

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>03/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ 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 CONSOLIDATED PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>016</u>
		1c Effective date of plan	<u>01/01/1988</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>WESTROCK RKT COMPANY</u>		
		2b Employer Identification Number (EIN)	<u>62-0342590</u>
		2c Plan Sponsor's telephone number	<u>770-448-2193</u>
		2d Business code (see instructions)	<u>322200</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)			Preparer's telephone 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>			

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name ROCK-TENN COMPANY		4b EIN 62-0342590	
		4c PN 016	
5 Total number of participants at the beginning of the plan year		5	7904
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	3025
a(2) Total number of active participants at the end of the plan year		6a(2)	
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
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	28
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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 03/31/2015

Round off amounts to nearest dollar.

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

A Name of plan ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN		B Three-digit plan number (PN)	016
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WESTROCK RKT 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 10 Day 01 Year 2014			
2 Assets:			
a Market value	2a	350243870	
b Actuarial value	2b	348059913	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3354	191054196	191054196
b For terminated vested participants	1525	42935422	42935422
c For active participants	3025	143898973	150503335
d Total	7904	377888591	384492953
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	6.53%	
6 Target normal cost	6	5170447	

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		12/18/2015
Signature of actuary		Date
ANTHONY WAGMAN		14-07407
Type or print name of actuary		Most recent enrollment number
MERCER		404-442-3100
Firm name		Telephone number (including area code)
3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>9.03</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3157
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.70</u> %		212
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		3369
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	90.52 %
15 Adjusted funding target attainment percentage	15	90.24 %
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	95.60 %
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
01/12/2015	3200000				
04/13/2015	5440000				
Totals ▶			18(b)	8640000	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	8403526
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
0	0	0
0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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	5170447	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	36433040	3223998	
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	8394445	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	8394445	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	8403526	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	9081	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 03/31/2015

A Name of plan <u>ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTROCK RKT 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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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

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 MANAGEMENT	371903	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION RESOURCE GROUP

58-2194059

(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?
14	ADMINISTRATOR	231095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	102784	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)

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	25521	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 MANAGEMENT	21627	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 MANAGEMENT	6700	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)

MAZURSKY & CONSTANTINE LLC

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	5232	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:

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>03/31/2015</u>		
A Name of plan <u>ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN</u>		B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTROCK RKT COMPANY</u>		D Employer Identification Number (EIN) <u>62-0342590</u>

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)	13555000	0
(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)	337167641	0
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	350722641	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	630363	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	630363	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	350092278	0
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8640000	
(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)		8640000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		

(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)		15158646
(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		23798646

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10948505	
(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)		10948505
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)	32048	
(2) Contract administrator fees.....	2i(2)	231095	
(3) Investment advisory and management fees.....	2i(3)	520555	
(4) Other.....	2i(4)	1128654	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1912352
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12860857

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		10937789
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		361030067

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)
ROCK-TENN COMPANY PENSION PLAN FOR CERTAIN HOURLY EMPLOYEES (SSCC)	62-0342590	027

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 03/31/2015

A Name of plan <u>ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTROCK RKT 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>13</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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- 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
CONSOLIDATED PENSION PLAN**

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

**AS OF MARCH 31, 2015 AND
SEPTEMBER 30, 2014 AND FOR
THE PERIOD ENDED MARCH 31, 2015
AND FOR THE YEAR ENDED
SEPTEMBER 30, 2014**

ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Rock-Tenn Company Consolidated Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Rock-Tenn Company Consolidated Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2015 and September 30, 2014, and the related statements of changes in net assets available for benefits for the period ended March 31, 2015 and for the year ended September 30, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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 March 31, 2015 and September 30, 2014, and for the period ended March 31, 2015 and for the year ended September 30, 2014, 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 .

p 770.989.0028

f 770.989.0201

1640 powers ferry road

governor's ridge

building 11

suite 300

marietta, ga 30067

www.moorecolson.com

Disclaimer of Opinion

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

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

The form and content of the information included in the financial statements, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, 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
January 15, 2016

ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MARCH 31, 2015 AND SEPTEMBER 30, 2014

	<u>2015 *</u>	<u>2014</u>
<u>ASSETS</u>		
ASSETS:		
Investment in Rock-Tenn Company Master Retirement Trust, at fair value	\$ -	\$ 337,167,641
Employer contributions receivable	<u>-</u>	<u>13,555,000</u>
Total assets	<u>-</u>	<u>350,722,641</u>
<u>LIABILITIES</u>		
LIABILITIES -		
Accrued expenses	<u>-</u>	<u>630,363</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 350,092,278</u>

* Effective March 31, 2015, the Plan was merged with and into the Rock-Tenn Company Pension Plan for Certain Hourly Employees (SSCC). See Note 1A.

See notes to financial statements.

ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE PERIOD ENDED MARCH 31, 2015
AND FOR THE YEAR ENDED SEPTEMBER 30, 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer contributions	\$ 8,640,000	\$ 13,555,000
Plan interest in Rock-Tenn Company Master Retirement Trust investment income	<u>15,158,646</u>	<u>35,672,734</u>
Total additions	<u>23,798,646</u>	<u>49,227,734</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid, including lump-sum payments	10,948,505	86,835,133
Administrative expenses	<u>1,912,352</u>	<u>4,587,400</u>
Total deductions	<u>12,860,857</u>	<u>91,422,533</u>
INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	10,937,789	(42,194,799)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF THE YEAR	350,092,278	392,287,077
ASSETS TRANSFERRED TO QUALIFIED PLAN (Note 1A)	<u>(361,030,067)</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF THE YEAR	<u>\$ -</u>	<u>\$ 350,092,278</u>

See notes to financial statements.

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1. DESCRIPTION OF PLAN

The following description of the Rock-Tenn Company Consolidated Pension Plan (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

Until March 31, 2015, Rock-Tenn Company (the “Company” or “Plan Sponsor”) sponsored the Plan, formerly known as the Rock-Tenn Company Pension Plan for Certain Wage Hour Employees. The Plan was a non-contributory defined benefit plan covering a substantial portion of employees of the Company and its subsidiaries that are specifically listed in the plan document. Eligible participants must complete one year of vested service and be at least 21 years of age. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Effective March 31, 2015, the Plan Sponsor merged the Plan with and into the Rock-Tenn Company Pension Plan for Certain Hourly Employees (SSCC) (the “Hourly Plan”). Net assets totaling \$361,030,067 were transferred from the Plan to the Hourly Plan in connection with the merger and are included in assets transferred to qualified plans on the statement of changes in net assets available for benefits. The merger will not affect participant pension benefits as the Hourly Plan was amended effective March 31, 2015, to incorporate the benefit provisions of the Plan. On March 31, 2015, the Hourly Plan was renamed the Rock-Tenn Company Consolidated Pension Plan (the “Surviving Plan”).

B. Benefits and Vesting

The Plan provides normal retirement benefits for its participants as of the first day of the month following the attainment of age 65. Early retirement benefits are provided to eligible participants as early as age 55 and extended retirement benefits are provided for those electing continued employment past normal retirement. Accrued benefits are fully vested upon completion of five years of service.

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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

For the year ended September 30, 2014, all of the Plan's assets were held in the Rock-Tenn Company Master Retirement Trust ("Master Trust"). For the year ended September 30, 2014, the 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). As a result of the merger on March 31, 2015, the Plan's assets, along with the assets of the Rock-Tenn Company Pension Plan for Certain Salaried Employees (SSCC), were transferred to the Surviving Plan at which time the Master Trust held assets on behalf of the Surviving Plan and the RTS Packaging, LLC Consolidated Pension Plan.

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.

