

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2013</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>			
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer)	☐ a one-participant plan
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 Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information —enter all requested information			
1a Name of plan <u>NATIONAL SAFETY APPAREL, INC. DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>01/01/1973</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NATIONAL SAFETY APPAREL, INC.</u> <u>15825 INDUSTRIAL PARKWAY</u> <u>CLEVELAND, OH 44135</u>	2b Employer Identification Number (EIN)	<u>34-1678801</u>	
	2c Sponsor's telephone number	<u>216-941-9400</u>	
	2d Business code (see instructions)	<u>315990</u>	
3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN		
	3c Administrator's telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN		
	4c PN		
5a Total number of participants at the beginning of the plan year	5a	<u>57</u>	
b Total number of participants at the end of the plan year	5b	<u>53</u>	
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....	☒ Yes ☐ No		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	☒ Yes ☐ No ☐ Not determined		

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2014	RICHARD L. PAPA
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3712288	4164150
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	3712288	4164150
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	108210	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	601019	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		709229
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	241092	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	16275	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		257367
i Net income (loss) (subtract line 8h from line 8c)	8i		451862
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I

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

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fidelity bond?	10c	X	500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f Has the plan failed to provide any benefit when due under the plan?	10f	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a 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 letter ruling granting the waiver. Month Day Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b

c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan <u>NATIONAL SAFETY APPAREL, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONAL SAFETY APPAREL, INC.</u>	D Employer Identification Number (EIN) <u>34-1678801</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>3712288</u>
b Actuarial value	2b <u>3705966</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>1</u> <u>1219015</u>
b For terminated vested participants.....	3b <u>20</u> <u>866165</u>
c For active participants:	
(1) Non-vested benefits	3c(1)
(2) Vested benefits	3c(2) <u>1775943</u>
(3) Total active.....	3c(3) <u>36</u> <u>1775943</u>
d Total.....	3d <u>57</u> <u>3861123</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.39</u> %
6 Target normal cost.....	6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/01/2014</u>
	Signature of actuary	Date
<u>KATHLYN PITASSI</u>	Type or print name of actuary	<u>14-02557</u>
		Most recent enrollment number
<u>NATIONAL ASSOCIATES, INC.</u>	Firm name	<u>440-333-0222</u>
<u>20325 CENTER RIDGE ROAD, SUITE 405</u> <u>CLEVELAND, OH 44116-3570</u>	Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	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 _____%	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)		86939
b Interest on (a) using prior year's effective interest rate of <u>7.11</u> % except as otherwise provided (see instructions)		6181
c Total available at beginning of current plan year to add to prefunding balance		93120
d Portion of (c) to be added to prefunding balance		2919
12 Other reductions in balances due to elections or deemed elections		2919
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	95.98 %
15 Adjusted funding target attainment percentage	15	98.65 %
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	79.55 %
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
08/18/2014	108210				
			Totals ►	18(b)	108210
				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	94450
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.95%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
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	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	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	155157	97369	
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 <u>09</u> Day <u>30</u> Year <u>2014</u>) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	97369	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		2919	2919
36 Additional cash requirement (line 34 minus line 35).....	36	94450	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	94450	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

NATIONAL SAFETY APPAREL, INC.**DEFINED BENEFIT PENSION PLAN**

Schedule of Active Participant Data

Plan Year: 1/1/2013 to 12/31/2013

Valuation Date: 1/1/2013

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	1	0	0	0	0	0	0	0	1
35-39	0	0	0	2	0	0	0	0	0	0	2
40-44	0	0	1	4	0	0	0	0	0	0	5
45-49	0	0	0	4	2	1	0	0	0	0	7
50-54	0	0	0	5	2	4	0	0	0	0	11
55-59	0	0	1	0	1	3	0	0	0	0	5
60-64	0	0	0	0	2	3	0	0	0	0	5
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	3	15	7	11	0	0	0	0	36

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 50.5

Average Service: 17

ACTUARIAL COST METHOD AND STATEMENT OF ASSUMPTIONS

I. ACTUARIAL COST METHOD

Unit Credit

II. ACTUARIAL ASSUMPTIONS

a. Interest

(i) Segment rates

Minimum Required

Contribution

Seg 1: 4.94% Seg 2: 6.15% Seg 3: 6.76%

Maximum Deductible

Contribution

Seg 1: 1.62% Seg 2: 4.40% Seg 3: 5.45%

(ii) Applicable month

January 2013

(iii) Effective interest rate

6.39%

b. Mortality table

Prescribed tables

c. Turnover

None

d. Salary Scale

None

e. Retirement Age

65

f. Normal form of annuity

Life annuity

g. Valuation of Assets

Market Value

III. ACTUARIAL ASSUMPTIONS – ACCRUED BENEFITS

a. Interest

(i) Segment rates

Seg 1: 1.00% Seg 2: 3.57% Seg 3: 4.77%

(ii) Applicable month

December 2012

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
► 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 National Safety Apparel, Inc. Defined Benefit Pension Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF National Safety Apparel, Inc.	D Employer Identification Number (EIN) 34-1678801	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>		
2	Assets:		
	a Market value	2a	3712288
	b Actuarial value	2b	3705966
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	1219015
	b For terminated vested participants	3b	866165
	c For active participants:		
	(1) Non-vested benefits	3c(1)	
	(2) Vested benefits	3c(2)	1775943
	(3) Total active	3c(3)	1775943
	d Total	3d	3861123
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	6.39 %
6	Target normal cost	6	0

