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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                      | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>UNITED WATER RESOURCES INC. RETIREMENT PLAN</u>                                                                                                                                                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>05/12/1947</u></td> </tr> </table>                                                                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                       | <b>1c</b> Effective date of plan<br><u>05/12/1947</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                            | <u>002</u>                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>05/12/1947</u>                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>UNITED WATER RESOURCES INC.</u><br><br><u>461 FROM ROAD</u><br><u>SUITE 400</u><br><u>PARAMUS, NJ 07652</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>22-2441477</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>201-767-9300</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>221300</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>22-2441477</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>201-767-9300</u> | <b>2d</b> Business code (see instructions)<br><u>221300</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>22-2441477</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>201-767-9300</u>                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>221300</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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/15/2015 | MARIE C. WAUGH                                               |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 2596                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 950<br><b>6a(2)</b> 896<br><b>6b</b> 890<br><b>6c</b> 303<br><b>6d</b> 2089<br><b>6e</b> 229<br><b>6f</b> 2318<br><br><b>6g</b><br><br><b>6h</b> 2  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div> |
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>UNITED WATER RESOURCES INC. RETIREMENT PLAN                                                                      | <b>B</b> Three-digit plan number (PN) ▶ 002                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>UNITED WATER RESOURCES INC.                                   | <b>D</b> Employer Identification Number (EIN)<br>22-2441477                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                               |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2014                                                                                                                                                   |                                                                                                        |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                        |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> 262780685                                                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> 255786144                                                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                        |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants 1074 (2) Vested Funding Target 146588921 (3) Total Funding Target 146588921 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 572 21133458 21133458                                                                                  |
| <b>c</b> For active participants.....                                                                                                                                                                          | 950 88691638 95822103                                                                                  |
| <b>d</b> Total.....                                                                                                                                                                                            | 2596 256414017 263544482                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                        |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                              |
| <b>b</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..... | <b>4b</b>                                                                                              |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> 6.49%                                                                                         |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b> 7663694                                                                                       |

**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.

|                                                     |                               |                                        |
|-----------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                    |                               | 10/08/2015                             |
|                                                     | Signature of actuary          | Date                                   |
| LORRAINE HALPIN                                     | Type or print name of actuary | 14-06775                               |
| TOWERS WATSON DELAWARE INC.                         | Firm name                     | Most recent enrollment number          |
| 8 CAMPUS DRIVE<br>4TH FLOOR<br>PARSIPPANY, NJ 07054 | Address of the firm           | 973-290-2500                           |
|                                                     |                               | Telephone number (including area code) |

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>10.16</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 16445827               |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.32</u> % ..... |                       | 1039376                |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 17485203               |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 97.05 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 97.05 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 86.95 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2014                                                                               | 3065000                           | 0                               |                          |                                   |                                 |
| 07/15/2014                                                                               | 3065000                           | 0                               |                          |                                   |                                 |
| 09/19/2014                                                                               | 7505                              | 0                               |                          |                                   |                                 |
| 01/15/2015                                                                               | 1120000                           | 0                               |                          |                                   |                                 |
| 04/15/2015                                                                               | 8740000                           | 0                               |                          |                                   |                                 |
| 09/15/2015                                                                               | 1161720                           | 0                               |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 17159225                          | <b>18(c)</b> 0                  |

|                                                                                                                                                                                       |            |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                  |            |          |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                                  | <b>19a</b> | 0        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                    | <b>19b</b> | 0        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                               | <b>19c</b> | 16132228 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                           |            |          |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |          |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |          |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                       |            |          |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                            |            |          |
| (1) 1st                                                                                                                                                                               | (2) 2nd    | (3) 3rd  |
| 0                                                                                                                                                                                     | 0          | 0        |
|                                                                                                                                                                                       |            | (4) 4th  |
|                                                                                                                                                                                       |            | 0        |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> 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 |
| <b>25</b> 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 |
| <b>26</b> 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 |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 7663694            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 7758338             | 391122             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 8054816            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 8054816            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 16132228           |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 8077412            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                                               |   |  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                                               |   |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years                                                          |   |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 |   |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                                                     | 0 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                                                     | 0 |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2014</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>UNITED WATER RESOURCES INC. RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNITED WATER RESOURCES INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>22-2441477</u> |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

04-3523567

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

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

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

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

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

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

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

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

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

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

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**(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)

TOWERS WATSON DELAWARE INC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 826563                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WEISER MAZARS LLP

13-1459550

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 72767                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SEYFARTH SHAW LLP

36-2152202

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 68097                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

PYRAMIS GLOBAL ADVISORS TRUST COMPA

26332 NETWORK PL  
CHICAGO, IL 66073

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50 51               | NONE                                                                                              | 59246                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

KPMG

P.O. BOX 120970  
DALLAS, TX 75312-0970

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 42885                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 62 21 64 50         | NONE                                                                                              | 18941                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)

MINTON INVESTMENT MGMT

ONE-A MAIN STREET SUITE ONE  
SPARTA, NJ 07871

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 27 50                            | NONE                                                                                                                 | 12287                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2014</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                                            |                                                                            |            |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>UNITED WATER RESOURCES INC. RETIREMENT PLAN</u>                                | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>UNITED WATER RESOURCES INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>22-2441477</u>         |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