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 after its year-end, b) the Company's final contributions generally made in May or June following its year-end and prior to the Company's June 15th tax return deadline, and c) any additional contributions made by the Company after year-end to meet applicable funding targets.

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2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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 net asset balances.

E. Payment of Benefits

Benefit payments are recorded when distributed.

F. Risks and Uncertainties

The Plan invests in various investment securities 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.

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. The accumulated plan benefits are based on the monthly benefit amount designated by the Plan and in effect at the valuation date. 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.

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2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

The significant actuarial assumptions used in the valuations as of October 1, 2014 and 2013 were as follows:

	<u>2014</u>	<u>2013</u>
Interest Rate	4.54%	5.19%
Mortality Table	<ul style="list-style-type: none"> • Hourly males: RP-2014 separate employee and retiree mortality tables with Blue Collar Distinction, backed off with MP-2014 mortality improvements to 2012 with a 107.5% load and generational improvement scale MSS-2007 • Salaried males: RP-2014 separate employee and retiree mortality tables with White Collar Distinction, backed off with MP-2014 mortality improvements to 2012 with a 105% load and generational improvement scale MSS-2007 • Hourly females: RP-2014 separate employee and retiree mortality tables with Blue Collar Distinction, backed off with MP-2014 mortality improvements to 2012 with a 130% load and generational improvement scale MSS-2007 	<ul style="list-style-type: none"> • RP - 2000 with White Collar Adjustment projected with generational mortality improvements using Scale AA for salaried participants • RP - 2000 with Blue Collar Adjustment projected with generational mortality improvements using Scale AA for hourly participants

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2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

	<u>2014</u>	<u>2013</u>
Mortality Table	<ul style="list-style-type: none"> • Salaried females: RP-2014 separate employee and retiree mortality tables with White Collar Distinction, backed off with MP-2014 mortality improvements to 2012 with a 113% load and generational improvement scale MSS-2007 	
Employee Turnover	A moderate scale consistent with the Company's experience	
Retirement Age	Active participants - Ages 55 to 70, at specific percentage rates from 1% to 100% Terminated vested participants - Age 62 or current age, if later	Active participants - Ages 55 to 70, at specific percentage rates from 2% to 100% Terminated vested participants - Age 61 or 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.

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3. INVESTMENT IN ROCK-TENN COMPANY MASTER RETIREMENT TRUST

As described in Note 1, prior to the merger of Plan assets with and into the Surviving Plan, the Plan assets were held in the Master Trust under the terms of a trust agreement. The Northern Trust Company is the Trustee of the Plan for the period ended March 31, 2015 and for the year ended September 30, 2014. 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. Prior to the merger, each participating plan had 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 was 0.00% and 12.61% at March 31, 2015 and September 30, 2014, respectively. The condensed statement 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 March 31, 2015 and September 30, 2014.

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)

- (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.
- (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; residual growth rate assumptions ranging from 1.5% to 4.0% for 2014; revenue growth rates ranging from 2.7% to 6.3% for 2014; and EBITDA of market comparable companies with multiples ranging from 6.8 to 10.0 for 2014. 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.

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4. FAIR VALUE MEASUREMENTS (Continued)

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.

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 year ended September 30, 2014:

	<u>2014</u>
Fair Value, beginning of year	\$ 39,643,552
Unrealized Losses relating to investments still held at year-end	(7,817,596)
Realized Gains	9,795,500
Purchases	3,483,181
Sales	<u>(18,212,506)</u>
Fair Value, end of year	<u>\$ 26,892,131</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:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
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	<u>63,284,899</u>	<u>-</u>	Monthly	5 days
	<u>361,718,956</u>	<u>-</u>		
Hedged equity:				
Goldman Sachs Global Lower Beta Equity Fund Class IO Shares	<u>228,072,871</u>	<u>-</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>	<u>-</u>	Monthly	10 days
	<u>208,955,332</u>	<u>-</u>		
Non-U.S. corporate bonds:				
Wellington Emerging Market Debt Local	<u>40,187,539</u>	<u>-</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>	<u>-</u>	Daily	5 days
Alternative investments:				
Goldman Sachs Multi-Strategy Portfolio Rock-Tenn, Ltd.- Class A	<u>261,797,839</u>	<u>-</u>	Quarterly	91 days
Total	<u>\$ 1,333,513,391</u>	<u>\$ -</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:

	<u>2014</u>
Alternative investments -	
Goldman Sachs Multi-Strategy Portfolio Rock-Tenn, Ltd. - Class A	\$ 261,797,839
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
U.S. corporate bonds -	
SSgA Long U.S. Credit Index NL Fund	174,311,338
Non-U.S. equities -	
Emerging Markets Equity Managers: Portfolio 1 (ERISA) - Class 1	168,350,434

5. INFORMATION CERTIFIED BY TRUSTEE

For the period ended March 31, 2015 and for the year ended September 30, 2014, 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 Plan administrator has obtained a certification from the Trustee that the following information included in the Master Trust's financial statements is complete and accurate. Although the Plan held no interest in the Master Trust's investments as of March 31, 2015, the Master Trust did hold investments as of the period end date for other participating plans.

	<u>September 30, 2014</u>
Statement of Net Assets Available for Benefits:	
Investments:	
Equity securities	\$ 255,454,319
Fixed income securities	759,773,446
Short-term investments	292,702,945
Other investments	-
Total certified investments	<u>\$1,307,930,710</u>

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5. INFORMATION CERTIFIED BY TRUSTEE (Continued)

	March 31, 2015	September 30, 2014
Statements of Changes in Net Assets Available for Benefits:		
Net appreciation (depreciation) of certified investments:		
Equity securities	\$ 58,532,118	\$ 43,598,329
Fixed income securities	15,788,767	53,870,786
Other investments	<u>(17,973,173)</u>	<u>(2,617,785)</u>
Total net appreciation of investments from certified investments	<u>\$ 56,347,712</u>	<u>\$ 94,851,330</u>
Dividends and interest from certified investments	<u>\$ 18,634,579</u>	<u>\$ 40,616,821</u>

Additionally, the information in Note 10 was prepared by the Trustee and furnished to the Plan administrator.

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 period ended March 31, 2015 and for the year ended September 30, 2014.

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.

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7. PLAN TERMINATION (Continued)

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.

As of March 31, 2015, the Plan has not been terminated but its related obligation and all accumulated plan benefits have been transferred to the Surviving Plan.

8. ACCUMULATED PLAN BENEFITS OBLIGATION

The present value of accumulated plan benefits obligation as determined by the actuary as of October 1, 2014 and 2013 is as follows:

	October 1,	
	2014	2013
Vested benefits:		
Active participants	\$ 208,557,159	\$ 178,112,075
Inactive participants with deferred benefits	60,255,884	111,883,270
Inactive participants receiving benefits	<u>220,739,663</u>	<u>191,900,215</u>
	489,552,706	481,895,560
Non-vested benefits	<u>11,343,376</u>	<u>8,921,868</u>
Total actuarial present value of accumulated plan benefits obligation	<u>\$ 500,896,082</u>	<u>\$ 490,817,428</u>

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

Actuarial present value of accumulated plan benefits obligation at October 1, 2013	\$ 490,817,428
Assumption changes (primarily discount rate change)	50,521,480
Change in plan provisions	30,286
Interest due as a result of the decrease in the discount period	23,233,475
Benefits paid	(86,835,133)
Benefits accumulated and (gains) losses	<u>23,128,546</u>
Actuarial present value of accumulated plan benefits obligation at October 1, 2014	<u>\$ 500,896,082</u>

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8. ACCUMULATED PLAN BENEFITS OBLIGATION (Continued)

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 March 28, 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.

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 March 31, 2015, 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.

ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF MARCH 31, 2015 AND SEPTEMBER 30, 2014 AND
FOR THE PERIOD ENDED MARCH 31, 2015 AND
FOR THE YEAR ENDED SEPTEMBER 30, 2014

10. MASTER TRUST STATEMENTS

The condensed statement of net assets for the Master Trust as of September 30, 2014 is as follows:

Investments, at fair value:	
Equity securities	\$ 845,246,145
Fixed income securities	1,015,238,779
Short-term investments	292,702,945
Other investments	<u>521,470,815</u>
Net assets	<u>\$ 2,674,658,684</u>

The condensed statement of changes in net assets for the Master Trust for the period ended March 31, 2015 is as follows:

Investment income:	
Interest	\$ 16,580,485
Dividends	3,983,476
Net appreciation in fair value of investments:	
Equity securities	69,069,215
Fixed income securities	23,548,482
Other investments	2,503,957
Administrative expenses	(8,658,046)
Contribution received by Master Trust	40,800,000
Benefits paid from Master Trust, including lump-sum payments	<u>(233,303,592)</u>
Decrease in net assets	(85,476,023)
Net assets at beginning of year	<u>2,674,658,684</u>
Net assets at end of year	<u>\$ 2,589,182,661</u>

ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF MARCH 31, 2015 AND SEPTEMBER 30, 2014 AND
FOR THE PERIOD ENDED MARCH 31, 2015 AND
FOR THE YEAR ENDED SEPTEMBER 30, 2014

10. MASTER TRUST STATEMENTS (Continued)

The condensed statement of changes in net assets for the Master Trust for the year ended September 30, 2014 is as follows:

Investment income:	
Interest	\$ 40,234,465
Dividends	7,984,428
Net appreciation in fair value of investments:	
Equity securities	91,842,053
Fixed income securities	79,815,003
Other investments	23,284,121
Administrative expenses	(33,954,208)
Contribution received by Master Trust	164,032,000
Benefits paid from Master Trust, including lump-sum payments	<u>(397,977,819)</u>
Decrease in net assets	(24,739,957)
Net assets at beginning of year	<u>2,699,398,641</u>
Net assets at end of year	<u>\$ 2,674,658,684</u>

For the period ended March 31, 2015 and the year ended September 30, 2014, net appreciation (depreciation) in fair value of investments consisted of the following:

	2015		
	Fair Value Hierarchy		
	Level 1	Level 2 and 3	Total
Equity securities	\$ 27,898,878	\$ 41,170,337	\$ 69,069,215
Fixed income securities	(7,623,835)	31,172,317	23,548,482
Other investments	<u>(14,531,067)</u>	<u>17,035,024</u>	<u>2,503,957</u>
	<u>\$ 5,743,976</u>	<u>\$ 89,377,678</u>	<u>\$ 95,121,654</u>

ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF MARCH 31, 2015 AND SEPTEMBER 30, 2014 AND
FOR THE PERIOD ENDED MARCH 31, 2015 AND
FOR THE YEAR ENDED SEPTEMBER 30, 2014

10. MASTER TRUST STATEMENTS (Continued)

	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>

11. PARTY-IN-INTEREST TRANSACTIONS

The Plan invested in the Master Trust managed by The Northern Trust Company (“Northern Trust”). Northern Trust was the Trustee as defined by the Plan, and therefore, the Plan’s transactions with Northern Trust qualified as exempt party-in-interest transactions. Fees paid by the Plan to Northern Trust for custodial and other services are included in administrative expenses.

12. SUBSEQUENT EVENTS

Effective July 1, 2015, following a merger combination of Rock-Tenn Company and MeadWestvaco Corporation, WestRock Company was formed.

Effective October 1, 2015, the MeadWestvaco Corporation Master Retirement Trust merged with and into the Rock-Tenn Company Master Retirement Trust, which was concurrently renamed the WestRock Company Master Retirement Trust.

The Plan has evaluated subsequent events through January 15, 2016, the date which the financial statements were available to be issued, and there are no other disclosable events.

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions**

Effective September 30, 2010, the Rock-Tenn Company Pension Plan for Certain Employees Covered Under Collectively Bargained Agreements and the Rock-Tenn Company Pension Plan were merged into the Rock-Tenn Company Pension Plan for Certain Wage Hour Employees and the name of the merged plan was changed to the Rock-Tenn Company Consolidated Pension Plan. Effective March 31, 2015, the Rock-Tenn Company Consolidated Pension Plan merged with the Rock-Tenn Company Pension Plan for Certain Hourly Employees (SSCC) and the Rock-Tenn Company Pension Plan for Certain Salaried Employees (SSCC). The resulting plan is named the Rock-Tenn Company Consolidated Pension Plan.

After each plan merger, current and future plan participants will accrue benefits under the component plan in which they participated or would have participated prior to the merger. Shown below is a summary of the major plan provisions of each component plan.

The Plan was amended to temporarily allow certain eligible terminated vested participants to receive their benefits from the Plan in the form of a lump sum payment on September 1, 2014. The window to elect this lump sum expired in August 2014. 2,047 participants elected the lump sum.

Schedule SB, Part V — Summary of Plan Provisions**RockTenn Company Consolidated Pension Plan – Benefit Multiplier Component**

Effective date and plan year	October 1, 2010 Plan year: October 1 through September 30
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	
— Cincinnati Mill	Hourly paid employees of the Specialty Paperboard Mill Division NCF&O Local #7 or the Specialty Paperboard Mill Division, PACE Local #5-0518 in the Cincinnati Mill beginning January 1, 1988.
— Lynchburg Mill	Hourly paid employees of the Lynchburg Mill beginning January 1, 1988.
— Missisquoi Mill	Hourly paid employees of the Missisquoi Mill beginning May 1, 1991.
— Eutaw Folding	Hourly paid employees of the Eutaw Folding Plant beginning October 1, 1991.
— Dallas Mill	Hourly paid plant production or maintenance Employees in the Dallas Mill.
— Chattanooga Mill	Employees who are paid on a weekly, hourly or piece work basis or who are truck drivers at the Chattanooga Mill plant or who are carried on the Chattanooga Mill's payroll under its usual personnel policy.
— Stroudsburg Mill	Hourly paid production, maintenance or truck driver Employees, other than Employees hired after December 1, 2010 or rehired after May 19, 2011, at the Stroudsburg Mill Plant who are subject to either a collective bargaining agreement between Rock-Tenn Company and (1) the PACE, Local 1130 or (2) the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America, Local 773 and who did not elect to participate only in Rock-Tenn Company 401(k) Retirement Savings Plan beginning June 1, 2011.
— Aurora Converting	Hourly paid employees of Aurora Converting beginning July 9, 1997.
— Demopolis	Specifically identified employees who were employed at the Gulf States Demopolis Plant on June 5, 2005 and remain continuously employed with the company.
• The following are covered under the plan, but have no active employees as of the valuation date:	
— Ostego Mill	Hourly paid employees of the Otsego Mill beginning January 1, 1988.
— Macon Plant	Hourly paid employees at the Macon Plant and hourly paid employees at Macon Partition.
— Dallas Partition	Hourly paid employees of the Dallas Partition.

