Final Average Annual Earnings as of December 31, 2006 multiplied by his or her Benefit Service not in excess of 30 years (not to exceed 50% of Final Average Annual Earnings) minus the Social Security Allowance
- b. 1% of the participant's Final Average Annual Earnings, but not less than Final Average Annual Earnings as of December 31, 2006 (not to exceed \$900), multiplied by his or her Benefit Service.

2. For Benefit Service after December 31, 2006 and prior to December 31, 2008:

0.9% of Final Average Earnings plus 0.4% of Final Average Earnings in excess of Covered Compensation all multiplied by years of Benefit Service (not to exceed 30 years minus Benefit Service earned as of December 31, 2006)

An individual who is a participant in this plan on December 31, 1988, shall receive an amount no less than the monthly retirement income that would have been payable under the provisions of the plan in effect on December 31, 1988, based upon his or her Final Average Annual Earnings and Benefit Service as of December 31, 1988.

The benefit calculated under this section for certain Cameo Container Plant employees will be offset by the company-provided benefit under a multiemployer plan.

All benefit accruals cease effective December 31, 2008.

Schedule SB, Part V – Summary of Plan Provisions

Early retirement

- **Eligibility** A participant may elect to retire early at any time after his 55th birthday and completion of 10 years of Vesting Service.
- **Benefit**

The participant may elect early commencement of his or her pension. Such monthly income shall be an amount which is based on Final Average Annual Earnings and Benefit Service at the earlier of his or her Early Retirement Date or December 31, 2008. For the portion of the benefit attributable to Benefit Service earned prior to January 1, 2007, such monthly retirement income before the deduction of the Social Security Allowance, if any, shall further be reduced by one-half percent (0.5%) for each full month that the benefit commences prior to age 65.

For the portion of the benefit attributable to Benefit Service earned after December 31, 2006, the benefit is reduced 0.5% for each month by which his Early Retirement Date precedes his Normal Retirement Date.

All benefit accruals cease effective December 31, 2008.

Late retirement

- **Eligibility** A participant's Late Retirement Date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.
- **Benefit**

The amount of a participant's Late Retirement Benefit is calculated in accordance with the Normal Retirement Benefit provisions based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008.

All benefit accruals cease effective December 31, 2008.

Deferred vested

- **Eligibility** A participant whose employment terminates other than by reason of death, disability or retirement, and who has completed 5 or more years of Vesting Service is entitled to a Deferred Vested Benefit.
-

Schedule SB, Part V – Summary of Plan Provisions

-
- **Benefit**

The benefit is calculated based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008 in accordance with the Normal Retirement Benefit provisions. The monthly benefit payable shall commence on the earlier of

 1. Normal Retirement Date
 2. Elected Early Retirement Date.

The amount of such monthly benefit under (2) above shall be reduced in accordance with the Early Retirement Benefit provisions.

All benefit accruals cease effective December 31, 2008.
-

Disability

-
- **Eligibility**

A participant is eligible for Disability Retirement in the event of total and permanent disability prior to December 31, 2008 at any age after the completion of 10 years of Vesting Service.
 - **Benefit**

The amount of a disability pension is determined as if the employee had continued to work to the earlier of age 65 or December 31, 2008 and is payable at age 65. Earnings are credited at the last regular pay rate prior to disability and Covered Compensation is determined at the disability date.

All benefit accruals cease effective December 31, 2008.
-

Pre-retirement death

-
- **Eligibility**

A married participant who dies with 5 years of Vesting Service shall be eligible for a death benefit.
 - **Benefit**

The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the Qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the participant's Normal Retirement Date, or the later of the date of death or the participant's earliest retirement age.

If a participant is active on the date of this death, the benefit based on service prior to December 31, 2006 will commence immediately without reduction for early retirement.

All benefit accruals cease effective December 31, 2008.
-

Schedule SB, Part V – Summary of Plan Provisions**Form of benefits**

- | | |
|---|---|
| • Automatic form for unmarried participants | Single life annuity |
| • Automatic form for married participants | Qualified joint and survivor annuity |
| • Optional forms | <ol style="list-style-type: none">1. 100%, 75% or 50% Contingent Annuity2. 10 or 15 Years Certain and Life Annuity3. Single Life Annuity (for married participants) |

Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The Normal Form of annuity applies unless an Optional Form is elected.

