

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2014 or fiscal plan year beginning <u>02/12/2014</u> and ending <u>12/31/2014</u>			
A This return/report is for:	<input checked="" type="checkbox"/>	a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
	<input type="checkbox"/>	a one-participant plan	<input type="checkbox"/> a foreign plan
B This return/report is	<input checked="" type="checkbox"/>	the first return/report	<input type="checkbox"/> the final return/report
	<input type="checkbox"/>	an amended return/report	<input checked="" 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"/>	special extension (enter description)	<input type="checkbox"/> DFVC program

Part II Basic Plan Information—enter all requested information			
1a Name of plan <u>NAES CORPORATION RETIREMENT PLAN FOR SENECA LOCAL 459 EMPLOYEES</u>	1b Three-digit plan number (PN) ▶	<u>022</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NAES CORPORATION</u> <u>1180 NW MAPLE STREET, SUITE 200</u> <u>ISSAQUAH, WA 98027</u>	1c Effective date of plan <u>02/12/2014</u>		
	2b Employer Identification Number (EIN) <u>91-1111672</u>		
	2c Sponsor's telephone number <u>425-961-4700</u>		
	2d Business code (see instructions) <u>221100</u>		
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN		
	3c Administrator's telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year..... c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year..... d(2) Total number of active participants at the end of the plan year..... e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	4b EIN		
	4c PN		
	5a		<u>8</u>
	5b		<u>8</u>
	5c		
	5d(1)		<u>8</u>
5d(2)		<u>8</u>	
5e			

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.	10/13/2015	NORM ESCOVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	NORM ESCOVER
	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)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	0	298555
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	0	298555
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	296000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	3430	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		299430
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	875	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		875
i Net income (loss) (subtract line 8h from line 8c)	8i		298555
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
- 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		2000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<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

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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 02/12/2014 and ending 12/31/2014

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

A Name of plan NAES CORPORATION RETIREMENT PLAN FOR SENECA LOCAL 459 EMPLOYEES	B Three-digit plan number (PN) ▶ 022
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NAES CORPORATION	D Employer Identification Number (EIN) 91-111672

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 02 Day 12 Year 2014			
2 Assets:			
a Market value	2a	0	
b Actuarial value	2b	0	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	0	0	0
c For active participants	8	0	103380
d Total	8	0	103380
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	6.70%	
6 Target normal cost	6	43300	

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		10/12/2015
Signature of actuary		Date
SCOTT F. PORTER, FSA		14-05894
Type or print name of actuary		Most recent enrollment number
MILLIMAN, INC.		
Firm name		Telephone number (including area code)
1550 LIBERTY RIDGE DRIVE, SUITE 200 WAYNE, PA 19087		
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 ☐

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)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
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		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	0.00 %
15 Adjusted funding target attainment percentage	15	0.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	0.00 %

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
03/27/2014	170700				
01/14/2015	125300				
			Totals ►	18(b)	296000
				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	287440
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input 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	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	43300	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	103380	17302	
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	60602	
	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	60602	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	287440	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	226838	
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		

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. The plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the plan will be adequately and systematically funded. Annual contributions are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the plan's ERISA funding requirements is the unit credit method, as required by the Pension Protection Act of 2006. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's future benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the plan's ERISA funding requirements is equal to the Adjusted Market Value of Assets.

Interest Rates

For ERISA funding purposes: Segment rates (based on statutory rates in effect four months prior to the beginning of the plan year, limited by HATFA Segment Rate Stabilization) of 4.99% per year for first 5 years, 6.32% per year for next 15 years, and 6.99% per year thereafter. The equivalent Effective Interest Rate is 6.60% per year.

For maximum deductible contribution purposes: Segment rates (based on statutory rates in effect four months prior to beginning of plan year, not limited by HATFA Segment Rate Stabilization) of 1.35% per year for first 5 years, 4.05% per year for next 15 years, and 5.05% per year thereafter. The equivalent Effective Interest Rate is 4.54% per year.

For FASB ASC Topic 960 purposes: 3.5% per year, net of investment expenses.

For PBGC premium purposes: Segment rates of 1.24% per year for first 5 years, 4.42% per year for next 15 years, and 5.40% per year thereafter based on the PBGC Standard Rule.

Valuation Compensation

July 1 rate of pay in effect as of the valuation date.

Compensation Increases

3% increase per year on valuation compensation.

Social Security Taxable Wage Base Increases

3.75% per year.

Mortality

For ERISA funding and PBGC premium purposes: Statutory static tables for 2014 based on RP-2000 Combined Mortality Table projected to anticipate greater future longevity. No mortality is assumed prior to retirement.

For FASB ASC Topics 960 purposes: RP-2000 Combined Mortality Table projected with Scale AA on a generational basis. As a generational table, it reflects mortality improvements both before and after the measurement date. No mortality is assumed prior to retirement.

