

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information								
1a Name of plan <u>NOKIA SOLUTIONS AND NETWORKS PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/31/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/31/2007</u>					
1b Three-digit plan number (PN) ▶	<u>001</u>								
1c Effective date of plan <u>03/31/2007</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NOKIA SOLUTIONS AND NETWORKS US LLC</u> <u>6000 CONNECTION DRIVE</u> <u>IRVING, TX 75039</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>56-2615517</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>214-519-8633</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>517000</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>56-2615517</u>		2c Sponsor's telephone number <u>214-519-8633</u>		2d Business code (see instructions) <u>517000</u>			
2b Employer Identification Number (EIN) <u>56-2615517</u>									
2c Sponsor's telephone number <u>214-519-8633</u>									
2d Business code (see instructions) <u>517000</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.	10/15/2014	JUDY HANKINS
	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)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	637
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	190
b Retired or separated participants receiving benefits		6b	55
c Other retired or separated participants entitled to future benefits		6c	351
d Subtotal. Add lines 6a , 6b , and 6c		6d	596
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	2
f Total. Add lines 6d and 6e		6f	598
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I 3F 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (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)	

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>NOKIA SOLUTIONS AND NETWORKS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NOKIA SOLUTIONS AND NETWORKS US LLC</u>	D Employer Identification Number (EIN) <u>56-2615517</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 _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>57813928</u>
b Actuarial value	2b <u>57813928</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>50</u> <u>15041513</u>
b For terminated vested participants.....	3b <u>352</u> <u>18039775</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>254302</u>
(2) Vested benefits	3c(2) <u>16101481</u>
(3) Total active.....	3c(3) <u>235</u> <u>16355783</u>
d Total.....	3d <u>637</u> <u>49437071</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>6.26</u> %
6 Target normal cost	6 <u>535307</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>09/09/2014</u>
Signature of actuary		Date
<u>AL-KARIM ALIDINA</u>		<u>14-06110</u>
Type or print name of actuary		Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>		<u>202-223-0673</u>
Firm name		Telephone number (including area code)
<u>1120 20TH STREET, NW</u> <u>SUITE 600</u> <u>WASHINGTON, DC 20036</u>		
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) 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)	3045626	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)	3045626	0
10 Interest on line 9 using prior year's actual return of <u>15.64</u> %	476336	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>6.97</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	3521962	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	109.82 %
15 Adjusted funding target attainment percentage	15	116.94 %
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	122.48 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	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 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	535307	
b Excess assets, if applicable, but not greater than line 31a	31b	535307	
32 Amortization installments:	Outstanding Balance		
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>NOKIA SOLUTIONS AND NETWORKS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NOKIA SOLUTIONS AND NETWORKS US LLC</u>	D Employer Identification Number (EIN) <u>56-2615517</u>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	292878	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	NONE	210533	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 ☐

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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>NOKIA SOLUTIONS AND NETWORKS PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NOKIA SOLUTIONS AND NETWORKS US LLC</u>	D Employer Identification Number (EIN) <u>56-2615517</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB CIS NON-LONG CREDIT INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-290</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DO EQUITY LG CAP GROWTH FD</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-173</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4854985</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV ENH LGE CAP CORE FD</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2412549</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB NCML GLOBAL EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-147</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3069563</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB NCML INTERNATIONAL FD</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-108</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5364038</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>604501</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB US LARGE CAPITILIZATION CORE FD</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-263</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2409924</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: PE DYNAMIC VALUE EQUITY FUND**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 04-6607621-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4824141
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a Name of MTIA, CCT, PSA, or 103-12 IE: PE SMALL-MID CAP VALUE EQUITY FUND**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 41-2227528-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2532184
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a Name of MTIA, CCT, PSA, or 103-12 IE: PE US SMALL-MID CAP GWTH EQUITYFUND**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 64-0953231-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4894394
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a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NSL LT CR BIF**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-313	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29368104
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>NOKIA SOLUTIONS AND NETWORKS PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NOKIA SOLUTIONS AND NETWORKS US LLC</u>	D Employer Identification Number (EIN) <u>56-2615517</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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15	44
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)	57813913	60334383
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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	57813928	60334427

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	57813928	60334427
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	14517	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14517
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		6375827
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6390344

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3335671	
(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)		3335671
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	534174	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		534174
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3869845

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2520499
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: TRAVIS WOLFF & CO. LLP

(2) EIN: 20-8185533

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	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
4e	X		2000000
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	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>NOKIA SOLUTIONS AND NETWORKS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NOKIA SOLUTIONS AND NETWORKS US LLC</u>	D Employer Identification Number (EIN) <u>56-2615517</u>

Part I	Distributions
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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	<u>0</u>
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>56-2615517</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>39</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)
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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
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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
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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.
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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): _____

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Financial Statements
and
Supplemental Schedules
with
Independent Auditors' Report

December 31, 2013 and 2012

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Table of Contents

	<u>Page</u>
Independent Auditors' Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 15
Supplemental Schedules:	
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)	16
Schedule H - Line 4j - Schedule of Reportable Transactions	17

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator
Nokia Solutions and Networks Pension Plan

We were engaged to audit the financial statements and supplemental schedules of the Nokia Solutions and Networks Pension Plan (the Plan), which are comprised of the statements of net assets available for benefits as of December 31, 2013 and 2012, the statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedules referred to in Other Matter. 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 December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) as of December 31, 2013 and of reportable transactions (supplemental schedules) for year ended December 31, 2013, are required by ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Travis Woeff, LLP". The signature is written in a cursive, flowing style.

Certified Public Accountants
October 14, 2014
Dallas, Texas

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Statements of Net Assets Available for Benefits December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS		
Common collective trusts, at fair value	\$ 60,334,383	\$ 57,813,913
Interest receivable	<u>44</u>	<u>15</u>
Net assets available for benefits	<u><u>\$ 60,334,427</u></u>	<u><u>\$ 57,813,928</u></u>

See accompanying notes to financial statements.

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2013

Additions:

Investment income:

Net appreciation in fair value of investments: \$ 6,375,827

Other income 14,517Total additions 6,390,344**Deductions:**

Benefits paid to participants 3,335,671

Administrative expenses 534,174Total deductions 3,869,845**Net increase in net assets available for benefits** 2,520,499**Net assets available for benefits, beginning of year** 57,813,928**Net assets available for benefits, end of year** \$ 60,334,427

See accompanying notes to financial statements.

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 1 - Plan Description

The following description of the Nokia Solutions and Networks Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was adopted by Siemens Networks LLC effective March 31, 2007, for the benefit of employees of Nokia Siemens Networks USA LLC (NSN USA) and two of its wholly owned subsidiaries, Myrio Corporation and Siemens Network Convergence LLC, now Nokia Siemens Networks Convergence LLC (NSN Convergence). The Plan is intended to be a successor plan to the Siemens Pension Plan with respect to former employees of Siemens Corporation and individuals who were employees of NSN USA, Myrio Corporation, and NSN Convergence when such entities were subsidiaries of Siemens Corporation. The assets and liabilities of the Siemens Pension Plan attributable to these former employees as of March 31, 2007, were transferred to the Plan effective April 1, 2007. Effective March 29, 2008, NSN USA merged with its parent company, Nokia Siemens Networks US LLC (NSN US), along with Myrio Corporation and NSN Convergence. As a result, NSN US assumed sponsorship of the Plan effective March 29, 2008.

