

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 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:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan NPM DEFINED BENEFIT PENSION PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2010</td> </tr> </table>	1b Three-digit plan number (PN) ►	002	1c Effective date of plan 01/01/2010			
1b Three-digit plan number (PN) ►	002						
1c Effective date of plan 01/01/2010							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) NINE POINTS MANAGEMENT & RESEARCH 2001 6TH AVENUE SUITE 2700 SEATTLE, WA 98121	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>26-3749007</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>206-727-9999</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>523900</td> </tr> </table>	2b Employer Identification Number (EIN)	26-3749007	2c Sponsor's telephone number	206-727-9999	2d Business code (see instructions)	523900
2b Employer Identification Number (EIN)	26-3749007						
2c Sponsor's telephone number	206-727-9999						
2d Business code (see instructions)	523900						
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address	<table border="1"> <tr> <td>3b Administrator's EIN</td> <td></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number			
3b Administrator's EIN							
3c Administrator's telephone number							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	<table border="1"> <tr> <td>4b EIN</td> <td></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
5a Total number of participants at the beginning of the plan year	5a 2						
b Total number of participants at the end of the plan year	5b 1						
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not determined						

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	LUIZA VICKERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	LUIZA VICKERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	155241	319675
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	155241	319675
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	164434	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		164434
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		164434
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 3D

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

Part V Compliance Questions

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

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b

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

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a 0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN
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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>NPM DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NINE POINTS MANAGEMENT & RESEARCH</u>	D Employer Identification Number (EIN) <u>26-3749007</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>251497</u>
b Actuarial value	2b <u>251497</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>0</u>
b For terminated vested participants.....	3b <u>0</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>4976</u>
(2) Vested benefits	3c(2) <u>159784</u>
(3) Total active.....	3c(3) <u>2</u>
d Total.....	3d <u>2</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
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>6.76 %</u>
6 Target normal cost	6 <u>55957</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/14/2014</u>
	Signature of actuary	Date
<u>COLIN E. SOUTHCOTE-WANT</u>	Type or print name of actuary	<u>14-03502</u>
		Most recent enrollment number
<u>ALBION ACTUARIAL CONSULTING, INC.</u>	Firm name	<u>206-542-7421</u>
		Telephone number (including area code)
<u>10616 237TH PLACE SW</u> <u>EDMONDS, WA 98020</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
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.22</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		89233
b	Interest on (a) using prior year's effective interest rate of <u>7.46</u> % except as otherwise provided (see instructions)		6657
c	Total available at beginning of current plan year to add to prefunding balance		95890
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III | Funding Percentages

14	Funding target attainment percentage.....	14	152.64 %
15	Adjusted funding target attainment percentage	15	152.64 %
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	145.40 %
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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 1
22 Weighted average retirement age				22 69
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
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	55957	
b Excess assets, if applicable, but not greater than line 31a	31b	55957	
32 Amortization installments:			
a Net shortfall amortization installment.....	Outstanding Balance	Installment	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			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		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <small>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).</small> ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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 NPM Defined Benefit Pension Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Nine Points Management & Research	D Employer Identification Number (EIN) 26-3749007		
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2	Assets:	
	a Market value	251497
	b Actuarial value	251497
3	Funding target/participant count breakdown:	
	a For retired participants and beneficiaries receiving payment.....	0
	b For terminated vested participants.....	0
	c For active participants:	
	(1) Non-vested benefits	4976
	(2) Vested benefits	159784
	(3) Total active.....	164760
	d Total.....	164760
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	6.76%
	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.....	55957
5	Effective interest rate	6.76%
6	Target normal cost.....	55957

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary Colin E. Southcote-Want Type or print name of actuary Albion Actuarial Consulting, Inc. Firm name 10616 237th Place SW Edmonds WA 98020 Address of the firm	<u>10/11/2014</u> Date <u>1403502</u> Most recent enrollment number <u>206-542-7421</u> Telephone number (including area code)
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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

EIN: 26-3749007
PN: 002

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Line 22
Description of Weighted Average Retirement Age

The weighted average assumed retirement age is 69, weighted by Funding Target.