Schedule SB, Part V — Summary of Plan Provisions

— Dallas Specialty	Hourly paid plant production or maintenance employees in the Dallas Specialty Product Plant.
— Milwaukee Partition Plant	Hourly paid participants of the Milwaukee Partition Plan who terminated employment or retired on or before October 31, 1993.
— Jersey City Mill	Hourly paid employees of the Jersey City Mill.
— Vineland Converting Plant	Hourly paid employees of the Vineland Converting Plant.
— Lynchburg Converting	Hourly paid employees of the Lynchburg converting facility.
— Ostego Converting	Hourly paid employees of the Ostego Converting facility.
— Madison	Hourly paid employees of the Madison Wisconsin Folding Carton Plant.
— Wright City Converting	Hourly paid employees of Wright City Converting beginning November 1, 2002.
• Participation	Covered employees are eligible on the April 1 or October 1 following the completion of one year of vesting service.
• Vesting service	Service from date of hire
• Credited service	<p><u>Lynchburg Mill, Cincinnati Mill, Otsego Mill, Macon Plant and Macon Converting:</u> Service from the later of date of hire or January 1, 1988. There is a maximum of 40 years of credited service for the Cincinnati Mill.</p> <p><u>Eutaw Folding:</u> Service from the later of date of hire or January 1, 1985. For retirements before January 1, 2015, there is a maximum of 30 years of credited service for this location.</p> <p><u>Missisquoi Mill:</u> Service from the later of date of hire or January 1, 1991.</p> <p><u>Dallas Mill:</u> Service from date of hire.</p> <p><u>Dallas Specialty, Chattanooga Mill and Stroudsburg Mill:</u> Service from the later of date of hire or October 1, 1973. There is a maximum of 30 years of credited service for Stroudsburg Mill Participants subject to Teamsters Agreement.</p> <p><u>Aurora Converting:</u> Service from the later of date of hire or July, 1997.</p> <p><u>Wright City Converting:</u> Service from the later of date of hire or November 1, 2002.</p> <p><u>Demopolis:</u> Service from the later of date of hire or June 6, 2005.</p>

Schedule SB, Part V — Summary of Plan Provisions

• Benefit unit	Lynchburg Mill	Date of termination	Benefit Unit
		09/16/06 – 12/31/08	\$36.70
		01/01/09 – 12/21/09	\$37.70
		01/01/10 – 12/31/10	\$38.70
		01/01/11 – 12/31/13	\$39.70
		01/01/14 – 12/31/14	\$40.70
• Benefit unit (continued)	Cincinnati Mill (NCF&O)	04/21/03 – 04/20/04	\$29.00
		04/21/04 – 04/20/05	\$29.50
		04/21/05 – 10/29/06	\$30.50
		10/30/06 – 12/02/13	\$31.50
		12/03/13 – 12/02/14	\$32.50
		12/03/14 –	\$33.50
	Cincinnati Mill (USW)	04/21/03 – 04/20/04	\$29.00
		04/21/04 – 04/20/05	\$29.50
		04/21/05 – 10/29/06	\$30.50
		10/30/06 – 12/02/12	\$31.50
		12/03/12 – 12/02/13	\$32.50
		12/03/13 –	\$33.50
	Otsego Mill	08/01/03 –	\$31.00
	Macon Converting	12/01/02 – 11/30/03	\$26.00
		12/01/03 – 11/30/04	\$27.00
		12/01/04 – 08/15/06	\$28.00
		08/16/06 –	\$29.00
	Eutaw Folding	10/01/03 – 09/30/07	\$22.00
		10/01/07 – 01/31/12	\$23.00
		02/01/12 – 01/31/13	\$23.50
		02/01/13 – 01/31/14	\$24.00
		02/01/14 – 12/31/14	\$24.50

Schedule SB, Part V — Summary of Plan Provisions

		Date of termination	Benefit Unit
• Benefit unit	Dallas Mill	02/01/03 – 01/31/04	\$30.00
		02/01/04 – 01/31/05	\$30.50
		02/01/05 – 01/31/06	\$31.00
		02/01/06 – 01/31/07	\$32.00
		02/01/07 – 03/29/10	\$33.00
		03/30/10 – 03/31/11	\$33.50
		04/01/11 – 3/31/12	\$34.00
		04/01/12 – 3/31/13	\$34.50
		04/01/13 – 12/31/14	\$35.00
	Dallas Specialty	09/19/03 –	\$29.00
	Chattanooga Mill (#519)	02/28/09 – 06/30/09	\$36.00
		07/01/09 – 06/30/10	\$36.50
		07/01/10 – 06/30/11	\$37.00
		07/01/11 – 09/30/12	\$38.00
		10/01/12 – 08/31/13	\$39.00
		09/01/13 –	\$40.00
	Chattanooga Mill (#362)	01/09/09 – 08/31/09	\$36.00
		09/01/09 – 08/31/10	\$36.50
		09/01/10 – 08/31/11	\$37.00
		09/01/11 – 07/22/12	\$38.00
		07/23/12 – 07/21/13	\$39.00
		07/22/13 – 12/31/14	\$40.00
	Stroudsburg Mill (Teamsters)	11/01/02 – 10/31/03	\$29.00
		11/01/03 – 10/31/04	\$30.00
		11/01/04 – 10/31/05	\$31.00
		11/01/05 – 10/31/06	\$32.00
		11/01/06 – 01/17/08	\$33.00
		01/18/08 –	\$34.00

Schedule SB, Part V — Summary of Plan Provisions

	Stroudsburg Mill (USW)	Date of termination	Benefit Unit
		10/13/02 – 10/12/03	\$29.00
		10/13/03 – 10/12/04	\$30.00
		10/13/04 – 10/12/05	\$31.00
		10/13/05 – 10/12/06	\$32.00
		10/13/06 – 10/31/07	\$33.00
		11/01/07 – 11/17/10	\$34.00
		11/18/10 – 10/12/11	\$34.50
		10/13/11 – 10/12/12	\$35.00
		10/13/12 – 12/31/14	\$35.50
<hr/>			
• Benefit unit	Aurora Converting	06/01/02 – 07/22/07	\$21.00
		07/23/07 – 07/15/10	\$22.00
		07/16/10 – 05/30/11	\$23.00
		05/31/11 – 12/31/14	\$23.75
<hr/>			
	Wright City Converting	11/01/02 –	\$12.00
	Missisquoi Mill	05/01/05 – 12/08/06	\$34.00
		12/09/06 – 04/30/07	\$35.00
		05/01/07 – 12/20/09	\$36.00
		12/21/09 – 12/10/10	\$37.00
		12/11/10 – 12/10/14	\$37.75

Former PIUMPF employees who were not vested in the PIUMPF plan as of 5/01/1991 are further entitled to an additional \$17.00 per month for each year of credited service prior to 5/01/1991, but not to exceed \$85.00.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit unit (continued)	Demopolis	Applicable to service beginning June 6, 2005:	
		01/07/09 – 01/06/10	\$42.00
		01/07/10 – 01/06/11	\$43.00
		01/07/11 – 01/06/13	\$44.00
		01/07/13 – 12/31/14	\$45.00
		Applicable to service prior to June 6, 2005:	
		01/07/09 – 01/06/10	\$3.00
		01/07/10 – 01/06/11	\$4.00
		01/07/11 – 01/06/13	\$5.00
		01/07/13 – 12/31/14	\$6.00
<hr/>			
• Accrued benefit	Applicable Benefit Unit multiplied by years of credited service.		
• Actuarial equivalence for non-lump sum forms of payments	Based on an interest rate of 5% and the 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries.		
• Actuarial equivalence for lump sum forms of payment	Based on Section 417(e) of the Code.		
<hr/>			
Normal retirement			
• Eligibility	<u>Chattanooga Mill:</u> Retirement from active service at age 62 (age 65 if participant's date of employment is after July 1, 1988) <u>All other groups:</u> Retirement from active service at age 65.		
• Benefit	Accrued benefit at date of retirement.		