On August 7, 2013, Nokia Corporation completed the acquisition of Siemens AG's entire 50 percent stake of NSN USA. Effectively, NSN USA became Nokia Solutions and Networks US LLC (NSN, the Company, or Sponsor), and the Plan was renamed from Siemens Networks LLC Pension Plan to Nokia Solutions and Networks Pension Plan.

The Plan is designed to comply with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), and the Internal Revenue Code (IRC). In addition, the financial statements have been prepared in compliance with ERISA. Bank of New York Mellon/BNY Mellon N.A. is the Plan's Trustee and the custodian of the Plan's assets. Aon Hewitt is the Plan's actuary and record keeper and performs the actuarial valuations related to the Plan as well as to maintain participant data for the Plan.

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 1 - Plan Description - (Continued)

Effective December 31, 2007, the Company amended the Plan (a) to cease benefit service accruals under the Plan provided, however, that participants continued to accrue service under the Plan for purposes of vesting in their accrued benefit and qualifying for early retirement under the final average pay formula; (b) to cease pay credits under the cash balance formula provided, however, that participants continue to be credited with interest credits pursuant to the Plan's terms; and (c) to provide that participants under the final average pay formula no longer receive credit for employment service for purposes of the benefit service component of the formula provided, however, that such participants' eligible pay continue to be considered in determining average final compensation under the formula. Effective December 31, 2007, all participants became fully vested in their accrued benefits.

Eligibility

All employees of the Company or its predecessor who were employed before April 1, 2006, were eligible to participate in the Plan. As stated above the Plan is frozen to new participants.

Employer contributions

The Company makes contributions to the Plan sufficient to provide assets with which to pay pension benefits to Plan participants. The funding policy is to contribute annually to the Plan an amount at least equal to the minimum required for a qualified retirement plan, as determined by the Plan's actuary, but not in excess of the maximum tax-deductible contribution. The minimum funding requirements of ERISA have been met for 2013 and 2012.

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 1 - Plan Description - (Continued)

Plan benefits

Benefits are generally payable upon the participant's normal retirement date. However, the Plan also provides for early retirement benefits, late retirement benefits, disability benefits, and death benefits. Participants, or their designated beneficiary, receive either a cash balance benefit or an average final compensation benefit. The cash balance benefit is determined based on the participant's notional or "phantom" account receiving an interest credit equal to the interest earned for a month based on the balance in their account as of the first day of the month. The interest rate is greater of the annual interest rate for 30-year Treasury securities as of August of the calendar year next preceding the calendar year in which such month falls or an interest rate of 4.06%. The average final compensation benefit is determined as the sum of 1.125% of the first \$12,000 of the average final compensation, plus 1.50% of the portion of the average final compensation in excess of \$12,000, as defined by the Plan. Participants may choose from several annuity forms of distribution subject to the mandatory lump sum cash out rules for small amounts. Participants who are entitled to receive a cash balance benefit may also elect a lump-sum distribution.

Accumulated plan benefits

The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. The significant assumptions used in the valuation as of December 31, 2013 and 2012, were: discount rate of 4.90% and 4.10% respectively; salary scale rate of 3.95%; Social Security COLA increase of 2.50%, and expected long-term rate of return on assets of 4.90%; mortality, disability, termination, and retirement rates based on published statistical data. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Administrative expenses

Administrative expenses which are not paid by the plan sponsor are paid by the Plan.

Expense offset arrangements

Certain fees incurred by the Plan for investment management services and recordkeeping are paid to vendors indirectly through revenue sharing arrangements with the Plan's fund providers.

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 2 - Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the amounts of additions and deductions to net assets during the reporting period. Accordingly, actual results could differ from those estimates. Significant items subject to such estimates and assumptions include the fair value of investments and the actuarial present value of accumulated plan benefits.

Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect net assets available for the payment of benefits.

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

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 2 - Summary of Significant Accounting Policies - (Continued)

Investments

The Trustee executes all the investment transactions and holds the Plan's assets. At December 31, 2013 and 2012, all investments are held in units of common collective trust funds at fair value. The fair value of the funds is estimated by the fund provider based upon the fair value of the underlying investments. Purchases and sales of securities are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation in fair value of investments includes gains and losses for investments purchased and sold during the year.

Payment of benefits

Benefits paid to participants are recorded as a reduction of net assets available for benefits when paid.

Note 3 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future benefit payments attributable to service that employees have rendered. The actuarial present value of accumulated plan benefits has been determined by an independent actuary from Aon Hewitt, and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the benefit information date and the expected payment dates. The actuarial valuation was calculated as of January 1, 2014 and 2013, for December 31, 2013 and 2012. Had the valuation been performed as of December 31, 2013 and 2012, there would be no material difference.

The actuarial present value of accumulated plan benefits and the changes in actuarial present value of accumulated plan benefits as of and for the years ended December 31 is as follows:

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated plan		
Vested benefits:		
Active and terminated employees not receiving benefits	\$ 36,994,751	\$ 42,994,543
Retired participants receiving benefits	18,720,408	18,521,735
Other vested benefits	<u>137,494</u>	<u>105,600</u>
Total actuarial present value of accumulated plan	\$ <u>55,852,653</u>	\$ <u>61,621,878</u>

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 3 - Actuarial Present Value of Accumulated Plan Benefits - (Continued)

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 61,621,878	53,725,780
Increase (decrease) during the year attributable to:		
Interest accumulation	2,458,803	2,515,496
Benefits paid	(3,335,671)	(2,670,543)
Plan amendments	-	-
Assumption changes	(4,932,161)	4,615,560
Other changes	39,804	3,435,585
Actuarial present value of accumulated plan benefits at end of year	\$ <u>55,852,653</u>	<u>61,621,878</u>

Note 4 - Investments Exceeding 5% of Net Assets

The Plan's investments representing 5% or more of net assets available for benefits were comprised of the following at December 31:

	<u>2013</u>	<u>2012</u>
EB NCML International Fund	\$ 5,364,038	\$ 5,383,539
EB DO Large Cap Growth Fund	4,854,985	4,497,417
PE Dynamic Value Equity Fund	4,824,141	4,710,878
PE US Small-Mid Cap Value Fund	*	3,452,908
PE US Small-Mid Cap Growth Fund	*	3,326,887
EB CIS Non-Long Credit Index Fund	*	28,989,949
EB NCML Global Equity Fund	3,069,563	*
EB DV NSL LT CR BIF	29,368,104	*
PE DO Mid Cap Core Fund	4,894,394	*

*Investment did not represent 5% or more of net assets available for benefits as of year-end.

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 5 - Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. U.S. GAAP also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Three levels of inputs may be used to measure fair value:

Level 1: Quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

An asset or liability's classification within the fair value hierarchy is based on the lowest level of significant input to its valuation.