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Interest Rates:

Plan Rate	5.50%	
Funding Rate (December 2012)	<u>For Minimum</u>	<u>For Maximum</u>
Segment 1	4.94%	1.66%
Segment 2	6.15%	4.47%
Segment 3	6.76%	5.52%

Minimum Present Values (December 2012)	
Segment 1	1.00%
Segment 2	3.57%
Segment 3	4.77%

Mortality Rates (static, combined):	<u>Pre-retirement</u>	<u>Post-retirement</u>
Funding	None	2013 Applicable
Plan Rate	None	94GARU2002
417(e) Rate	None	2013 Applicable

Salary Increases: None

Withdrawal Rates: None

Retirement: Participants are assumed to retire at normal retirement age. The owner is assumed to retire at age 69.

Expense Load: None

Probability of benefit being paid as a Lump Sum 100%

Assets Market Value

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Part V
Summary of Plan Provisions

Effective Date:	January 1, 2010
Plan Year:	January 1 through December 31
Eligibility:	All employees are eligible to enter on the January 1 or July 1 coincident with or next following the date the employee completes the following
requirements:	1 year of service minimum age 21
Normal Retirement Date:	First day of the month coincident with or next following attainment of age 62, or the 5 th anniversary of entering the plan if later.
Normal Retirement Benefits:	A benefit payable for the life of the participant.
Benefit Formula:	6% of monthly compensation* for each year of credited service. *compensation is the average of the highest three consecutive years of participation.
Accrued Benefit:	Benefit based upon the above formula, using compensation and years of credited service earned to the date of computation.
Vesting:	20% after 2 years of service, plus 20% each year of service thereafter until fully vested.
Death Benefit:	Actuarial equivalent of the vested accrued benefit.
Early Retirement Benefit:	None
Disability Benefit:	None

EIN: 26-3749007
PN: 002

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed retirement age for the owner was changed to age 69, to better reflect anticipated experience under the plan.

EIN: 26-3749007
PN: 002

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Line 22
Description of Weighted Average Retirement Age

The weighted average assumed retirement age is 69, weighted by Funding Target.

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Interest Rates:

Plan Rate	5.50%	
Funding Rate (December 2012)	<u>For Minimum</u>	<u>For Maximum</u>
Segment 1	4.94%	1.66%
Segment 2	6.15%	4.47%
Segment 3	6.76%	5.52%
Minimum Present Values (December 2012)		
Segment 1	1.00%	
Segment 2	3.57%	
Segment 3	4.77%	

Mortality Rates (static, combined):	<u>Pre-retirement</u>	<u>Post-retirement</u>
Funding	None	2013 Applicable
Plan Rate	None	94GARU2002
417(e) Rate	None	2013 Applicable

Salary Increases: None

Withdrawal Rates: None

Retirement: Participants are assumed to retire at normal retirement age. The owner is assumed to retire at age 69.

Expense Load: None

Probability of benefit being paid as a Lump Sum 100%

Assets Market Value

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Part V
Summary of Plan Provisions

Effective Date:	January 1, 2010
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requirements:	1 year of service minimum age 21
Normal Retirement Date:	First day of the month coincident with or next following attainment of age 62, or the 5 th anniversary of entering the plan if later.
Normal Retirement Benefits:	A benefit payable for the life of the participant.
Benefit Formula:	6% of monthly compensation* for each year of credited service. *compensation is the average of the highest three consecutive years of participation.
Accrued Benefit:	Benefit based upon the above formula, using compensation and years of credited service earned to the date of computation.
Vesting:	20% after 2 years of service, plus 20% each year of service thereafter until fully vested.
Death Benefit:	Actuarial equivalent of the vested accrued benefit.
Early Retirement Benefit:	None
Disability Benefit:	None

EIN: 26-3749007
PN: 002

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Line 24
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EIN: 26-3749007
PN: 002

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Line 22
Description of Weighted Average Retirement Age

The weighted average assumed retirement age is 69, weighted by Funding Target.