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
• Eligibility	<u>Stroudsburg Mill:</u> Age 55 and 10 years of vesting service. <u>Demopolis:</u> Age 55 and 15 years of vesting service. <u>All other groups:</u> Age 55 and 20 years of vesting service.
• Benefit	<u>Demopolis:</u> Accrued benefit and date of termination reduced by 3% per year that retirement precedes age 65 or without reduction if employee has attained age 62 and completed 25 years vesting service. <u>All other groups:</u> Accrued benefit at date of termination actuarially reduced for early payment.
Late retirement	
• Eligibility	Retirement from active service after normal retirement age.
• Benefit	Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.
Deferred vested	
• Eligibility	The earlier of the completion of 5 years of vesting service or the attainment of age 65.
• Benefit	Accrued benefit at date of termination payable at normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Disability											
• Eligibility	<p><u>Missisquoi Mill</u>: Five years of vesting service.</p> <p><u>Demopolis</u>: Immediately if disability is work related or after 12 years of vesting service if disability is not work related.</p> <p><u>All other groups</u>: Immediately</p>										
• Benefit	<p><u>Lynchburg Mill</u>: The greater of a monthly benefit of \$300.00 and the accrued benefit payable upon disability and actuarially reduced if less than 15 years of vesting service.</p> <p><u>Cincinnati Mill</u>: The greater of a monthly benefit of \$225.00 and the accrued benefit payable upon disability.</p> <p><u>Otsego Mill</u>: The greater of a monthly benefit of \$150.00 and the accrued benefit payable upon disability.</p> <p><u>Macon Converting</u>: The greater of a monthly benefit of \$150.00 and the accrued Benefit payable upon disability and actuarially reduced if less than 15 years of vesting service.</p> <p><u>Missisquoi Mill</u>: Accrued benefit payable upon disability. For participants employed at May 1, 1991 who participated in the PIUMPF plan at April 30, 1991, there is a minimum disability benefit as follows:</p> <table> <tr> <th>Years of vesting service</th><th>Minimum monthly amount</th></tr> <tr> <td>5 – 10</td><td>\$170.00</td></tr> <tr> <td>11 – 15</td><td>\$255.00</td></tr> <tr> <td>16 – 20</td><td>\$340.00</td></tr> <tr> <td>21 or more</td><td>\$425.00</td></tr> </table> <p><u>Demopolis</u>: Benefit amount if work related - Benefit unit times benefit service as follows:</p> <ol style="list-style-type: none"> if employed before age 53, the greater of actual benefit service or 12 years; or if employed on or after age 53, the number of years from employment date to normal retirement date. <p>Benefit amount if not work related - Accrued benefit payable upon disability.</p> <p><u>All other groups</u>: Accrued benefit payable upon disability. Not available to groups without active participants.</p>	Years of vesting service	Minimum monthly amount	5 – 10	\$170.00	11 – 15	\$255.00	16 – 20	\$340.00	21 or more	\$425.00
Years of vesting service	Minimum monthly amount										
5 – 10	\$170.00										
11 – 15	\$255.00										
16 – 20	\$340.00										
21 or more	\$425.00										

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
• Eligibility	Five years of vesting service
• Benefit	<p><u>Dallas Mill & Dallas Specialty:</u> 50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at age 65. Also, if eligible, a \$1,500 lump sum death benefit (prorated for credited service at normal retirement).</p> <p><u>Chattanooga Mill:</u> 50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at his normal retirement age. Also, if eligible, a \$5,000 lump sum death benefit (prorated for credit service at normal retirement).</p> <p><u>All other groups:</u> 50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at age 65.</p> <p>The surviving spouse may elect earlier payment under the same terms that would have applied to the participant.</p>
Form of benefits	
• Automatic form for unmarried participants	Single life annuity
• Automatic form for married participants	Joint and 50% survivor annuity
• Optional forms	Ten year certain and continuous annuity, single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, five or ten year installment annuity, social security level income annuity.
• Optional form conversion factors	All optional forms are the actuarial equivalent of the single life annuity option. See above for actuarial equivalence definitions.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2014, the limit is \$210,000.

Schedule SB, Part V — Summary of Plan Provisions**RockTenn Company Consolidated Pension Plan – Career Average Benefits Component**

Effective date and plan year	October 1, 2010 Plan year: October 1 through September 30
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	Union employees of Rock-Tenn Company who are covered by a collective bargaining agreement which provides for participation in the plan.
• Participation	Covered employees are eligible on the entry date following attainment of age 21 and completion of one year of service. Entry dates are October 1, January 1, April 1 and July 1.
• Vesting service	Service from date of hire. An employee will receive credit for a month of vesting service if at least one hour of service is earned in a calendar month.
• Pensionable earnings	Base pay for salaried employees and total pay for hourly paid employees.
• Accrued benefit	<p>The sum of the Waldorf Portion and the Formula Portion.</p> <p><u>Waldorf:</u> The frozen accrued benefit under the Waldorf pension plan that transferred to this plan on December 31, 1997.</p> <p><u>Formula:</u> The sum of a and b, as follows:</p> <p>a. 1.2% of pensionable earnings for each year after 1997, and</p> <p>b. 0.5% of pensionable earnings in excess of 50% of the social security wage base (if any) for each year after 1997.</p> <p><u>Battle Creek</u> – The sum of the Waldorf Pension, the Formula portion determined as of February 28, 2014 and 1.0% of pensionable earnings earned on or after March 1, 2014.</p>
• Actuarial equivalence for non-lump sum forms of payments	Based on an interest rate of 7% and the 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries. Participants with a Waldorf Plan benefit as of December 31, 1997 will have the actuarial equivalent factors under the Waldorf Plan as of December 31, 1997 applied to the accrued benefit at December 31, 1997 if it produces a higher benefit.

Schedule SB, Part V — Summary of Plan Provisions

• Actuarial equivalence for lump sum forms of payment	Based on Section 417(e) of the Code.
Normal retirement	
• Eligibility	Retirement from active service at age 65.
• Benefit	Accrued benefit at normal retirement date.
Early retirement	
• Eligibility	Age 55 and 10 years of vesting service.
• Benefit	The accrued benefit at date of retirement reduced by 5% per year prior to age 65.
Late retirement	
• Eligibility	Retirement from active service after age 65.
• Benefit	Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.
Deferred vested	
• Eligibility	Termination of employment after completing five years of vesting service or attaining age 65.
• Benefit	Accrued benefit at date of termination payable at normal retirement date. Participants with at least 10 years of vesting service at termination may elect to begin payments as early as age 55, in which case the benefit amount is reduced to the actuarial equivalent of the benefit payable at age 65.
Disability	
• Eligibility	Immediate upon disability.
• Benefit	Benefit accruals continue during the period of disability until age 65 at the rate of compensation in effect at the time of disability. Participant may elect commencement of a disability pension before age 65, in which case, benefit accruals will stop. Payment before age 65 is not reduced to reflect early commencement of benefit.
Pre-retirement death	
• Eligibility	Eligible for vested termination benefits.
• Benefit	50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% joint and survivor annuity at age 65. The surviving spouse may elect earlier payment under the same terms that would have applied to the participant.

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

• Automatic form for unmarried participants	Single life annuity
• Automatic form for married participants	50% joint and survivor annuity.
• Optional forms	Ten year certain and continuous annuity, single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, social security level income annuity.
• Optional form conversion factors	All optional forms are the actuarial equivalent of the single life annuity option. See above for actuarial equivalence definitions.

Miscellaneous

• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2014, the limit is \$260,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2014, the limit is \$210,000.