Fair value estimates are made at a specific point in time and the methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair value. Although the plan administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

Plan investments are held in common collective trusts which are valued, as reported by the issuer, based on the fair value of the underlying investments less any fees paid by the fund for its expenses, and are classified within level 2 of the valuation hierarchy.

As of December 31, 2013 and 2012, there were no restrictions on redemption or unfunded commitments for any of the major classes of assets.

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 5 - Fair Value Measurements - (Continued)

The following table presents the Plan's fair value hierarchy for those assets measured at fair value:

Class of Investment	Fair Value Measurements at 12/31/13			
	Total	Level 1	Level 2	Level 3
Value	\$ 7,356,325	\$ -	\$ 7,356,325	\$ -
International	8,433,600	-	8,433,600	-
Large Cap	9,677,458	-	9,677,458	-
Mid Cap	4,894,394	-	4,894,394	-
Money Market	604,502	-	604,502	-
Fixed Income	29,368,104	-	29,368,104	-
	<u>\$ 60,334,383</u>	<u>\$ -</u>	<u>\$ 60,334,383</u>	<u>\$ -</u>

Class of Investment	Fair Value Measurements at 12/31/12			
	Total	Level 1	Level 2	Level 3
Value	\$ 8,163,786	\$ -	\$ 8,163,786	\$ -
International	8,270,441	-	8,270,441	-
Large Cap	4,507,954	-	4,507,954	-
Growth	7,824,304	-	7,824,304	-
Money Market	57,479	-	57,479	-
Fixed Income	28,989,949	-	28,989,949	-
	<u>\$ 57,813,913</u>	<u>\$ -</u>	<u>\$ 57,813,913</u>	<u>\$ -</u>

Value Fund - The investment objective of value funds provide a focus on companies with lower-than-average sales and earnings growth rates.

International Fund - The investment objective of the international stock options are to provide long-term growth of capital by investing in value oriented companies in developed markets located outside of the United States.

Large Cap Fund - The investment objective of the large capitalization options are to provide long-term growth of capital primarily using domestic large capitalization securities with a value oriented style of management.

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 5 - Fair Value Measurements - (Continued)

Growth Fund - The Fund seeks long-term capital appreciation and growth of income by investing primarily in a diversified group of mutual funds within the same group of investment companies that invest primarily in equity securities.

Money Market Fund - The money market fund invests in high-quality, short-term money market investments issued by U.S. and foreign issuers, such as commercial paper, certificates of deposit and time deposits, variable and floating-rate debt securities, bank notes and bankers' acceptances, repurchase agreements and obligations issued by the U.S. government, agencies or instrumentalities.

Fixed Income Fund - The investment seeks to achieve investment income consistent with the preservation of principal, primarily through investments in federal and other government bonds, corporate bonds and commercial mortgages.

Note 6 - Information Prepared and Certified by the Trustee (Unaudited)

The plan administrator has elected the method of annual reporting permitted by Regulation 2520.103-8 of ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following investment information, and related activity, certified by the Trustee, except for comparing such information certified by the Trustee to investment information included in the Plan's financial statements and supplemental schedules. The Trustee certified the completeness and accuracy of net appreciation in fair value of investments and other income of \$6,390,344 for the year ended December 31, 2013. The Trustee has also certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate at December 31:

	<u>2013</u>	<u>2012</u>
Common collective trusts	\$ 60,334,383	\$ 57,813,913
Interest receivable	<u>44</u>	<u>15</u>
	<u>\$ 60,334,427</u>	<u>\$ 57,813,928</u>

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 7 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right to discontinue contributions and to terminate the Plan subject to provisions set forth in ERISA. If the Plan were to terminate, the rights of participating employees are non-forfeitable with respect to the Plan benefits accrued through the date of such termination. The net assets available for benefits of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most normal retirement benefits, early retirement benefits, deferred vested termination benefits, and certain disability and survivors' pensions. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and by the PBGC guaranty while other benefits may not be provided for at all. Refer to the plan document for specific priorities on termination.

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Notes to Financial Statements
December 31, 2013 and 2012

Note 8 - Income Tax Status

The Plan obtained its latest determination letter dated May 8, 2014, in which the Internal Revenue Service (IRS) stated that the Plan design is in compliance with the applicable requirements of the IRC. The Plan restated the plan document effective January 1, 2013. Management believes the Plan continues to operate as a qualified plan, therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

Note 9 - Parties-in-Interest

Parties-in-interest are defined under ERISA as any fiduciary of the Plan, any party rendering services to the Plan, the plan sponsor, and certain others. As such, transactions conducted by the Trustee and its affiliates qualify as party-in-interest transactions. The Plan has certain investments managed by the Trustee; therefore, these transactions qualify as party-in-interest transactions. Certain administrative expenses of the Plan were paid by the Trustee, fund managers, and the Plan's actuary and thus, qualify as party-in-interest transactions. The Company pays certain expenses for the administration of the Plan.

As part of the Trustee's compensation, the Trustee retains float interest earned on balances, including without limitation, disbursement balances and balances arising from purchase and sale transactions.

Note 10 - Subsequent Events

Management of the Plan has evaluated subsequent events through October 14, 2014, the date the financial statements were available to be issued

SUPPLEMENTAL SCHEDULES

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Schedule H, Part IV, Line 4i Schedule of Assets (Held at End of Year) December 31, 2013

EIN: 56-2615517

PN: 001

		(c)		
		Description of investments including	(d)	(e)
(a)	(b)	maturity date, rate of interest collateral,	Cost	Current
	Identity of issue, borrower,	par, or maturity value		value
	lessor or similar party			
*	The Bank of New York Mellon	EB DV NSL LT CR BIF	\$ 31,363,314	\$ 29,368,104
*	The Bank of New York Mellon	EB DO Large Cap Growth Fund	2,788,020	4,854,985
*	The Bank of New York Mellon	EB DV ENH Large Cap Core Fund	1,542,839	2,412,549
*	The Bank of New York Mellon	EB NCML Global Equity Fund	2,282,396	3,069,563
*	The Bank of New York Mellon	EB NCML International Fund	4,124,622	5,364,038
*	The Bank of New York Mellon	EB Temp Investment Fund Forward Variable Rate	604,501	604,501
*	The Bank of New York Mellon	EB US Large Capitalization Core Fund	1,390,194	2,409,924
*	The Bank of New York Mellon	PE Dynamic Value Equity Fund	2,930,624	4,824,141
*	The Bank of New York Mellon	PE US Small Mid Cap Opportunistic Value Eq Fd	2,361,000	2,532,184
*	The Bank of New York Mellon	PE DO Mid Cap Core Fund	4,612,974	4,894,394
			<u>\$ 54,000,484</u>	<u>\$ 60,334,383</u>

* A party-in-interest as defined by ERISA

See accompanying notes to financial statements.