For married participants, written spousal consent is required if an Optional Form of payment is elected.

Schedule SB, Part V – Summary of Plan Provisions***Former St. Laurent Pension Plan for Non-Union Employees¹***

Definitions

- Participation

Salaried employees hired prior to July 1, 2002.

Salaried, Castle Rock, and Wyomissing employees participate at the later of age 20 and one year of Benefit Service. Latta employees participate one year after employment date.

- Service considered

Benefit Service

Generally: Years and months of service in employment as a salaried employee of a participating location commencing on date of hire. A partial month of service is treated as a full month of service. Different provisions may apply to employment at Wyomissing (before 1998) and Castle Rock (before 2000), but employment with these entities is generally included in Benefit Service.

Latta: One year of service for each calendar year in which a participant completes at least 1,000 hours of service at the Latta facility. Partial service in years of participation and termination is equal to number of months worked divided by 12.

For benefit accrual purposes, Benefit Service ends at the earlier of termination or December 31, 2008.

Vesting Service

Service as an employee of St. Laurent Packaging Corp., its predecessors, or its successors, Smurfit-Stone Container Corporation or Rock-Tenn Company.

¹ Hourly, Packaging and Latta hourly groups were spun off from this plan and merged into the SSCC hourly plan effective December 31, 2001.

Schedule SB, Part V – Summary of Plan Provisions

- Annual earnings

Salaried: Total annual base earnings plus commissions for outside salesman. Compensation for outside salesman is limited to \$100,000 per year or total annual base earnings, if greater.

Castle Rock: Total cash earnings, excluding discretionary bonuses, plus salary reduction contributions under Sections 401(k) and 125 of the Internal Revenue Code.

Latta: Basic compensation including sales incentives for salesman. Before 1997, compensation included a percentage of overtime.

Effective January 1, 2007, total cash compensation including base pay, overtime pay, commissions, bonuses and any other form of additional cash compensation paid during a plan year. Annual Earnings shall not include deferred and acquisition bonuses or incentive payments under the Management Incentive Plan or the Containerboard Mill Division Incentive Plan, any long term incentive programs or an employment contract.

- Final average earnings

For the purposes of calculating the December 31, 2006 accrued benefit, the highest average annual earnings received from any 60 consecutive month period of employment within the last 120 months preceding the earlier of participant's date of termination or December 31, 2006.

For all other purposes, a participant's Final Average Annual Earnings, while an eligible employee, means one-fifth of Annual Earnings (based on the definition effective January 1, 2007) during the highest 5 consecutive calendar years during the last 10 calendar years of employment (as a covered employee) preceding the earlier of an employee's termination date or December 31, 2008.

- Covered compensation

Thirty-five year average of the Social Security taxable wage bases ending in the year the participant attains Social Security normal retirement age as defined in Section 401(l)(5)(E) of the Internal Revenue Code. Wage base in year of determination is assumed to continue for years after determination date. This amount is determined at the earlier of termination or December 31, 2008.

Schedule SB, Part V – Summary of Plan Provisions**Normal retirement**

-
- **Eligibility**

Salaried, Wyomissing (benefit accrued after 1997) and Castle Rock: First day of the month coinciding with or next following the later of the 65th birthday and the fifth anniversary of the date of participation.