Schedule SB, Part V — Summary of Plan Provisions**RockTenn Company Consolidated Pension Plan – Salaried/Nonunion Hourly Employees Component**

Effective date and plan year	October 1, 2010 Plan year: October 1 through September 30
Status of the plan	The plan has ongoing benefit accruals for employees who were older than 35 or had 5 years of vesting service as of December 31, 2004 and who have not elected to stop benefit accruals in order to participate in an alternative retirement program. Employees hired after December 31, 2004, are not eligible to participate in the plan.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	<p>Nonunion employees of Rock-Tenn Company who:</p> <ul style="list-style-type: none"> i. Are not eligible to participate in any other pension plan maintained by an affiliate, and ii. Satisfied the eligibility for participation conditions below by December 31, 2004. <p>All benefit accruals under this plan were frozen effective December 31, 2004 for covered employees who were under age 35 or had less than 5 years of vesting service as of December 31, 2004, unless covered by a bargaining agreement.</p> <p>Periodically, all other covered employees have been given the choice to stop benefit accruals under this plan in order to participate in an alternative retirement program.</p>
• Participation	Covered employees are eligible on the entry date following attainment of age 21 and completion of one year of service. Entry dates are October 1, January 1, April 1 and July 1.
• Vesting service	Service from date of hire. An employee will receive credit for a month of vesting service if at least one hour of service is earned in a calendar month.
• Credited service	Service while a covered employee.
• Pensionable earnings	Base pay for salaried employees and total pay for hourly paid employees.
• Primary social security benefit	The estimated monthly social security benefit payable at age 65 assuming level future earnings after termination.

Schedule SB, Part V — Summary of Plan Provisions

• Average compensation	The highest average monthly compensation for any five years out of the last ten year of employment.
• Grandfathered employees	Grandfathered employees are covered employees who attained age 55 and completed at least 10 years of vesting service as of January 1, 1998.
• Accrued benefit	For grandfathered employees, the greater of the new benefit formula or the old benefit formula described below. For all other covered employees, only the new benefit formula applies. In all cases, the accrued benefit is frozen for covered employees who have ceased benefit accruals under the plan.
• New benefit formula	The sum of a, b, and c as follows: a. The old benefit formula frozen as of December 31, 1997 or the frozen Sonoco accrued benefit, if applicable. b. 1.2% of pensionable earnings for each year after 1997 until March 1, 2005 and 1.0% of compensation for each year after March 1, 2005. c. 0.5% of pensionable earnings in excess of 50% of the social security wage base (if any) for each year after 1997 until March 1, 2005. The c. portion does not apply to service after March 1, 2005.
• Old benefit formula	The greater of: a. 0.75% of average compensation times benefit service. b. \$12.00 per month per year of benefit service. c. The product of: i. 50% of average compensation minus 50% of the primary social security benefit, and ii. benefit service up to 25 years divided by 25. d. accrued benefit as of September 30, 1985.
• Actuarial equivalence for non-lump sum forms of payments	Based on an interest rate of 7% and the 1971 Group Annuity Mortality Table, with male rates for participants and female rates for beneficiaries.
• Actuarial equivalence for lump sum forms of payment	Based on Section 417(e) of the Code.
Normal retirement	
• Eligibility	Retirement from active service at age 65.
• Benefit	Accrued benefit at date of retirement.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
• Eligibility	Age 55 and 10 years of vesting service.
• Benefit	Accrued benefit reduced by 1/180 for each month prior to age 65 down to age 60 and 1/360 for each month prior to age 60.
Late retirement	
• Eligibility	Retirement from active service after age 65.
• Benefit	Greater of the accrued benefit calculated at retirement date or the accrued benefit calculated at age 65 actuarially increased to the retirement date.
Deferred vested	
• Eligibility	Termination of employment after completing five years of vesting service or attaining age 65.
• Benefit	Accrued benefit at date of termination payable at normal retirement date. Participants with at least 10 years of vesting service at termination may elect to commence benefits as early as age 55, in which case the benefit amount is reduced to the actuarial equivalent of the benefit payable at age 65.
Disability	
• Eligibility	Upon permanent disability for covered employees who have opted to continue accruals under the plan.
• Benefit	Benefit accruals continue during the period of disability until age 65 at the rate of compensation in effect at the time of disability. Participant may elect commencement of a disability pension before age 65, in which case, benefit accruals will stop. Payment before age 65 is not reduced to reflect early commencement of benefit.
Pre-retirement death	
• Eligibility	Eligible for vested termination benefits.
• Benefit	50% of the accrued benefit that would have been paid to the participant had he terminated on the date of death and elected a 50% Joint and Survivor annuity at age 65. The surviving spouse may elect earlier payment under the same terms that would have applied to the participant.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for unmarried participants	Single life annuity
• Automatic form for married participants	Joint and 50% survivor annuity
• Optional forms	Ten year certain and continuous annuity, single life annuity, joint and 50%, 66-2/3%, 75%, or 100% annuity, Social Security level income annuity.
• Optional form conversion factors	All optional forms are the actuarial equivalent of the single life annuity option. See above for actuarial equivalence definitions.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2014, the limit is \$260,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2014, the limit is \$210,000.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #7, are included in this valuation.

- **Most recent plan amendment included:** Amendment #7 to the Rock-Tenn Company Consolidated Pension Plan, adopted August 29, 2014.
- **Plan amendments excluded:** Those adopted after the valuation date.
- **Late retirement increases:**
 - *Active participants:* Participants over normal retirement age are valued with the larger of the accrued benefit at valuation date or the benefit at normal retirement age actuarially increased to the valuation date.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **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 percent 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.

Schedule SB, Part V — Summary of Plan Provisions**Additional Benefits Included or Excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *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. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases reflected in plan amendments after the valuation date and/or effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provisions Specific to AFTAP certification

The following benefit multiplier increases for the RockTenn Company Consolidated Pension Plan – Benefit Multiplier Component group went into effect after the valuation date. Therefore, these only apply to the October 1, 2014 final AFTAP certification.

Benefit unit	Lynchburg Mill	Date of termination	Benefit Unit
		01/01/15 – 12/31/16	\$43.20
	Eutaw Folding	01/01/15 – 12/31/16	\$26.00
	Dallas Mill	01/01/15 – 12/31/16	\$36.50
	Chattanooga Mill (#362)	01/01/15 – 12/31/16	\$41.50
	Stroudsburg Mill (USW)	01/01/15 – 12/31/16	\$37.00
	Aurora Converting	01/01/15 – 05/31/15	\$25.25
		06/01/15 – 05/31/16	\$26.25
	Missisquoi Mill	12/11/14 – 12/31/14	\$38.75
		01/01/15 – 12/10/15	\$40.25

Schedule SB, Part V — Summary of Plan Provisions

Benefit unit (continued)	Demopolis	Applicable to service beginning June 6, 2005:	
		01/01/15 – 12/31/16	\$46.50
		Applicable to service prior to June 6, 2005:	
		01/01/15 – 12/31/16	\$7.50

Plan Provision Changes Since Prior Valuation

See sections above for details on how these changes are reflected in the valuation.