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Schedule H, Part IV, Line 4j Schedule of Reportable Transactions Year Ended December 31, 2013

EIN: 56-2615517

PN: 001

No. of transactions	(a) Identity of party involved *	(b) Description of asset (including interest rate and maturity in case of loans)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
5	The Bank of New York Mellon	EB DV NSL LT CR BIF	\$ 3,106,453	\$ -	\$ -	**	\$ -
4	The Bank of New York Mellon	EB DV NSL LT CR BIF	\$ -	\$ 701,900	\$ 733,107	**	\$ (31,207)
10	The Bank of New York Mellon	PE US Small-Mid Cap Value Equity Fund	\$ -	\$ 4,354,495	\$ 2,857,975	**	\$ 1,496,520
9	The Bank of New York Mellon	PE US Small-Mid Cap Growth Equity Fund	\$ -	\$ 4,368,418	\$ 2,452,068	**	\$ 1,916,350
38	The Bank of New York Mellon	EB Temp Investment Fund Forward Variable Rate	\$ 6,899,201	\$ -	\$ -	**	\$ -
31	The Bank of New York Mellon	EB Temp Investment Fund Forward Variable Rate	\$ -	\$ 6,352,180	\$ 6,352,180	**	\$ -
2	The Bank of New York Mellon	EB DO Mid Cap Core Fund	\$ 4,699,999	\$ -	\$ -	**	\$ -
1	The Bank of New York Mellon	EB DO Mid Cap Core Fund	\$ -	\$ 90,001	\$ 87,025	**	\$ 2,976

* A party-in-interest as defined by ERISA

** Information not available

Columns (e) and (f) are not applicable.

See accompanying notes to financial statements.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**

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 NOKIA SOLUTIONS AND NETWORKS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NOKIA SOLUTIONS AND NETWORKS US LLC	D Employer Identification Number (EIN) 56-2615517
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>1</u> Day <u>1</u> Year <u>2013</u>		
2 Assets:		
a Market value	2a	57,813,928
b Actuarial value	2b	57,813,928
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 50	15,041,513
b For terminated vested participants.....	3b 352	18,039,775
c For active participants:		
(1) Non-vested benefits	3c(1)	254,302
(2) Vested benefits	3c(2)	16,101,481
(3) Total active.....	3c(3) 235	16,355,783
d Total.....	3d 637	49,437,071
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	6.26 %
6 Target normal cost	6	535,307

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	Al-Karim Alidina <i>AA</i>	09/09/2014
	Signature of actuary	Date
AL-KARIM ALIDINA	Type or print name of actuary	14-06110
		Most recent enrollment number
HEWITT ASSOCIATES LLC	Firm name	(202) 223-0673
		Telephone number (including area code)
1120 20TH STREET, NW SUITE 600 WASHINGTON	DC 20036	
	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) 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)	3,045,626	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)	3,045,626	0
10 Interest on line 9 using prior year's actual return of <u>15.64</u> %	476,336	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>6.97</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	3,521,962	0

Part III Funding Percentages

14 Funding target attainment percentage	14	109.82 %
15 Adjusted funding target attainment percentage	15	116.94 %
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	122.48 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94 %	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		61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	535,307	
b Excess assets, if applicable, but not greater than line 31a	31b	535,307	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	12.00%	0.7787	5.47
59.5	12.00%	0.6852	4.89
60.5	15.00%	0.6030	5.47
61.5	20.00%	0.5126	6.30
62.5	25.00%	0.4101	6.41
63.5	20.00%	0.3075	3.91
64.5	20.00%	0.2460	3.17
65.5	35.00%	0.1968	4.51
66.5	20.00%	0.1279	1.70
67.5	30.00%	0.1023	2.07
68.5	35.00%	0.0716	1.72
69.5	35.00%	0.0466	1.13
70	100.00%	0.0303	2.12
Weighted Average			61.36

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	4.94%
2nd Segment Rate	6.15%
3rd Segment Rate	6.76%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2013), without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.62%
2nd Segment Rate	4.40%
3rd Segment Rate	5.45%
Salary Increases	
Minimum Funding Target Normal Cost	3.95%
Maximum Tax Expected Benefit Increase	3.95%
Cash Balance Interest Crediting Rate	4.25%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 2.50% per year.
Social Security COLA Increases	2.50%
Optional Payment Form Election Percentage	All cash balance participants are assumed to elect a lump sum payment. All Final Average Pay Participants are assumed to elect a life annuity.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65 for final average pay participants and age 61 for cash balance participants
Mortality Rates	
Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2012 pensionable earnings rolled forward one year with the salary increase assumption for Final Average Pay participants
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$205,000 and the IRC section 401(a)(17) compensation limit of \$255,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$489,535, based on prior year's actual administrative expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2013

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 1

Retirement Rates

Age	Rate
55	8.00%
56	8.00%
57	8.00%
58	12.00%
59	12.00%
60	15.00%
61	20.00%
62	25.00%
63	20.00%
64	20.00%
65	35.00%
66	20.00%
67	30.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 2—Page 1 of 4

Withdrawal Rates—Male

Age	Years of Service					
	0	1	2	3	4	5+
15	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
16	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
17	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
18	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
19	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
20	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
21	23.70%	23.70%	23.70%	23.70%	23.70%	23.70%
22	21.90%	21.90%	21.90%	21.90%	21.90%	21.90%
23	19.90%	19.90%	19.90%	19.90%	19.90%	19.90%
24	22.80%	22.80%	18.20%	22.80%	18.20%	13.70%
25	21.30%	21.30%	17.00%	21.30%	17.00%	12.80%
26	19.90%	19.90%	15.90%	19.90%	15.90%	11.90%
27	19.10%	19.10%	15.30%	19.10%	15.30%	11.50%
28	18.40%	18.40%	14.70%	18.40%	14.70%	11.00%
29	21.20%	17.60%	14.10%	14.10%	10.60%	14.10%
30	20.30%	16.90%	13.50%	13.50%	10.10%	13.50%
31	19.40%	16.10%	12.90%	12.90%	9.70%	12.90%
32	18.50%	15.40%	12.30%	12.30%	9.20%	12.30%
33	17.60%	14.60%	11.70%	11.70%	8.80%	11.70%
34	19.40%	16.70%	13.90%	13.90%	11.10%	11.10%
35	18.40%	15.80%	13.10%	13.10%	10.50%	10.50%
36	17.30%	14.90%	12.40%	12.40%	9.90%	9.90%
37	16.30%	14.00%	11.60%	11.60%	9.30%	9.30%
38	15.20%	13.10%	10.90%	10.90%	8.70%	8.70%
39	18.20%	16.20%	16.20%	12.20%	10.10%	10.10%
40	17.30%	15.40%	15.40%	11.60%	9.60%	9.60%
41	16.40%	14.60%	14.60%	11.00%	9.10%	9.10%
42	15.80%	14.00%	14.00%	10.50%	8.80%	8.80%
43	15.10%	13.40%	13.40%	10.10%	8.40%	8.40%
44	20.80%	17.60%	16.00%	14.40%	9.60%	8.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 2—Page 2 of 4