Latta and Wyomissing (benefit accrued before 1998): First day of the month coinciding with or next following 65th birthday. For benefit accrued after 2006 but before 2007, first day of month coinciding with or next following 65th birthday.
 - **Benefit**

The monthly normal retirement benefit payable to a participant who retires on his or her Normal Retirement Date shall be one-twelfth of the sum of (1) and (2) below:

 1. For Benefit Service up to December 31, 2006:

Salaried: (a) plus (b):

 - a. (i) 0.88% of Final Average Earnings, but not less than Final Average Annual Earnings as of December 31, 2006, multiplied by years of Benefit Service, plus
 - (ii) 0.65% of Final Average Earnings, but not less than Final Average Annual Earnings as of December 31, 2006, above Covered Compensation, multiplied by years of Benefit Service not to exceed 35. - b. \$12.00 times full years of Benefit Service between 10 and 19 years, plus \$27.00 times full years of Benefit Service between 20 and 29 years, plus \$39.00 times full years of Benefit Service between 30 and 39 years, plus \$48.00 times full years of Benefit Service after 39 years

Wyomissing and Castle Rock: The greater of (a) and (b):

 - a. the benefit based on total service under the Salaried formula.
 - b. the accrued benefit under the prior Wyomissing plan at 12/31/1997 or Castle Rock at 5/31/1999, plus the benefit accrued after such dates under the Salaried formula.
-

Schedule SB, Part V – Summary of Plan Provisions

-
- **Benefit (continued)**

Latta : (a) plus (b) plus (c) :

 - a. 1.50% of Final Average Earnings, but not less than Final Average Annual Earnings as of December 31, 2006, up to Covered Compensation multiplied by years of Benefit Service not to exceed 35.
 - b. 1.75% of Final Average Earnings, but not less than Final Average Annual Earnings as of December 31, 2006, in excess of Covered Compensation multiplied by years of Benefit Service not to exceed 35.
 - c. the nonvested benefit, if any, payable under the Tenneco, Inc. Retirement Plan.
-
2. For Benefit Service after December 31, 2006 and prior to December 31, 2008:
- 0.9% of Final Average Annual Earnings plus 0.4% of Final Average Earnings in excess of Covered Compensation multiplied by years of Benefit Service (not to exceed 30 years minus Benefit Service earned as of December 31, 2006).

All benefit accruals cease effective December 31, 2008.

Early retirement

-
- **Eligibility**

Salaried, Latta, Wyomissing (benefit accrued after 1997 but before 2007) and Castle Rock: First day of any month after attaining age 55 and completing 10 years of Benefit Service.

Wyomissing (benefit accrued before 1998): First day of any month after attaining age 55 and completing at least 15 years of Benefit Service.

Effective January 1, 2007, first day of month after attaining age 55 and completing 10 years of Vesting Service for benefit accrued after 2006.
 - **Benefit**

For the portion of the benefit attributable to Benefit Service earned prior to January 1, 2007:

Salaried: (a) Normal Retirement Benefit based on (a) (i) and (b) reduced by 4% for each of the first three years and 5% for each of the next seven years that the Early Retirement Date precedes age 65; plus

(b) Normal Retirement Benefit based on (a) (ii) reduced by 8% for each of the first three years and 5% for each of the next seven years that Early Retirement Date precedes age 65.
-

Schedule SB, Part V – Summary of Plan Provisions

-
- **Benefit (continued)**
 - Wyomissing: Reduced 8% for each year that the Early Retirement Date precedes age 58 for benefits earned prior to 1998; same as Salaried reduction for Salaried benefits earned. A supplemental benefit of \$22 per year of Benefit Service before 1998 is payable until age 62 provided the participant retires after age 58 and lives until age 62.
 - Castle Rock: Reduced 4% for each year that the Early Retirement Date precedes age 62 for benefits earned prior to May 29, 1999 and reduced 6% from age 62 for benefits earned after May 28, 1999.
 - Latta: Reduced 3% for each of the first two years and 6% for each of the next five years that the Early Retirement Date precedes age 62. For benefits accrued after March 31, 2003, reduced 3% for two years and 6% for each additional year that the Early Retirement Date precedes age 65.

For the portion of the benefit attributable to Benefit Service earned after December 31, 2006, the Monthly Retirement Income is reduced by 0.5% for each month by which his Early Retirement Date precedes his Normal Retirement Date.

All benefit accruals cease effective December 31, 2008.

Late retirement

-
- **Eligibility**

A participant's Late Retirement Date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.
 - **Benefit**

The amount of a participant's Late Retirement Benefit is calculated in accordance with the Normal Retirement Benefit provisions based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008.