- RockTenn Company Consolidated Pension Plan – Benefit Multiplier Component
 - Maximum benefits were updated from 2013 to 2014.
 - For retirements on or after January 1, 2015 for Eutaw Folding participants, the 30-year limit on credited service was removed in accordance with the most recent collective bargaining agreement.
 - The benefit unit for Lynchburg Mill was changed from \$41.70 for terminations on or after January 1, 2015 to the following:

Date of termination	Benefit Unit
01/01/15 – 12/31/16	\$43.20
01/01/17 –	\$44.70

- The benefit unit for Eutaw Folding was changed from \$24.50 for terminations on or after February 1, 2014 to the following:

Date of termination	Benefit Unit
02/01/14 – 12/31/14	\$24.50
01/01/15 – 12/31/16	\$26.00
01/01/17 –	\$27.50

- The benefit unit for Dallas Mill was changed from \$35.00 for terminations on or after April 1, 2013 to the following:

Date of termination	Benefit Unit
04/01/13 – 12/31/14	\$35.00
01/01/15 – 12/31/16	\$36.50
01/01/17 –	\$38.00

Schedule SB, Part V — Summary of Plan Provisions

- The benefit unit for Chattanooga Mill (#362) was changed from \$40.00 for terminations on or after July 22, 2013 to the following:

Date of termination	Benefit Unit
07/22/13 – 12/31/14	\$40.00
01/01/15 – 12/31/16	\$41.50
01/01/17 –	\$43.00

- The benefit unit for Stroudsburg Mill (USW) was changed from \$35.50 for terminations on or after October 13, 2012 to the following:

Date of termination	Benefit Unit
10/13/12 – 12/31/14	\$35.50
01/01/15 – 12/31/16	\$37.00
01/01/17 –	\$38.50

- The benefit unit for Aurora Converting was changed to the following:

Date of termination	Benefit Unit
05/31/11 – 12/31/14	\$23.75
01/01/15 – 05/31/15	\$25.25
06/01/15 – 05/31/16	\$26.25
06/01/16 – 12/31/16	\$27.25
01/01/17 –	\$28.75

- The benefit unit for Missisquoi Mill was changed to the following:

Date of termination	Benefit Unit
12/11/14 – 12/31/14	\$38.75
01/01/15 – 12/10/15	\$40.25
12/11/15 – 12/31/16	\$41.25
01/01/17 –	\$42.75

Schedule SB, Part V — Summary of Plan Provisions

- The benefit unit for service beginning June 6, 2005 for Demopolis was changed from \$45.00 for terminations through January 6, 2014 to the following:

Date of termination	Benefit Unit
01/07/13 – 12/31/14	\$45.00
01/01/15 – 12/31/16	\$46.50
01/01/17 –	\$48.00

- The benefit unit for service prior to June 6, 2005 for Demopolis was changed from \$6.00 for terminations through January 6, 2014 to the following:

Date of termination	Benefit Unit
01/07/13 – 12/31/14	\$6.00
01/01/15 – 12/31/16	\$7.50
01/01/17 –	\$9.00

- RockTenn Company Consolidated Pension Plan – Career Average Benefits Component
 - Maximum compensation and maximum benefits were updated from 2013 to 2014.
- RockTenn Company Consolidated Pension Plan – Salaried/Nonunion Hourly Employees Component
 - Maximum compensation and maximum benefits were updated from 2013 to 2014.

Schedule SB, Line 26 — Schedule of Active Participant Data**Distribution of Active Participants¹ as of October 1, 2014**

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25		13									13
25–29		32 47,601	28 58,229	5							65
30–34		23 45,564	36 65,510	67 64,618	8						134
35–39		28 25,541	35 66,306	132 58,474	59 60,789	5					259
40–44		24 47,958	42 59,263	147 60,330	122 65,285	59 62,550	9				403
45–49		18	38 60,855	147 62,939	125 66,071	99 80,078	74 69,499	4			505
50–54	1	22 61,151	37 77,650	143 59,712	142 73,166	87 75,379	126 76,019	45 64,079	4		607
55–59		10	56 56,195	103 60,756	125 82,320	66 65,703	145 77,587	41 70,547	29 60,594	4	579
60–64		5	25 63,827	77 69,715	52 84,009	50 72,780	100 77,806	19	15	19	362
65–69			3	23 61,507	15	5	24 74,284	6	6	3	85
70 & up			1		1	2	6			3	13
Total	1	175	301	844	649	373	484	115	54	29	3,025

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2014 limited to \$260,000. Average pay is not shown for cells with fewer than 20 participants. Average pay is shown only for the participants in the Career Average Benefits Component or the Salaried/Nonunion Hourly Employees Component who are currently participating in the plan. It does not include participants from those plans who are no longer accruing benefits. Participants in the Benefit Multiplier Component have a benefit that is not pay related.

¹ This exhibit includes 37 deferred disabled participants who are included in our active counts.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for October 1, 2014 Funding Valuation**

Discount rate sponsor elections

• Segment rates or full yield curve	Segment rates	
• Look-back months	4	
	<u>Stabilized rates</u>	<u>Nonstabilized rates</u>
• First 5 years	4.99%	1.16%
• Next 15 years	6.32%	4.04%
• Over 20 years	6.99%	5.11%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Mortality sponsor elections**

- Healthy participants 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 Revenue Ruling 96-7 table for participants who became disabled after 1994.

Other economic assumptions

- Salary increases
 - Benefit Multiplier Component Not applicable.
 - Career Average Benefits Component 2014 1.24% per year
2015 and later. 2.00% per year
 - Salaried/Nonunion Hourly Employees Component 2014 and later 3.00% per year
- Social Security wage base
 - Benefit Multiplier Component Not applicable.
 - Career Average Benefits Component 3.25% per year.
 - Salaried/Nonunion Hourly Employees Component 3.25% per year.
- Inflation
 - Benefit Multiplier Component Not applicable.
 - Career Average Benefits Component 2.50% per year.
 - Salaried/Nonunion Hourly Employees Component 2.50% per year.
- Expected investment return 7.09% for the October 1, 2014 plan year.
- Expenses Actual prior year's administrative expenses, adjusted to reflect current year PBGC premiums, added to current year normal cost.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Rationale for Economic Assumptions**

- Inflation – This assumption is based on the inflation assumption published by Mercer Investment Consulting in the October 2014 Capital Markets Outlook.
- Social Security taxable wage base increases – This assumption is 75 bps higher than the inflation assumption.
- Expected investment return – The expected rate of return on plan assets is based on the median simulated investment return (net of expenses) using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook.
- Expenses – This assumption is based on prior year administrative expenses adjusted to reflect differences in PBGC premiums between the current year and prior year

Demographic assumptions

- Withdrawal See table of sample rates.
- Disability incidence 50% of gender specific 1985 pension disability study Class 1 table (based on Social Security experience from 1965 to 1982)

- Retirement age

Age	Retirement Rates
55	1.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	2.00%
61	3.00%
62	15.00%
63	15.00%
64	10.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

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

Benefit commencement age for			
• Future vested deferred	62		
• Current vested deferred	62		
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
• Percentage married	85%	85%	
• Spouse age difference	3 years younger	1 year older	
Form of payment	<u>Life annuity</u>	<u>50% J&S</u>	<u>100% J&S</u>
— Active retirements	40%	30%	30%
— Future vested deferred	40%	30%	30%
— Future disabilities	40%	30%	30%
— Future deaths	0%	100%	0%
— Current vested deferred	40%	30%	30%
Unpredictable contingent event assumptions	Not applicable.		

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Table of Sample Rates******Withdrawal rates***

Select rates		
Years of service	Collectively Bargained Component	Salaried/Nonunion Hourly Employees Component
0	60%	Ultimate rates
1	60%	Ultimate rates
2	16%	Ultimate rates
3	16%	Ultimate rates
4+	Ultimate rates	Ultimate rates

Ultimate Rates		
Age	Collectively Bargained Component	Salaried/Nonunion Hourly Employees Component
25	10.9%	12.9%
30	9.6%	6.6%
35	8.0%	5.7%
40	7.2%	5.4%
45	7.0%	4.8%
50	6.7%	4.2%
55	6.0%	3.7%
60	5.2%	3.3%
65	4.5%	2.8%
70	3.7%	2.3%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Rationale for Demographic Assumptions***

- Disabled Mortality – Post-commencement mortality assumed to follow Revenue Ruling 96-7 tables for participants who became disabled after 1994 since this is the most recently published study with useful and applicable underlying data.
- Withdrawal – The ultimate withdrawal rates are based on the Mercer Modified Society of Actuaries 2003 10-year select and ultimate turnover table for 10+ years of service, with modifications to smooth rates. The select and ultimate rates are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014.
- Disability incidence – The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates multiplied by 50% based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014.
- Retirement rates – The retirement rates are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- Deferred vested benefit commencement age – The benefit commencement age is based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014.
- Spousal age difference – The assumptions regarding spousal age difference at benefit commencement are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014.
- Percent married – The assumptions regarding percent married at benefit commencement are based on the actuary's experience with similar plans and discussions with employer representatives.
- Form of payment – The optional payment elections are based on the experience study undertaken in 2015 using data from October 1, 2009 through October 1, 2014, which showed that 100% of participants elect an annuity. 40% of annuitants are assumed to elect a single life annuity, 30% elect a 50% joint and survivor and 30% elect a 100% joint and survivor based on experience and noting that all forms of payment are based on the same definition of actuarial equivalence.
- Salary increases – This assumption is based on historical salary increases and the employer's expectation of future salary increases.