Withdrawal Rates—Male

Age	Years of Service					
	0	1	2	3	4	5+
45	19.80%	16.80%	15.30%	13.70%	9.20%	7.60%
46	18.90%	16.00%	14.50%	13.10%	8.70%	7.30%
47	17.90%	15.10%	13.80%	12.40%	8.30%	6.90%
48	16.90%	14.30%	13.00%	11.70%	7.80%	6.50%
49	18.40%	15.90%	14.70%	12.30%	11.00%	7.40%
50	17.30%	15.00%	13.80%	11.50%	10.40%	6.90%
51	15.80%	13.70%	12.60%	10.50%	9.50%	6.30%
52	14.30%	12.40%	11.40%	9.50%	8.60%	5.70%
53	12.40%	10.70%	9.90%	8.30%	7.40%	5.00%
54	10.90%	12.30%	13.10%	9.40%	9.40%	6.50%
55	9.00%	10.20%	10.80%	7.80%	7.80%	5.40%
56	7.10%	8.10%	8.60%	6.20%	6.20%	4.30%
57	5.30%	6.00%	6.30%	4.60%	4.60%	3.20%
58	3.80%	4.30%	4.50%	3.30%	3.30%	2.30%
59+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 2—Page 3 of 4
Withdrawal Rates—Female

Age	Years of Service					
	0	1	2	3	4	5+
15	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
16	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
17	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
18	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
19	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
20	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
21	28.70%	28.70%	28.70%	28.70%	28.70%	28.70%
22	28.50%	28.50%	28.50%	28.50%	28.50%	28.50%
23	28.20%	28.20%	28.20%	28.20%	28.20%	28.20%
24	34.90%	34.90%	27.90%	34.90%	27.90%	20.90%
25	34.60%	34.60%	27.70%	34.60%	27.70%	20.80%
26	32.90%	32.90%	26.30%	32.90%	26.30%	19.70%
27	31.10%	31.10%	24.90%	31.10%	24.90%	18.70%
28	29.00%	29.00%	23.20%	29.00%	23.20%	17.40%
29	32.10%	26.80%	21.40%	21.40%	16.10%	21.40%
30	29.70%	24.80%	19.80%	19.80%	14.90%	19.80%
31	27.60%	23.00%	18.40%	18.40%	13.80%	18.40%
32	25.50%	21.30%	17.00%	17.00%	12.80%	17.00%
33	23.40%	19.50%	15.60%	15.60%	11.70%	15.60%
34	24.90%	21.30%	17.80%	17.80%	14.20%	14.20%
35	22.40%	19.20%	16.00%	16.00%	12.80%	12.80%
36	20.70%	17.70%	14.80%	14.80%	11.80%	11.80%
37	18.90%	16.20%	13.50%	13.50%	10.80%	10.80%
38	17.30%	14.90%	12.40%	12.40%	9.90%	9.90%
39	20.90%	18.60%	18.60%	14.00%	11.60%	11.60%
40	20.30%	18.00%	18.00%	13.50%	11.30%	11.30%
41	19.60%	17.40%	17.40%	13.10%	10.90%	10.90%
42	18.90%	16.80%	16.80%	12.60%	10.50%	10.50%
43	18.20%	16.20%	16.20%	12.20%	10.10%	10.10%
44	25.40%	21.50%	19.50%	17.60%	11.70%	9.80%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 2—Page 4 of 4

Withdrawal Rates—Female

Age	Years of Service					
	0	1	2	3	4	5+
45	24.40%	20.60%	18.80%	16.90%	11.30%	9.40%
46	23.40%	19.80%	18.00%	16.20%	10.80%	9.00%
47	22.40%	19.00%	17.30%	15.50%	10.40%	8.60%
48	21.50%	18.20%	16.50%	14.90%	9.90%	8.30%
49	23.60%	20.50%	18.90%	15.80%	14.20%	9.50%
50	22.50%	19.50%	18.00%	15.00%	13.50%	9.00%
51	21.00%	18.20%	16.80%	14.00%	12.60%	8.40%
52	19.10%	16.60%	15.30%	12.80%	11.50%	7.70%
53	17.60%	15.30%	14.10%	11.80%	10.60%	7.10%
54	15.80%	17.90%	18.90%	13.70%	13.70%	9.50%
55	13.50%	15.30%	16.20%	11.70%	11.70%	8.10%
56	11.60%	13.20%	14.00%	10.10%	10.10%	7.00%
57	9.80%	11.10%	11.70%	8.50%	8.50%	5.90%
58	7.50%	8.50%	9.00%	6.50%	6.50%	4.50%
59+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	October 1, 1965. (Amended and Restated as of October 1, 2006).
Eligibility	January 1st or July 1st coincident with or following completion of six months of Vesting Service. Employees hired or rehired after April 1, 2006 are not eligible for the plan.
Final Average Pay	
Normal Retirement Eligibility	Later of age 65 or completion of three years of Vesting Service.
Benefit	The annual pension is greater of (a) or (b): (a) 1.125% of AFC up to \$12,000 plus 1.50% of such AFC in excess of \$12,000, all multiplied by years of Benefit Service. AFC is the average annual Total Cash Compensation in the four consecutive Plan Years out of the last ten Plan Years prior to the normal retirement date which produces the highest such average. (b) The minimum benefit as summarized in the Appendix to the Siemens Pension Plan.
Early Retirement Eligibility	Age 55 with ten years of Vesting Service.
Benefit	The annual pension is the accrued benefit deferred to age 65 or if payments commence before age 65, such accrued benefit is reduced by 5/12% for each of the first 24 months by which the starting date precedes age 62 and by 1/2% for each additional month in excess of 24 months. There is no reduction if the starting date is between ages 62 and 65.
Disability Retirement Eligibility	Ten years of Vesting Service or qualifies for Workmen's Compensation in connection with the disability.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Benefit	The annual pension that is deferred to age 65 is the accrued benefit (based on Normal Retirement (a) above) at the time of disablement. The participant shall be credited with Vesting and Benefit Service during the period of disability prior to the earliest commencement of retirement benefits, the participant's death, or the participant's recovery from disability. The disability benefit is payable from age 55 until the earlier of the date on which the participant recovers from disability or the date of the participant's death.
Termination Eligibility	100% vested with three years of Vesting Service.
Benefit	The annual pension is determined as in Normal Retirement (a) above, but reduced actuarially if payments begin after age 55 but before age 65.
Death Benefits Before Retirement	Return of accumulated employee contributions, if any, or if vested right to any portion of accrued benefit or death resulted from injury or accident to which Workmen's Compensation applies, annual pension payable for life to spouse is 50% of reduced joint and 50% survivor benefit, but not less than \$360. If spouse is more than 15 years younger than the member, the pension is reduced by 1% for each year or fraction thereof, by which the difference in age exceeds 15 years.
After Retirement	Return of accumulated employee contributions, if any, guaranteed or if member has a spouse, 50% of the pension which the member would receive under the reduced joint and 50% survivor option will be payable to the spouse for life.
Other Benefits	Certain operating companies receive special minimum benefits based on the terms of agreement when they entered the plan. In addition, certain benefit provisions from prior plans that were subsequently merged into this plan continue.
Cash Balance Account Balance	The account is increased monthly with Pay Credits (up to December 31, 2007) and Interest Credits.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Interest Credits

Based on 30-year Treasury rate for the August immediately preceding the Plan Year.