Turnover

Sample annual rates shown below:

Age	Rate
20	5.4%
25	5.3
30	5.1
35	4.7
40	3.5
45	1.8
50	0.4
55	0.0

Retirement

For members retiring from active service, annual rates are shown below. Rates vary by age.

Age	Rate
55-59	10%
60-61	20
62	50
63-65	30
66-69	25
70+	100

The assumed retirement age is 65 for terminated vested participants.

Form of Payment

Single life annuity.

Expenses

No administrative expenses are assumed to be paid by the plan.

Special Data Adjustments

None.

This summary of plan provisions is intended to only describe the essential features of the plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Accrued Benefit: The benefit determined under the formula used to calculate the Normal Retirement Benefit, based on Base Annual Rate and years of Benefit Service as of the date of determination.

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. In general, for purposes other than determining lump sum amounts, Actuarially Equivalent factors are based on the 1971 Group Annuity Male Mortality table, with a two-year age setback for participants and a six-year setback for contingent annuitants, and an interest rate of 6.5%. For purposes of determining lump sum amounts, Actuarially Equivalent factors are based on the mortality table specified in IRS Notice 2013-49 for the Plan Year of distribution and the statutory three-tier segment interest rates in effect for the month of October prior to the Plan Year of distribution.

Base Annual Rate: The lower of the highest Base Rate of Pay determined on any given July 1 and the average annual Compensation during the highest 60 consecutive months of service ending on date of termination (Compensation paid in the month following termination is excluded). For Transitioned Employees, Compensation for the Prior Plan is included.

Base Rate of Pay: Annualized salary by multiplying monthly salary by 12 or hourly rate by number of normally scheduled hours worked (2080 hours) determined as of July 1. Annual Base Rate of Pay may not exceed the inflation-adjusted limit specified for each Plan Year as specified by the IRS (\$260,000 for the 2014 plan year).

Benefit Service: After the initial month of employment, credit is earned for each month worked. In the initial month of employment, credit is earned if hired on or before the 15th of a month (16th for 31-day months). For Transitioned Employees, Benefit Service includes service under the Prior Plan as of February 11, 2014.

Compensation: Regular base earnings, including any reductions pursuant to IRC 401(k), 125 and 132(f)(4) plus overtime pay, shift differential, premium pay, commissions and other similar items, but excluding bonuses (signing bonuses and retention bonuses), spot awards, non-cash awards, reimbursements of business expenses and other similar items. Annual Compensation may not exceed the inflation-adjusted limit specified for each Plan Year as specified by the IRS (\$260,000 for the 2014 plan year).

Covered Compensation Level: The average annual Social Security wage base during the last 35 years ending on December 31st of the preceding July 1, rounded to the nearest multiple of \$600. The Covered Compensation Level does not vary by participant and remains in effect from July 1 to June 30. The Covered Compensation Level in effect July 1, 2013 to June 30, 2014 is \$64,800.

Plan Effective Date: February 12, 2014.

Plan Year: The 12-month period beginning January 1 and ending December 31. The initial plan year was from February 12, 2014 to December 31, 2014.

Prior Plan: The Allegheny Energy Retirement Plan within the FirstEnergy Corp. Pension Plan in effect on February 11, 2014.

Transitioned Employees: An employee of FirstEnergy immediately prior to February 12, 2014, employed on February 12, 2014, and a member of UWUA Local 102 Lake Lynn on February 12, 2014.

Vesting Service: A full year is credited for each 12-month period beginning July 1 and ending the subsequent June 30 in which 1,000 or more hours of service are credited. No partial years of Vesting Service are credited. For Transitioned Employees, Vesting Service includes service under the Prior Plan as of February 11, 2014.

Eligibility for Participation

For Transitioned Employees, February 12, 2014. For new employees, the first of the month following the later of completion of the first 12 months of employment, or any subsequent Plan Year, in which 1,000 hours are credited or date of becoming a member of UAWA Local 102 Lake Lynn.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following attainment of age 65.

Normal Retirement Benefit: A 3-part formula less any vested benefit accrued under the Prior Plan payable in monthly installments. Part 1 equals 1.1% of Base Annual Rate up to the Covered Compensation Level multiplied by years of Benefit Service up to 35 years. Part 2 equals 1.5% of Base Annual Rate in excess of the Covered Compensation Level multiplied by years of Benefit Service up to 35 years. Part 3 equals 1.3% of Base Annual Rate multiplied by years of Benefit Service in excess of 35 years. The Plan also includes a minimum retirement benefit, but it is not expected to be applicable.

Early Retirement

Early Retirement Date: The first day of the month coincident with or next following the attainment of age 55 while employed.