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Interest Rates:

Plan Rate	5.50%	
Funding Rate (December 2012)	<u>For Minimum</u>	<u>For Maximum</u>
Segment 1	4.94%	1.66%
Segment 2	6.15%	4.47%
Segment 3	6.76%	5.52%
Minimum Present Values (December 2012)		
Segment 1	1.00%	
Segment 2	3.57%	
Segment 3	4.77%	

Mortality Rates (static, combined):	<u>Pre-retirement</u>	<u>Post-retirement</u>
Funding	None	2013 Applicable
Plan Rate	None	94GARU2002
417(e) Rate	None	2013 Applicable

Salary Increases: None

Withdrawal Rates: None

Retirement: Participants are assumed to retire at normal retirement age. The owner is assumed to retire at age 69.

Expense Load: None

Probability of benefit being paid as a Lump Sum 100%

Assets Market Value

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Part V
Summary of Plan Provisions

Effective Date:	January 1, 2010
Plan Year:	January 1 through December 31
Eligibility:	All employees are eligible to enter on the January 1 or July 1 coincident with or next following the date the employee completes the following
requirements:	1 year of service minimum age 21
Normal Retirement Date:	First day of the month coincident with or next following attainment of age 62, or the 5 th anniversary of entering the plan if later.
Normal Retirement Benefits:	A benefit payable for the life of the participant.
Benefit Formula:	6% of monthly compensation* for each year of credited service. *compensation is the average of the highest three consecutive years of participation.
Accrued Benefit:	Benefit based upon the above formula, using compensation and years of credited service earned to the date of computation.
Vesting:	20% after 2 years of service, plus 20% each year of service thereafter until fully vested.
Death Benefit:	Actuarial equivalent of the vested accrued benefit.
Early Retirement Benefit:	None
Disability Benefit:	None

EIN: 26-3749007
PN: 002

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed retirement age for the owner was changed to age 69, to better reflect anticipated experience under the plan.

EIN: 26-3749007
PN: 002

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Line 22
Description of Weighted Average Retirement Age

The weighted average assumed retirement age is 69, weighted by Funding Target.

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Interest Rates:

Plan Rate	5.50%	
Funding Rate (December 2012)	<u>For Minimum</u>	<u>For Maximum</u>
Segment 1	4.94%	1.66%
Segment 2	6.15%	4.47%
Segment 3	6.76%	5.52%
Minimum Present Values (December 2012)		
Segment 1	1.00%	
Segment 2	3.57%	
Segment 3	4.77%	

Mortality Rates (static, combined):	<u>Pre-retirement</u>	<u>Post-retirement</u>
Funding	None	2013 Applicable
Plan Rate	None	94GARU2002
417(e) Rate	None	2013 Applicable

Salary Increases: None

Withdrawal Rates: None

Retirement: Participants are assumed to retire at normal retirement age. The owner is assumed to retire at age 69.

Expense Load: None

Probability of benefit being paid as a Lump Sum 100%

Assets Market Value

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Part V
Summary of Plan Provisions

Effective Date:	January 1, 2010
Plan Year:	January 1 through December 31
Eligibility:	All employees are eligible to enter on the January 1 or July 1 coincident with or next following the date the employee completes the following
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Accrued Benefit:	Benefit based upon the above formula, using compensation and years of credited service earned to the date of computation.
Vesting:	20% after 2 years of service, plus 20% each year of service thereafter until fully vested.
Death Benefit:	Actuarial equivalent of the vested accrued benefit.
Early Retirement Benefit:	None
Disability Benefit:	None

EIN: 26-3749007
PN: 002

NPM
DEFINED BENEFIT PENSION PLAN

2013 Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed retirement age for the owner was changed to age 69, to better reflect anticipated experience under the plan.