Pay Credits

Based on Vesting Service:

Service	Low	Middle	High
< 5	2.00%	3.00%	4.00%
5–9	2.50%	3.75%	5.00%
10–14	3.00%	4.50%	6.00%
15–19	4.00%	6.00%	8.00%
20–24	5.00%	7.50%	10.00%
25–29	6.00%	9.00%	12.00%
30+	7.50%	11.25%	15.00%

Minimum Benefit

If a participant was a member of the Plan prior to January 1, 2001, then the participant will not receive a benefit less than the Minimum Benefit accrued under the Final Average Pay formula or any other grandfathered prior plan as of December 31, 2000.

Normal Retirement
Eligibility

Later of age 65 or completion of three years of Vesting Service.

Benefit

Account Balance or Actuarially Equivalent annuity payable upon retirement.

Termination
Eligibility

100% vested with three years of Vesting Service.

Benefit

Account Balance or Actuarially Equivalent annuity payable upon retirement.

Disability
Eligibility

Ten years of Vesting Service or Workmen's Compensation in connection with the disability.

Benefit

Account Balance is immediately vested upon termination due to disability. Interest Credits granted until the account is paid out or an annuity payment is elected. No Pay Credits granted unless pay is received.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Death Benefits

Before Retirement

Return of accumulated employee contributions, if any. Account Balance or Actuarially Equivalent annuity payable to beneficiary. Paid regardless of Vesting Service accrued by the participant.

After Retirement

Return of accumulated employee contributions, if any. Payments to beneficiary based on the optional form selected at the time of the participant's retirement. If the participant received a lump sum payment at retirement, the beneficiary will not receive a death benefit.

Definitions

Vesting Service

From date of hire.

Benefit Service

Elapsed time in years from membership date. Benefit service was frozen as of December 31, 2007.

Total Cash Compensation

Eligible compensation includes cash compensation, tax-deferred contributions to the Siemens Savings Plan, bonuses, special pay, overtime pay, shift differential, commissions, salary continuation payments, and Section 125 contributions. Compensation shall not exceed the limit described in IRC section 401(a)(17).

Form of Payment

Normal Form of Annuity

50% Joint and Survivor, if married; Life Annuity, if single.

Optional Forms

50% Joint and Survivor, 66 2/3% Joint and Survivor, 100% Joint and Survivor, 120-month Certain and Life, and Lump Sum (for cash balance participants only).

Lump Sum Cashout

Benefit paid immediately to participant as a Lump Sum if the Actuarial Equivalent of the age-65 monthly retirement benefit payable as a Life Annuity is less than \$5,000.

Actuarial Equivalence

Optional Forms (Excluding
Lump Sum Payments)

7.00% interest and UP 1984 mortality table.

Lump Sum Payments

IRC section 417(e) mortality table for 2012 as specified in Revenue Ruling 2007-67 and interest based on 3-segment yield curve as specified in IRS Notice 2007-81.

Plan Year

Calendar year.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2013

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			3							
35-39			24 \$0 \$10,715	3	1					
40-44			27 \$0 \$12,646	16	2	1				
45-49			24 \$0 \$20,357	10	10	9	2			
50-54			10	11	7	13	5	1		
55-59			6	3	7	10	6	4		
60-64			3	3	3	4	2	2	1	
65-69										
70+			2							

N-235

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	12.00%	0.7787	5.47
59.5	12.00%	0.6852	4.89
60.5	15.00%	0.6030	5.47
61.5	20.00%	0.5126	6.30
62.5	25.00%	0.4101	6.41
63.5	20.00%	0.3075	3.91
64.5	20.00%	0.2460	3.17
65.5	35.00%	0.1968	4.51
66.5	20.00%	0.1279	1.70
67.5	30.00%	0.1023	2.07
68.5	35.00%	0.0716	1.72
69.5	35.00%	0.0466	1.13
70	100.00%	0.0303	2.12
Weighted Average			61.36

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2013

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			3							
35-39			24 \$0 \$10,715	3	1					
40-44			27 \$0 \$12,646	16	2	1				
45-49			24 \$0 \$20,357	10	10	9	2			
50-54			10	11	7	13	5	1		
55-59			6	3	7	10	6	4		
60-64			3	3	3	4	2	2	1	
65-69										
70+			2							

N-235

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	4.94%
2nd Segment Rate	6.15%
3rd Segment Rate	6.76%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2013), without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.62%
2nd Segment Rate	4.40%
3rd Segment Rate	5.45%
Salary Increases	
Minimum Funding Target Normal Cost	3.95%
Maximum Tax Expected Benefit Increase	3.95%
Cash Balance Interest Crediting Rate	4.25%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 2.50% per year.
Social Security COLA Increases	2.50%
Optional Payment Form Election Percentage	All cash balance participants are assumed to elect a lump sum payment. All Final Average Pay Participants are assumed to elect a life annuity.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65 for final average pay participants and age 61 for cash balance participants
Mortality Rates	
Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2012 pensionable earnings rolled forward one year with the salary increase assumption for Final Average Pay participants
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$205,000 and the IRC section 401(a)(17) compensation limit of \$255,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$489,535, based on prior year's actual administrative expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2013

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 1

Retirement Rates

Age	Rate
55	8.00%
56	8.00%
57	8.00%
58	12.00%
59	12.00%
60	15.00%
61	20.00%
62	25.00%
63	20.00%
64	20.00%
65	35.00%
66	20.00%
67	30.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 2—Page 1 of 4

Withdrawal Rates—Male

Age	Years of Service					
	0	1	2	3	4	5+
15	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
16	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
17	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
18	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
19	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
20	25.60%	25.60%	25.60%	25.60%	25.60%	25.60%
21	23.70%	23.70%	23.70%	23.70%	23.70%	23.70%
22	21.90%	21.90%	21.90%	21.90%	21.90%	21.90%
23	19.90%	19.90%	19.90%	19.90%	19.90%	19.90%
24	22.80%	22.80%	18.20%	22.80%	18.20%	13.70%
25	21.30%	21.30%	17.00%	21.30%	17.00%	12.80%
26	19.90%	19.90%	15.90%	19.90%	15.90%	11.90%
27	19.10%	19.10%	15.30%	19.10%	15.30%	11.50%
28	18.40%	18.40%	14.70%	18.40%	14.70%	11.00%
29	21.20%	17.60%	14.10%	14.10%	10.60%	14.10%
30	20.30%	16.90%	13.50%	13.50%	10.10%	13.50%
31	19.40%	16.10%	12.90%	12.90%	9.70%	12.90%
32	18.50%	15.40%	12.30%	12.30%	9.20%	12.30%
33	17.60%	14.60%	11.70%	11.70%	8.80%	11.70%
34	19.40%	16.70%	13.90%	13.90%	11.10%	11.10%
35	18.40%	15.80%	13.10%	13.10%	10.50%	10.50%
36	17.30%	14.90%	12.40%	12.40%	9.90%	9.90%
37	16.30%	14.00%	11.60%	11.60%	9.30%	9.30%
38	15.20%	13.10%	10.90%	10.90%	8.70%	8.70%
39	18.20%	16.20%	16.20%	12.20%	10.10%	10.10%
40	17.30%	15.40%	15.40%	11.60%	9.60%	9.60%
41	16.40%	14.60%	14.60%	11.00%	9.10%	9.10%
42	15.80%	14.00%	14.00%	10.50%	8.80%	8.80%
43	15.10%	13.40%	13.40%	10.10%	8.40%	8.40%
44	20.80%	17.60%	16.00%	14.40%	9.60%	8.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 2—Page 2 of 4