All benefit accruals cease effective December 31, 2008.

Deferred vested

-
- **Eligibility**

A participant whose employment terminates other than by reason of death, disability or retirement, and who has completed 5 or more years of Vesting Service is entitled to a Deferred Vested Benefit.
-

Schedule SB, Part V – Summary of Plan Provisions

- **Benefit** The benefit is calculated based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008 in accordance with the Normal Retirement Benefit provisions. The monthly benefit payable shall commence on the earlier of

1. Normal Retirement Date
2. Elected Early Retirement Date.

The amount of such monthly benefit under (2) above shall be reduced in accordance with the Early Retirement Benefit provisions. North Tonawanda employees may commence benefits accrued prior to December 31, 1995 upon termination. Latta employees may commence benefits accrued prior to April 1, 2003, upon termination.

All benefit accruals cease effective December 31, 2008.

Disability

- **Eligibility** Latta (benefit accrued after 2006), Salaried and Wyommising: Total and permanent disability prior to December 31, 2008 at any age after completion of 10 years of Benefit Service.

Latta (benefit accrued before 2007): Total and permanent disability at any age after completion of 5 years of Benefit Service.

- **Benefit** Latta (benefit accrued after 2006), Salaried and Wyommising: A benefit shall commence at Normal Retirement Date with Benefit Service computed to the earlier of Normal Retirement Date or December 31, 2008, and Final Average Compensation and Covered Compensation computed as of the Disability Retirement Date.

Latta (benefit accrued before 2007): A benefit shall commence immediately equal to the accrued benefit as of the Disability Retirement Date, reduced 3% for each of the first 2 years, 6% for each of the next 5 years, 3% for each of the next 15 years, and 1% for each additional year that the Disability Retirement Date precedes age 62. Upon attainment of Early or Normal Retirement, the participant shall receive a benefit according to the provisions of Early or Normal Retirement.

All benefit accruals cease effective December 31, 2008.

Pre-retirement death

- **Eligibility** A married participant who dies with 5 or more years of Vesting Service shall be eligible for a death benefit.

Schedule SB, Part V – Summary of Plan Provisions

- **Benefit** The spouse receives 50% of the benefit the participant has accrued on the date of death, reduced for payment under the Joint and Survivor Annuity and further reduced for early payment, if applicable. The spouse can elect to have benefits commence on the participant's Normal Retirement Date, or the later of the date of death or the participant's earliest Early Retirement Date.

For a participant in the Chesapeake Corporation Retirement Plan for Salaried Employees who dies before termination and after becoming eligible for Early or Normal Retirement, the spouse receives a survivor annuity under the 100% Contingent Annuitant Option for the portion of the benefit attributable to Benefit Service prior to January 1, 2007.

All benefit accruals cease effective December 31, 2008.

Form of benefits

- **Automatic form for unmarried participants** Single life annuity
- **Automatic form for married participants** Joint and survivor annuity
- **Optional forms**
 - 1.) 50%, 66-2/3%, 75% or 100% Contingent Annuity. This Contingent Annuity includes a pop-up benefit for Salaried employees.
 - 2.) Social Security Level Income Option.
 - 3.) 10-Year Certain and Life Annuity.
 - 4.) 5-Year Certain and Life Annuity. (Latta and Wyomissing only)
 - 5.) 15-Year Certain and Life Annuity. (Wyomissing only)
 - 6.) Single Life Annuity. (Married participants)
 - 7.) Deferred Early Retirement Benefit Option.
 - 8.) Single Lump Sum Payment. (Latta participants prior to amendment and restatement of Paperboard Industries Plan and North Tonawanda-only on 12/31/1995 accrued benefit.)

Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The Normal Form of annuity applies unless an Optional Form is elected. For married participants, written spousal consent is required if an optional form of payment is elected.