Actuarial Methods for Funding***Asset Methods***

We used financial data submitted by the trustee as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

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

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

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 percent and no less than 90 percent 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 sponsor 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 non-vested 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 not have any insurance contracts.

Minimum Funding Methods

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 individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides disability benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- 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 24 — Change in Actuarial Assumptions

Actuarial Assumption Changes Since Prior Valuation

The following changes were made to the assumptions:

- Interest discounts and mortality rates were updated from 2013 to 2014 in accordance with PPA and sponsor elections.
- Salary scale for the Career Average Benefits Component was updated from 2.21% for 2013 and 2.00% for 2014 and years thereafter to 1.24% for 2014 and 2.00% thereafter.
- The expected rate of return on assets was changed from 7.50% to 7.09%.
- Disability incidence, retirement age rates, withdrawal rates, vested deferred benefit commencement age, percent married, spousal age difference, and form of payment assumptions were updated based on experience study undertaken in 2015.

These changes were made to better reflect expected future plan experience.

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, 2014 Installment	Installment for Short Plan Year Ending March 31, 2015 ¹
2013	\$ 15,985,201	6	\$ 3,025,867	\$ 1,512,933
2014	20,447,839	7	3,422,129	1,711,065
Total	\$ 36,433,040		\$ 6,447,996	\$ 3,223,998

¹ Equals six months (50%) of the annual installment for the short plan year ending March 31, 2015 on account of plan merger.

Schedule SB, Line 24 — Change in Actuarial Assumptions

Actuarial Assumption Changes Since Prior Valuation

The following changes were made to the assumptions:

- Interest discounts and mortality rates were updated from 2013 to 2014 in accordance with PPA and sponsor elections.
- Salary scale for the Career Average Benefits Component was updated from 2.21% for 2013 and 2.00% for 2014 and years thereafter to 1.24% for 2014 and 2.00% thereafter.
- The expected rate of return on assets was changed from 7.50% to 7.09%.
- Disability incidence, retirement age rates, withdrawal rates, vested deferred benefit commencement age, percent married, spousal age difference, and form of payment assumptions were updated based on experience study undertaken in 2015.

These changes were made to better reflect expected future plan experience.

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

For the 2014 AFTAP of 90.24% certified on June 30, 2015:

- The determination of the adjusted funding target attainment percentage incorporated a target liability increase of \$1,210,630 to adjust liabilities for plan amendments increasing benefit multipliers for certain business locations prior to the end of the plan year ending September 30, 2015, but adopted after the October 1, 2014 valuation date, resulting in an adjusted funding target liability of \$385,703,583 and an AFTAP of 90.24%.

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 65.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	1.00%	100.00	1.00	55.00
56	1.00%	99.00	0.99	55.44
57	1.00%	98.01	0.98	55.87
58	1.00%	97.03	0.97	56.28
59	1.00%	96.06	0.96	56.68
60	2.00%	95.10	1.90	114.12
61	3.00%	93.20	2.80	170.55
62	15.00%	90.40	13.56	840.73
63	15.00%	76.84	11.53	726.15
64	10.00%	65.31	6.53	418.01
65	30.00%	58.78	17.63	1,146.27
66	30.00%	41.15	12.34	814.74
67	30.00%	28.80	8.64	578.96
68	30.00%	20.16	6.05	411.32
69	30.00%	14.11	4.23	292.16
70	100.00%	9.88	9.88	691.58
Total			100.00	6,483.84
Average				64.84

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510 - 0110 1510 - 0089 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>03/31/2015</u>			
A This return/report is for:	☒ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the forms instr.); or ☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☒ the final 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; ☐ special extension (enter description) _____	☐ automatic extension;	☐ the DFCV program;

Part II Basic Plan Information - enter all requested information			
1a Name of plan		1b Three-digit plan number (PN) ►	016
ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN		1c Effective date of plan	01/01/1988
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)		2b Employer Identification Number (EIN)	62-0342590
WESTROCK RKT COMPANY		2c Plan Sponsor's telephone number	770-448-2193
504 THRASHER STREET		2d Business code (see instructions)	322200
NORCROSS	GA 30071-1967		

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		1-14-16	John Stake
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)
STEVEN MURPHY MOORE, COLSON & COMPANY, P.C. 1640 POWERS FERRY RD, BLDG 11 MARIETTA GA 30067			

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

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 ROCK-TENN COMPANY	4b EIN 62-0342590 4c PN 016
--	--

5 Total number of participants at the beginning of the plan year	5	7,904
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	3,025
a (2) Total number of active participants at the end of the plan year	6a(2)	
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	0
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	28
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)	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	(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) ☐ **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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 03/31/2015

▶ Round off amounts to nearest dollar.
 ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ROCK-TENN COMPANY CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ROCK-TENN COMPANY C/O WESTROCK COMPANY	D Employer Identification Number (EIN) 62-0342590

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other
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>2014</u>			
2 Assets:			
a Market value	2a	350243870	
b Actuarial value	2b	348059913	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3354	191054196	191054196
b For terminated vested participants	1525	42935422	42935422
c For active participants	3025	143898973	150503335
d Total	7904	377888591	384492953
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	6.53%	
6 Target normal cost	6	5170447	

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>Anthony Wagman</u> APW Signature of actuary	<u>12/18/2015</u> Date
	ANTHONY WAGMAN Type or print name of actuary	1407407 Most recent enrollment number
	MERCER Firm name	404-442-3100 Telephone number (including area code)
	3560 LENOX ROAD, SUITE 2400 ATLANTA GA 30326 Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2014 v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>9.03%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3157
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.70%</u>		212
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		3369
d Portion of (c) to be added to prefunding balance		0
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)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	90.52%
15 Adjusted funding target attainment percentage	15	90.24%
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	95.60%
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
01/12/2015	3200000				
04/13/2015	5440000				
Totals ▶			18(b)	8640000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 8403526
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:									
<table border="1"> <tr> <td>a Segment rates:</td> <td>1st segment: 4.99%</td> <td>2nd segment: 6.32%</td> <td>3rd segment: 6.99%</td> <td>☐ N/A, full yield curve used</td> </tr> </table>					a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used					
b Applicable month (enter code)				<table border="1"> <tr> <td>21b</td> <td>4</td> </tr> </table>	21b	4			
21b	4								
22 Weighted average retirement age				<table border="1"> <tr> <td>22</td> <td>65</td> </tr> </table>	22	65			
22	65								
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		<table border="1"> <tr> <td>27</td> <td></td> </tr> </table>	27	
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	5170447
b Excess assets, if applicable, but not greater than line 31a		31b	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		36433040	3223998
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	8394445
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	8394445
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	8403526
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	9081
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	

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

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