Withdrawal Rates—Male

Age	Years of Service					
	0	1	2	3	4	5+
45	19.80%	16.80%	15.30%	13.70%	9.20%	7.60%
46	18.90%	16.00%	14.50%	13.10%	8.70%	7.30%
47	17.90%	15.10%	13.80%	12.40%	8.30%	6.90%
48	16.90%	14.30%	13.00%	11.70%	7.80%	6.50%
49	18.40%	15.90%	14.70%	12.30%	11.00%	7.40%
50	17.30%	15.00%	13.80%	11.50%	10.40%	6.90%
51	15.80%	13.70%	12.60%	10.50%	9.50%	6.30%
52	14.30%	12.40%	11.40%	9.50%	8.60%	5.70%
53	12.40%	10.70%	9.90%	8.30%	7.40%	5.00%
54	10.90%	12.30%	13.10%	9.40%	9.40%	6.50%
55	9.00%	10.20%	10.80%	7.80%	7.80%	5.40%
56	7.10%	8.10%	8.60%	6.20%	6.20%	4.30%
57	5.30%	6.00%	6.30%	4.60%	4.60%	3.20%
58	3.80%	4.30%	4.50%	3.30%	3.30%	2.30%
59+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 2—Page 3 of 4

Withdrawal Rates—Female

Age	Years of Service					
	0	1	2	3	4	5+
15	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
16	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
17	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
18	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
19	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
20	29.00%	29.00%	29.00%	29.00%	29.00%	29.00%
21	28.70%	28.70%	28.70%	28.70%	28.70%	28.70%
22	28.50%	28.50%	28.50%	28.50%	28.50%	28.50%
23	28.20%	28.20%	28.20%	28.20%	28.20%	28.20%
24	34.90%	34.90%	27.90%	34.90%	27.90%	20.90%
25	34.60%	34.60%	27.70%	34.60%	27.70%	20.80%
26	32.90%	32.90%	26.30%	32.90%	26.30%	19.70%
27	31.10%	31.10%	24.90%	31.10%	24.90%	18.70%
28	29.00%	29.00%	23.20%	29.00%	23.20%	17.40%
29	32.10%	26.80%	21.40%	21.40%	16.10%	21.40%
30	29.70%	24.80%	19.80%	19.80%	14.90%	19.80%
31	27.60%	23.00%	18.40%	18.40%	13.80%	18.40%
32	25.50%	21.30%	17.00%	17.00%	12.80%	17.00%
33	23.40%	19.50%	15.60%	15.60%	11.70%	15.60%
34	24.90%	21.30%	17.80%	17.80%	14.20%	14.20%
35	22.40%	19.20%	16.00%	16.00%	12.80%	12.80%
36	20.70%	17.70%	14.80%	14.80%	11.80%	11.80%
37	18.90%	16.20%	13.50%	13.50%	10.80%	10.80%
38	17.30%	14.90%	12.40%	12.40%	9.90%	9.90%
39	20.90%	18.60%	18.60%	14.00%	11.60%	11.60%
40	20.30%	18.00%	18.00%	13.50%	11.30%	11.30%
41	19.60%	17.40%	17.40%	13.10%	10.90%	10.90%
42	18.90%	16.80%	16.80%	12.60%	10.50%	10.50%
43	18.20%	16.20%	16.20%	12.20%	10.10%	10.10%
44	25.40%	21.50%	19.50%	17.60%	11.70%	9.80%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 2—Page 4 of 4

Withdrawal Rates—Female

Age	Years of Service					
	0	1	2	3	4	5+
45	24.40%	20.60%	18.80%	16.90%	11.30%	9.40%
46	23.40%	19.80%	18.00%	16.20%	10.80%	9.00%
47	22.40%	19.00%	17.30%	15.50%	10.40%	8.60%
48	21.50%	18.20%	16.50%	14.90%	9.90%	8.30%
49	23.60%	20.50%	18.90%	15.80%	14.20%	9.50%
50	22.50%	19.50%	18.00%	15.00%	13.50%	9.00%
51	21.00%	18.20%	16.80%	14.00%	12.60%	8.40%
52	19.10%	16.60%	15.30%	12.80%	11.50%	7.70%
53	17.60%	15.30%	14.10%	11.80%	10.60%	7.10%
54	15.80%	17.90%	18.90%	13.70%	13.70%	9.50%
55	13.50%	15.30%	16.20%	11.70%	11.70%	8.10%
56	11.60%	13.20%	14.00%	10.10%	10.10%	7.00%
57	9.80%	11.10%	11.70%	8.50%	8.50%	5.90%
58	7.50%	8.50%	9.00%	6.50%	6.50%	4.50%
59+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	October 1, 1965. (Amended and Restated as of October 1, 2006).
Eligibility	January 1st or July 1st coincident with or following completion of six months of Vesting Service. Employees hired or rehired after April 1, 2006 are not eligible for the plan.
Final Average Pay	
Normal Retirement Eligibility	Later of age 65 or completion of three years of Vesting Service.
Benefit	The annual pension is greater of (a) or (b): (a) 1.125% of AFC up to \$12,000 plus 1.50% of such AFC in excess of \$12,000, all multiplied by years of Benefit Service. AFC is the average annual Total Cash Compensation in the four consecutive Plan Years out of the last ten Plan Years prior to the normal retirement date which produces the highest such average. (b) The minimum benefit as summarized in the Appendix to the Siemens Pension Plan.
Early Retirement Eligibility	Age 55 with ten years of Vesting Service.
Benefit	The annual pension is the accrued benefit deferred to age 65 or if payments commence before age 65, such accrued benefit is reduced by 5/12% for each of the first 24 months by which the starting date precedes age 62 and by 1/2% for each additional month in excess of 24 months. There is no reduction if the starting date is between ages 62 and 65.
Disability Retirement Eligibility	Ten years of Vesting Service or qualifies for Workmen's Compensation in connection with the disability.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Benefit	The annual pension that is deferred to age 65 is the accrued benefit (based on Normal Retirement (a) above) at the time of disablement. The participant shall be credited with Vesting and Benefit Service during the period of disability prior to the earliest commencement of retirement benefits, the participant's death, or the participant's recovery from disability. The disability benefit is payable from age 55 until the earlier of the date on which the participant recovers from disability or the date of the participant's death.
Termination Eligibility	100% vested with three years of Vesting Service.
Benefit	The annual pension is determined as in Normal Retirement (a) above, but reduced actuarially if payments begin after age 55 but before age 65.
Death Benefits Before Retirement	Return of accumulated employee contributions, if any, or if vested right to any portion of accrued benefit or death resulted from injury or accident to which Workmen's Compensation applies, annual pension payable for life to spouse is 50% of reduced joint and 50% survivor benefit, but not less than \$360. If spouse is more than 15 years younger than the member, the pension is reduced by 1% for each year or fraction thereof, by which the difference in age exceeds 15 years.
After Retirement	Return of accumulated employee contributions, if any, guaranteed or if member has a spouse, 50% of the pension which the member would receive under the reduced joint and 50% survivor option will be payable to the spouse for life.
Other Benefits	Certain operating companies receive special minimum benefits based on the terms of agreement when they entered the plan. In addition, certain benefit provisions from prior plans that were subsequently merged into this plan continue.
Cash Balance Account Balance	The account is increased monthly with Pay Credits (up to December 31, 2007) and Interest Credits.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Interest Credits

Based on 30-year Treasury rate for the August immediately preceding the Plan Year.