Schedule SB, Part V – Summary of Plan Provisions*Universal Pension Plan***Definitions**

<ul style="list-style-type: none"> Participation 	<p>All salaried employees hired or rehired on or after July 1, 2002 and prior to January 1, 2006. All salaried employees of Eastern Container Corporation (ECC), Innovative Packaging Corporation (IPC) and GRAFX Salaried on June 1, 2000.</p> <p>An employee is eligible to participate on the July 1 or January 1 following the completion of one year of Vesting Service. The employee must be a "covered employee."</p>
<ul style="list-style-type: none"> Service considered 	<p>An employee will receive Benefit Service and Vesting Service for the period of employment.</p> <p>Packaging Services Group employees will receive Vesting Service for employment with the prior employer. Benefit Service will begin on the later of date of hire or September 1, 2002.</p> <p>Meadwestvaco employees will receive Vesting Service for employment with the prior employer. Benefit Service will begin on the later of date of hire or October 1, 2002.</p> <p>ECC, IPC and GRAFX employees will receive Benefit Service and Vesting Service for the period of employment by the Stone Container Corporation commencing with the later of date of hire or June 1, 2000.</p> <p>For certain Cameo Container Plant employees, Benefit Service includes service as an hourly employee before transferring to salaried status.</p> <p>Service for benefit accrual purposes ends at the earlier of termination or December 31, 2008.</p>
<ul style="list-style-type: none"> Annual earnings 	<p>Total cash compensation including base pay, overtime pay, commissions, bonuses and any other form of additional cash compensation paid during a plan year. Annual Earnings shall not include deferred and acquisition bonuses or incentive payments under the Management Incentive Plan or the Containerboard Mill Division Incentive Plan, any long term incentive programs or an employment contract.</p>
<ul style="list-style-type: none"> Final average earnings 	<p>The average of the highest 5 consecutive calendar years' Annual Earnings received during the 10 calendar years prior to the earlier of termination or December 31, 2008.</p>
<ul style="list-style-type: none"> Covered compensation 	<p>Thirty-five year average of the Social Security taxable wage bases ending in the year the participant attains Social Security normal retirement age as defined in Section 401(l)(5)(E) of the Internal Revenue Code. Wage base in year of determination is assumed to continue for years after determination. This amount is determined at the earlier of termination or December 31, 2008.</p>

Schedule SB, Part V – Summary of Plan Provisions**Normal retirement**

- **Eligibility** Normal Retirement Date is the first day of the month coincident with or next following the month in which the participant attains age 65.
- **Benefit** A participant who retires on his Normal Retirement Date will receive a monthly pension benefit equal to one-twelfth of 0.9% of Final Average Earnings plus 0.4% of Final Average Earnings in excess of Covered Compensation multiplied by years of Benefit Service (not in excess of 30 years).

The benefit calculated under this section for a certain Cameo Container Plant employee will be offset by the company-provided benefit under a multiemployer plan.

All benefit accruals cease effective December 31, 2008.

Early retirement

- **Eligibility** A participant may elect to retire early at any time after his 55th birthday and completion of 10 years of Vesting Service.
- **Benefit** Such monthly income shall be an amount based on Benefit Service and Final Average Earnings at the earlier of the participant's Early Retirement Date or December 31, 2008 and calculated in accordance with the Normal Retirement Benefit provisions. Such monthly income shall be reduced by 0.5% for each month by which his Early Retirement Date precedes his Normal Retirement Date.

All benefit accruals cease effective December 31, 2008.

Late retirement

- **Eligibility** A participant's Late Retirement Date is the first day of the month next following the day on which the participant retires after his or her Normal Retirement Date.
- **Benefit** The amount of a participant's Late Retirement Benefit is calculated in accordance with the Normal Retirement Benefit provisions based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008.

All benefit accruals cease effective December 31, 2008.

Deferred vested

- **Eligibility** A participant whose employment terminates other than by reason of death, disability or retirement, and who has completed 5 or more years of Vesting Service is entitled to a Deferred Vested Benefit.

Schedule SB, Part V – Summary of Plan Provisions

- Deferred vested benefit

The benefit is calculated based on Benefit Service and Final Average Earnings at the earlier of termination or December 31, 2008 in accordance with the Normal Retirement Benefit provisions.

The monthly benefit payable shall commence on the earlier of

1. Normal Retirement Date
2. Elected Early Retirement Date

The amount of such monthly benefit under (2) above shall be reduced in accordance with the Early Retirement Benefit provisions.