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.													
<table style="width: 100%;"> <tr> <td style="width: 15%;">SIGN HERE</td> <td style="width: 45%; text-align: center;"> Signature of actuary Kathlyn Pitassi </td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Type or print name of actuary National Associates, Inc.</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Firm name 20325 Center Ridge Road, Suite 405 Cleveland, OH 44116-3570 Address of the firm</td> <td></td> </tr> </table>	SIGN HERE	 Signature of actuary Kathlyn Pitassi			Type or print name of actuary National Associates, Inc.			Firm name 20325 Center Ridge Road, Suite 405 Cleveland, OH 44116-3570 Address of the firm		<table style="width: 100%;"> <tr> <td style="text-align: center;">10/01/2014 Date</td> </tr> <tr> <td style="text-align: center;">14-02557 Most recent enrollment number</td> </tr> <tr> <td style="text-align: center;">(440) 333-0222 Telephone number (including area code)</td> </tr> </table>	10/01/2014 Date	14-02557 Most recent enrollment number	(440) 333-0222 Telephone number (including area code)
SIGN HERE	 Signature of actuary Kathlyn Pitassi												
	Type or print name of actuary National Associates, Inc.												
	Firm name 20325 Center Ridge Road, Suite 405 Cleveland, OH 44116-3570 Address of the firm												
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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 _____ %	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)		86939
b Interest on (a) using prior year's effective interest rate of <u>7.11</u> % except as otherwise provided (see instructions)		6181
c Total available at beginning of current plan year to add to prefunding balance		93120
d Portion of (c) to be added to prefunding balance		2919
12 Other reductions in balances due to elections or deemed elections		2919
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	95.98 %
15 Adjusted funding target attainment percentage	15	98.65 %
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	79.55 %
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
08-18-2014	108210				
Totals ▶			18(b)	108210	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	94450

20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?			☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?			☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 4.95%	2nd segment: 6.15%	3rd segment: 6.76%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
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	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	0
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	155157	97369	
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	97369
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		2919	2919
36 Additional cash requirement (line 34 minus line 35).....		36	94450
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	94450
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

NATIONAL SAFETY APPAREL, INC.
DEFINED BENEFIT PENSION PLAN
Employer ID# 34-1678801: Plan No. 002
Quarterly Installment Payment: \$21,534.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: January 1, 2013

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Ctb</u>
08-18-2014	21,534.00	2013	11.39%	08-18-2014 to 04-15-2013	
			6.39%	04-15-2013 to 01-01-2013	18,304.07
	21,534.00	2013	11.39%	08-18-2014 to 07-15-2013	
			6.39%	07-15-2013 to 01-01-2013	18,515.44
	21,534.00	2013	11.39%	08-18-2014 to 10-15-2013	
			6.39%	10-15-2013 to 01-01-2013	18,729.25
	21,534.00	2013	11.39%	08-18-2014 to 01-15-2014	
			6.39%	01-15-2014 to 01-01-2013	18,945.53
	22,074.00	2013	6.39%	08-18-2014 to 01-01-2013	19,955.32
Totals:	108,210.00				94,449.61

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 contribution from prior years	19a		0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b		0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c		94,449.61

NATIONAL SAFETY APPAREL, INC.
DEFINED BENEFIT PENSION PLAN

Weighted Average Retirement Age
Plan Year: 1/1/2013 to 12/31/2013
Valuation Date: 1/1/2013

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65

Completion of 5 years of participation from beginning of entry year

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

SUMMARY OF PLAN PROVISIONS

1. Eligibility

Employees are eligible to participate on the Entry Date following one year of service and attainment of age 21.

2. Normal Retirement

Normal Retirement is the first day of the month coincident with or next following the later of age 65 or 5 years of participation.

The Normal Retirement Benefit is a monthly benefit equal to the sum of (a) and (b):

- (a) The Benefit that was accrued as of December 31, 1988 under the prior benefit formula.
- (b) 1.5% of the highest 5-year average monthly compensation up to the integration level, plus 2.0% of average monthly compensation in excess of the integration level; multiplied by months of credited service from January 1, 1989 to December 31, 2005 up to a maximum of 480 months, divided by 12.

3. Accrued Retirement Benefit

The accrued retirement benefit is the normal retirement benefit prorated on service. All benefit accruals were frozen as of December 31, 2005.

4. Postponed Retirement

Participants may postpone retirement beyond normal retirement age. Upon request, the participant will receive a benefit equal to the greater of the actuarial equivalent of the normal retirement benefit or a benefit based on average compensation and service at the postponed retirement date.

5. Vested Benefit Upon Termination of Employment

In the event of termination of employment for any reason other than death, disability, or retirement, participants are 100% vested in their accrued benefit after five years of service. This benefit will be reduced for early payment.

6. Death Benefit Before Retirement

The beneficiary of an active Participant will receive the Qualified Pre-retirement Survivor Annuity or the actuarial equivalent thereof.

7. Normal Form of Pension Benefit

The normal form of benefit is a monthly income payable for life. Optional forms of benefit are available, subject to the joint and survivor benefit requirements for married participants.

NATIONAL SAFETY APPAREL, INC.
DEFINED BENEFIT PENSION PLAN

Shortfall Amortization
Plan Year: 1/1/2013 to 12/31/2013
Valuation Date: 1/1/2013

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2009	7-year	3	\$153,024	\$437,759
01/01/2010	7-year	4	\$(66,887)	\$(249,208)
01/01/2011	7-year	5	\$37,867	\$172,297
01/01/2012	7-year	6	\$65,984	\$349,192
01/01/2013	7-year	7	\$(92,619)	\$(554,883)
Total			\$97,369	\$155,157