Pay Credits

Based on Vesting Service:

Service	Low	Middle	High
< 5	2.00%	3.00%	4.00%
5–9	2.50%	3.75%	5.00%
10–14	3.00%	4.50%	6.00%
15–19	4.00%	6.00%	8.00%
20–24	5.00%	7.50%	10.00%
25–29	6.00%	9.00%	12.00%
30+	7.50%	11.25%	15.00%

Minimum Benefit

If a participant was a member of the Plan prior to January 1, 2001, then the participant will not receive a benefit less than the Minimum Benefit accrued under the Final Average Pay formula or any other grandfathered prior plan as of December 31, 2000.

Normal Retirement
Eligibility

Later of age 65 or completion of three years of Vesting Service.

Benefit

Account Balance or Actuarially Equivalent annuity payable upon retirement.

Termination
Eligibility

100% vested with three years of Vesting Service.

Benefit

Account Balance or Actuarially Equivalent annuity payable upon retirement.

Disability
Eligibility

Ten years of Vesting Service or Workmen's Compensation in connection with the disability.

Benefit

Account Balance is immediately vested upon termination due to disability. Interest Credits granted until the account is paid out or an annuity payment is elected. No Pay Credits granted unless pay is received.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Death Benefits

Before Retirement

Return of accumulated employee contributions, if any. Account Balance or Actuarially Equivalent annuity payable to beneficiary. Paid regardless of Vesting Service accrued by the participant.

After Retirement

Return of accumulated employee contributions, if any. Payments to beneficiary based on the optional form selected at the time of the participant's retirement. If the participant received a lump sum payment at retirement, the beneficiary will not receive a death benefit.

Definitions

Vesting Service

From date of hire.

Benefit Service

Elapsed time in years from membership date. Benefit service was frozen as of December 31, 2007.

Total Cash Compensation

Eligible compensation includes cash compensation, tax-deferred contributions to the Siemens Savings Plan, bonuses, special pay, overtime pay, shift differential, commissions, salary continuation payments, and Section 125 contributions. Compensation shall not exceed the limit described in IRC section 401(a)(17).

Form of Payment

Normal Form of Annuity

50% Joint and Survivor, if married; Life Annuity, if single.

Optional Forms

50% Joint and Survivor, 66 2/3% Joint and Survivor, 100% Joint and Survivor, 120-month Certain and Life, and Lump Sum (for cash balance participants only).

Lump Sum Cashout

Benefit paid immediately to participant as a Lump Sum if the Actuarial Equivalent of the age-65 monthly retirement benefit payable as a Life Annuity is less than \$5,000.

Actuarial Equivalence

Optional Forms (Excluding
Lump Sum Payments)

7.00% interest and UP 1984 mortality table.

Lump Sum Payments

IRC section 417(e) mortality table for 2012 as specified in Revenue Ruling 2007-67 and interest based on 3-segment yield curve as specified in IRS Notice 2007-81.

Plan Year

Calendar year.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Nokia Solutions and Networks Pension Plan
EIN: 56-2615517 PN: 001

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

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

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

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2013

EIN: 56-2615517

PN: 001

		(c)		
	(b)	Description of investments including	(d)	(e)
(a)	Identity of issue, borrower, lessor or similar party	maturity date, rate of interest collateral, par, or maturity value	Cost	Current value
*	The Bank of New York Mellon	EB DV NSL LT CR BIF	\$ 31,363,314	\$ 29,368,104
*	The Bank of New York Mellon	EB DO Large Cap Growth Fund	2,788,020	4,854,985
*	The Bank of New York Mellon	EB DV ENH Large Cap Core Fund	1,542,839	2,412,549
*	The Bank of New York Mellon	EB NCML Global Equity Fund	2,282,396	3,069,563
*	The Bank of New York Mellon	EB NCML International Fund	4,124,622	5,364,038
*	The Bank of New York Mellon	EB Temp Investment Fund Forward Variable Rate	604,501	604,501
*	The Bank of New York Mellon	EB US Large Capitalization Core Fund	1,390,194	2,409,924
*	The Bank of New York Mellon	PE Dynamic Value Equity Fund	2,930,624	4,824,141
*	The Bank of New York Mellon	PE US Small Mid Cap Opportunistic Value Eq Fd	2,361,000	2,532,184
*	The Bank of New York Mellon	PE DO Mid Cap Core Fund	4,612,974	4,894,394
			<u>\$ 54,000,484</u>	<u>\$ 60,334,383</u>

* A party-in-interest as defined by ERISA

See accompanying notes to financial statements.

NOKIA SOLUTIONS AND NETWORKS PENSION PLAN

Schedule H, Part IV, Line 4j Schedule of Reportable Transactions Year Ended December 31, 2013

EIN: 56-2615517

PN: 001

No. of transactions	(a) Identity of party involved *	(b) Description of asset (including interest rate and maturity in case of loans)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
5	The Bank of New York Mellon	EB DV NSL LT CR BIF	\$ 3,106,453	\$ -	\$ -	**	\$ -
4	The Bank of New York Mellon	EB DV NSL LT CR BIF	\$ -	\$ 701,900	\$ 733,107	**	\$ (31,207)
10	The Bank of New York Mellon	PE US Small-Mid Cap Value Equity Fund	\$ -	\$ 4,354,495	\$ 2,857,975	**	\$ 1,496,520
9	The Bank of New York Mellon	PE US Small-Mid Cap Growth Equity Fund	\$ -	\$ 4,368,418	\$ 2,452,068	**	\$ 1,916,350
38	The Bank of New York Mellon	EB Temp Investment Fund Forward Variable Rate	\$ 6,899,201	\$ -	\$ -	**	\$ -
31	The Bank of New York Mellon	EB Temp Investment Fund Forward Variable Rate	\$ -	\$ 6,352,180	\$ 6,352,180	**	\$ -
2	The Bank of New York Mellon	EB DO Mid Cap Core Fund	\$ 4,699,999	\$ -	\$ -	**	\$ -
1	The Bank of New York Mellon	EB DO Mid Cap Core Fund	\$ -	\$ 90,001	\$ 87,025	**	\$ 2,976

* A party-in-interest as defined by ERISA

** Information not available

Columns (e) and (f) are not applicable.

See accompanying notes to financial statements.