All benefit accruals cease effective December 31, 2008.

Disability

- Eligibility

A participant is eligible for disability retirement in the event of total and permanent disability prior to December 31, 2008 at any age after the completion of 10 years of Vesting Service.

- Benefit

The amount of a disability pension is determined as if the employee had continued to work to the earlier of age 65 or December 31, 2008 and is payable at age 65. Earnings are credited at the last regular pay rate prior to disability and Covered Compensation is determined at the disability date.

All benefit accruals cease effective December 31, 2008.

Pre-retirement death

- Eligibility

A married participant who dies with 5 years of Vesting Service shall be eligible for a death benefit.

- Benefit

The spouse will receive 50% of the benefit the participant had accrued on the date of his death, reduced for payment under the Qualified Joint and Survivor option and further reduced for early payment, if applicable. The spouse can elect to have the benefit paid on the participant's Normal Retirement Date, or the later of the date of death or the participant's earliest retirement age.

All benefit accruals cease effective December 31, 2008.

Form of benefits

- Automatic form for unmarried participants

Single life annuity

- Automatic forms for married participants

Qualified joint and survivor annuity

Schedule SB, Part V – Summary of Plan Provisions

-
- Optional forms
 1. 100%, 75% or 50% Contingent Annuity
 2. 10 Years Certain and Life Annuity
 3. Single Life Annuity (for married participants)

Benefits payable in a form other than a Single Life Annuity are actuarially equivalent to the Single Life Annuity benefit. The Normal Form of annuity applies unless an Optional Form is elected.

For married participants, written spousal consent is required if an Optional Form of payment is elected.

Plan Provision Changes Since Prior Valuation

Maximum benefit amounts under IRS rules were updated from 2013 to 2014.

ROCK-TENN COMPANY PENSION PLAN
 FOR CERTAIN SALARIED EMPLOYEES (SSCC)
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
 SEPTEMBER 30, 2014

Employer ID #62-0342590
 Plan Number 026

(b) Identity of Issue	(c) Description of Assets	(d) Cost	(e) Current Value
Equitable Life Assurance Society	Immediate Participation Guarantee Fund	\$ 578,835	\$ 578,835
Equitable Life Assurance Society	Dividend Experience Funds	<u>401,976</u>	<u>401,976</u>
		<u>\$ 980,811</u>	<u>\$ 980,811</u>

Schedule SB, Line 26 — Schedule of Active Participant Data**Distribution of Active Participants as of October 1, 2013**

Attained age	Years of credited service as of January 1, 2009										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25											
25-29		4	1								5
30-34		20 1,153	17	1							38 1,357
35-39	1	23 1,706	41 3,025	19	1						85 2,831
40-44	2	22 2,128	56 4,536	62 5,948	26 7,842	2					170 5,292
45-49		25 2,489	82 3,960	62 5,416	52 9,747	33 9,980	4				258 6,293
50-54	1	27 2,519	71 4,719	57 7,270	53 10,816	86 12,504	26 14,017	2			323 8,880
55-59		22 2,689	78 4,644	58 6,947	49 10,179	76 14,583	46 20,756	43 17,576	10		382 11,196
60-64	3	13	40 4,213	32 6,880	17	49 16,786	46 20,214	32 24,474	33 23,816	2	267 14,990
65-69			8	9	8	12	11	2	7	3	60 14,883
70 & up		1	1	1	1	1	2				7
Total	7	157 2,149	395 4,128	301 6,353	207 10,080	259 13,847	135 19,559	79 20,407	50 21,710	5	1,595 9,422

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average annual frozen benefit amount. The average annual frozen benefit amount is not shown for cells with fewer than 20 active participants. The Plan is "hard frozen" as of January 1, 2009, and the average annual accrued benefit is displayed above in lieu of average compensation.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for October 1, 2013 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	4		
	<u>Stabilized rates</u>	<u>Nonstabilized rates</u>	
• First 5 years	5.23%	1.43%	
• Next 15 years	6.51%	4.04%	
• Over 20 years	7.16%	5.11%	

Mortality sponsor elections

▪ Healthy participants and disabilities before 2002 and after 2008	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
▪ Disabled participants between 2002 and 2008	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits.