Early Retirement Benefit: Part 1 of the Accrued Benefit unreduced for early commencement plus Parts 2 and 3 of the Accrued Benefit reduced by 0.25% for each month by which the Early Retirement Date precedes age 62; less any benefit accrued under the Prior Plan reduced in a similar manner if the member was age 55 on February 12, 2014 or reduced by early retirement factors for terminated vested participants if the member was less than age 55 on February 12, 2014.

Deferred Retirement

Deferred Retirement Date: The first day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.

Deferred Retirement Benefit: The Accrued Benefit determined as of the Deferred Retirement Date.

Termination

Termination Date: The date of termination of service other than for reasons of retirement or death.

Termination Benefit: The Accrued Benefit, multiplied by the Vested Percentage below, payable at the Normal Retirement Date, or payable as early as age 55 (reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the benefit commencement date precedes the Normal Retirement Date).

Years of Vesting Service	Vested Percentage
Less than 5 and under age 55 at termination	0%
5 or more or at least age 55 at termination	100

Preretirement Death

Preretirement Death Benefit Eligibility: Surviving spouses of participants with a vested Accrued Benefit who die before commencement of payments.

Preretirement Death Benefit: 50% of the benefit which would have been payable had the deceased participant instead terminated service on the date of death, survived to his earliest possible benefit commencement date, elected a joint and 50% survivor annuity, and died on that same date.

Forms of Payment

Normal Forms: Life annuity if single; Actuarial Equivalent qualified joint and 50% survivor annuity if married.

Optional Forms: Life Annuity; Actuarially Equivalent joint and 25%, 50%, 75%, or 100% survivor annuity.

Lump Sum: Payable if the Actuarially Equivalent present value of the vested Accrued Benefit payable at normal retirement is \$25,000 or less.

<u>Age</u>	<u>$q_v^{(r)}$</u>	<u>$p_v^{(r)}$</u>	<u>$l_v^{(r)}$</u>	Weighted <u>Average</u>
55	10%	90%	100%	5.50
56	10%	90%	90%	5.04
57	10%	90%	81%	4.62
58	10%	90%	73%	4.23
59	10%	90%	66%	3.87
60	20%	80%	59%	7.09
61	20%	80%	47%	5.76
62	50%	50%	38%	11.72
63	30%	70%	19%	3.57
64	30%	70%	13%	2.54
65	30%	70%	9%	1.81
66	25%	75%	6%	1.07
67	25%	75%	5%	0.81
68	25%	75%	4%	0.62
69	25%	75%	3%	0.47
70	100%	0%	2%	1.44
Weighted Average Age				60.16
Rounded				60.00

Summary of Active Participants by Age and Service

Number of Participants by Age and Service Groups

Age	Years of Credited Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-
40-44	-	-	-	1	-	-	-	-	-	-	1
45-49	-	-	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	-	-	-	1	-	-	1
55-59	-	-	-	-	-	2	-	1	1	-	4
60-64	-	-	-	-	-	-	2	-	-	-	2
65-69	-	-	-	-	-	-	-	-	-	-	-
70&Up	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	1	-	2	2	2	1	-	8

Shortfall Amortization

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target for the plan year beginning February 12, 2014 is determined below. The Funding Shortfall is amortized in seven level payments using the interest rates for determining the Applicable Funding Target for the current plan year.

1. Applicable Funding Target	\$70,300
2. Actuarial Value of Assets less Prefunding Balance	0
3. Funding Shortfall [(1) - (2), but not less than \$0]	70,300
4. Amortization factor	5.97518
5. Shortfall Amortization for current plan year [(3) ÷ (4)]	\$11,765

**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

2014**This Form is Open to Public
Inspection**

For calendar plan year 2014 or fiscal plan year beginning 02/12/2014 and ending 12/31/2014

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

A Name of plan NAES Corporation Ret Plan for Seneca Local 459 EEs	B Three-digit plan number (PN) ▶ 022
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NAES Corporation	D Employer Identification Number (EIN) 91-1111672
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>2</u> Day <u>12</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	0	
b Actuarial value	2b	0	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	0	0	0
b For terminated vested participants.....	0	0	0
c For active participants.....	8	0	103,380
d Total.....	8	0	103,380
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	6.70 %	
6 Target normal cost	6	43,300	

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***Scott F. Porter*

Signature of actuary

Scott F. Porter, FSA

Type or print name of actuary

Milliman, Inc.

Firm name

1550 Liberty Ridge Drive, Suite 200

Wayne

PA 19087

Address of the firm

10/9/15

Date

14-05894

Most recent enrollment number

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____ %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
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		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	0.00 %
15 Adjusted funding target attainment percentage	15	0.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	0.00 %

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
03/27/2014	170,700				
01/14/2015	125,300				
Totals ▶			18(b)	296,000	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	287,440

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: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....	21b		4
22 Weighted average retirement age	22		60
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input 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	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	43,300	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	103,380	17,302	
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	60,602	
	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	60,602	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	287,440	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	226,838	
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		