417(e) lump sums

Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.

Other economic assumptions

▪ Salary increases	Not applicable
▪ Social Security wage base	Not applicable
▪ Inflation	2.50% (for Trinity Plan retirees)
▪ Expected investment return	7.00% for October 1, 2013 plan year (7.50% for 2012 plan year and 2013 short plan year)
▪ Expenses	Actual prior year's administrative expenses, adjusted to reflect current year PBGC premiums, added to current year normal cost (\$10,035,501 for October 1, 2013 plan year)

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Demographic assumptions**

- Withdrawal Modified version of Society of Actuaries 2003 turnover study. No select rates are used. See tables of sample rates.
- Disability incidence 1985 Study of disabled experience for Class 1. See table of sample rates.
- Retirement age

Attained age	Percentage
55	10%
56-59	5%
60	10%
61	20%
62	30%
63	20%
64	40%
65+	100%

Benefit commencement age for

- Future vested deferred 62
- Current vested deferred 62 or current age, if later

Spouse assumptions

	<u>Male participants</u>	<u>Female participants</u>
▪ Percentage married	85%	85%
▪ Spouse age difference	3 years younger	3 years older

Form of payment	Single Life Annuity
------------------------	---------------------

Unpredictable contingent event assumptions	Not Applicable
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Table of sample rates

Attained Age	Percentage		
	Disability		Withdrawal
	Males	Females	Males/Females
20	0.029%	0.030%	34.3%
25	0.038%	0.047%	25.5%
30	0.048%	0.080%	17.8%
35	0.069%	0.136%	15.0%
40	0.117%	0.211%	13.8%
45	0.202%	0.323%	12.5%
50	0.358%	0.533%	11.3%
55	0.722%	0.952%	10.0%
60	1.256%	1.159%	8.8%

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

Actuarial Methods

Asset Methods

The market value is the plan amount provided by the plan sponsor less the fourth quarter expenses for the plan year plus discounted contributions.

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan administrator provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does have insurance contracts. The assets and liabilities of the Equitable and Aetna contracts are included in the valuation of the plan.

Minimum Funding Method

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an

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

individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year since the IRC Section 430 changes made by the Pension Protection Act of 2006 (PPA) took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases			
Year established	Outstanding balance	Years remaining	Plan Year Beginning October 1, 2013 Installment
2008	\$ 27,169,690	1.25	\$ 21,953,974
2009	25,330,910	2.25	11,640,682
2010	80,248,378	5.09	25,658,792 ¹
2011	96,832,464	4.25	24,730,912
2012	(86,948,033)	5.25	(18,462,362)
2013	4,246,802	6.25	782,407
2013	(1,053,144)	7	(177,250)
Total	\$ 145,827,067		\$ 66,127,155

¹ Consists of the original 15-year amortization installment for the 2010 plan year of \$15,209,532, plus the additional \$10,449,260 installment acceleration amount (IAA). Years remaining have been adjusted to account for this IAA, as well as IAAs previously reflected - \$3,713,902 in 2010, \$17,184,618 in 2011, \$10,449,260 in 2012 and \$7,836,945 in the 2013 short plan year.

Schedule SB, Line 24 – Change in Actuarial Assumptions

- The expense assumption included in normal cost increased from \$2,364,048 to \$10,035,501 to better reflect anticipated future experience.
- Non-stabilized interest discounts were updated from those applicable to the short plan year beginning January 1, 2013 to the full plan year beginning October 1, 2013 in accordance with PPA and sponsor elections.
- The expected investment return assumption decreased from 7.50% to 7.00% to better reflect current long-term expectations.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	10.00%	100.00	10.00	550.00
56	5.00%	90.00	4.50	252.00
57	5.00%	85.50	4.28	243.68
58	5.00%	81.23	4.06	235.55
59	5.00%	77.16	3.86	227.63
60	10.00%	73.31	7.33	439.83
61	20.00%	65.98	13.20	804.90
62	30.00%	52.78	15.83	981.71
63	20.00%	36.95	7.39	465.52
64	40.00%	29.56	11.82	756.65
65	100.00%	17.73	17.73	1,152.72
Total			100.00	6,110.19
Average				61.10

**Schedule SB, Line 15 – Reconciliation of differences between valuation results
and amounts used to calculate AFTAP**

For the 2013 AFTAP of 90.00% certified September 30, 2014:

- The determination of the adjusted funding target attainment percentage incorporated a target liability reduction of \$14,718,302 to adjust liabilities for a plan amendment allowing lump sums to be paid to certain terminated vested participants who elected to receive their benefits as part of a lump sum window occurring prior to the plan year ending September 30, 2014, resulting in an adjusted funding target liability of \$1,311,546,580 and an AFTAP of 90.00%.

Schedule SB, Line 43 – Explanation of Excess Installment Acceleration Amount

2014 excess compensation has not yet been specifically determined. However, based on actual and projected excess compensation reported to date from 2010 through 2014, the total excess compensation paid since 2010 exceeds the maximum funding relief available under the election made for the 2010 plan year. As such, the amount shown includes the excess amount of \$23,510,835 in funding relief that remains to be recognized via acceleration adjustments from October 1, 2014 through December 31, 2016.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2013****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2013 or fiscal plan year beginning **10/01/2013** and ending **09/30/2014**

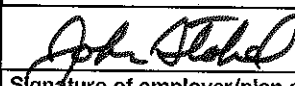
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ▶ ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan ROCK-TENN COMPANY PENSION PLAN FOR CERTAIN SALARIED EMPLOYEES (SSCC)	1b Three-digit plan number (PN) ▶ 026
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ROCK-TENN COMPANY 504 THRASHER STREET NORCROSS GA 30071	1c Effective date of plan 09/01/1948
	2b Employer Identification Number (EIN) 62-0342590
	2c Sponsor's telephone number 770-448-2193
	2d Business code (see instructions) 322100

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

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

SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7-1-2015	SVP & Treasurer
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) STEVEN MURPHY MOORE, COLSON & COMPANY, P.C. 1640 POWERS FERRY RD, BLDG 11 MARIETTA GA 30067			Preparer's telephone number (optional)

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

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	18,094
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants	6a	1,443
b Retired or separated participants receiving benefits	6b	9,063
c Other retired or separated participants entitled to future benefits	6c	3,250
d Subtotal. Add lines 6a, 6b, and 6c	6d	13,756
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1,301
f Total. Add lines 6d and 6e	6f	15,057
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached.
 (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>10/01/2013</u> and ending <u>09/30/2014</u>		

► **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 ROCK-TENN COMPANY PENSION PLAN FOR CERTAIN SALARIED EMPLOYEES (SSCC)	B Three-digit plan number (PN) ►	026
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ROCK-TENN COMPANY	D Employer Identification Number (EIN) 62-0342590	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a	1198992382	
b Actuarial value	2b	1186309668	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	8839	857018495
b For terminated vested participants	3b	7660	337307249
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		131939138
(3) Total active	3c(3)	1595	131939138
d Total	3d	18094	1326264882
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.59%	
6 Target normal cost	6	10035501	

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	<u>JCH</u> Signature of actuary JOHN C. HALL, M.A.A.A. Type or print name of actuary MERCER Firm name 1050 CONNECTICUT AVE NW, SUITE 700 WASHINGTON DC 20036 Address of the firm	<u>6/29/2015</u> Date 1407090 Most recent enrollment number 202-331-2551 Telephone number (including area code)
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Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment: 7.16% ☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	10035501
b Excess assets, if applicable, but not greater than line 31a		31b	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	145827067	66127155	
b Waiver amortization installment			
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	76162656
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	77085	5794768	5871853
36 Additional cash requirement (line 34 minus line 35).....		36	70290803
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	80260641
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	9969838
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	5871853
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☒ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☒ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42 10449260	
43 Excess installment acceleration amount to be carried over to future plan years		43 23510835	