**b** Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>13-3689044-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>89071103</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS LONG DURATION BOND

**b** Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISORS TRUST COMPANY

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>20-4659714-053</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39654267</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>UNITED WATER RESOURCES INC. RETIREMENT PLAN</u>                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>002</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNITED WATER RESOURCES INC.</u>                                                                                                                                                                      |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>22-2441477</u>                                       |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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  |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                  |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                  |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | <u>18184980</u>       | <u>11021720</u>  |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                  |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                  |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                  |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                  |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                  |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                  |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                  |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                  |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                  |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | <u>11522470</u>       | <u>11121199</u>  |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                  |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                  |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                  |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | <u>213025623</u>      | <u>128725370</u> |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                  |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                  |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                  |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | <u>0</u>              | <u>97905510</u>  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                  |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   | <u>20780531</u>       | <u>21158073</u>  |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 263513604             | 269931872       |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |        |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 225956 | 244351 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 225956 | 244351 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 263287648 | 269687521 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 17159225   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 17159225  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 16915328  |
| (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     |            | 272351    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 34346904  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 25969989 |          |
| (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) |          | 25969989 |
| 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) | 115652   |          |
| (2) Contract administrator fees .....                                                | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 1058491  |          |
| (4) Other .....                                                                      | 2i(4) | 802899   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 1977042  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 27947031 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 6399873 |
| 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: WEISERMAZARS LLP

(2) EIN: 13-1459550

**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  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> 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  |         |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |         |
| <b>d</b> 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  |         |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 2000000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |         |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |         |
| <b>g</b> 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  |         |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |         |
| <b>h</b> 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  |         |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |         |
| <b>j</b> 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   |    |         |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |         |
| <b>n</b> 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. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |         |

**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>UNITED WATER RESOURCES INC. RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNITED WATER RESOURCES INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>22-2441477</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                                      |          |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                | <b>1</b> | <u>0</u>   |
| <b>2</b> 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):<br><br>EIN(s): <u>13-3689044</u> <u>41-6257133</u> |          |            |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                                              |          |            |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                      | <b>3</b> | <u>258</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                              |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 38.0% Investment-Grade Debt: 34.0% High-Yield Debt: 13.0% Real Estate: \_\_\_\_\_% Other: 15.0%

- 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): \_\_\_\_\_



## Independent Auditors' Report

The Benefits Committee  
United Water Resources Inc. Retirement Plan

### Report on the Financial Statements

We were engaged to audit the financial statements of the United Water Resources Inc. Retirement Plan (the “Plan”), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years ended December 31, 2014 and 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, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Street Bank & Trust Company, the trustee of the Plan (the “Trustee”), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan’s investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2014 and 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.

WEISERMAZARS LLP

135 WEST 50TH STREET – NEW YORK, NEW YORK – 10020

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WEISERMAZARS LLP IS AN INDEPENDENT MEMBER FIRM OF MAZARS GROUP.



**Other Matter**

The supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2014 and schedule H, line 4j – schedule of reportable transactions for the year ended December 31, 2014, are required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 these 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads 'Weiser Mazars LLP'.

October 15, 2015

United Water Resources Inc. Retirement Plan

Statements of Net Assets Available for Benefits

|                                   | <b>December 31</b> |                |
|-----------------------------------|--------------------|----------------|
|                                   | <b>2014</b>        | <b>2013</b>    |
| <b>Assets</b>                     |                    |                |
| Investments, at fair value:       |                    |                |
| Mutual funds:                     |                    |                |
| Bonds                             | \$ 44,830,488      | \$ 42,118,256  |
| U.S. equities                     | 40,327,512         | 39,039,873     |
| International equities            | 12,747,510         | 12,692,466     |
| Common collective trust funds:    |                    |                |
| Short-term investments            | 5,144,341          | 235,246        |
| Bonds                             | 71,048,394         | 65,812,505     |
| U.S. equities                     | 22,882,685         | 21,081,764     |
| International equities            | 29,649,950         | 32,045,513     |
| Alternative investments:          |                    |                |
| Hedge funds                       | 21,158,073         | 20,780,531     |
| Private equities                  | 11,121,199         | 11,522,470     |
| Total investments, at fair value  | 258,910,152        | 245,328,624    |
| Employer contribution receivable  | 11,021,720         | 18,184,980     |
| Total assets                      | 269,931,872        | 263,513,604    |
| <b>Liabilities</b>                |                    |                |
| Accrued administrative expenses   | 244,351            | 225,956        |
| Total liabilities                 | 244,351            | 225,956        |
| Net assets available for benefits | \$ 269,687,521     | \$ 263,287,648 |

*The accompanying notes are an integral part of these financial statements.*

## United Water Resources Inc. Retirement Plan

## Statements of Changes in Net Assets Available for Benefits

|                                                               | <b>Years Ended December 31</b> |                              |
|---------------------------------------------------------------|--------------------------------|------------------------------|
|                                                               | <b>2014</b>                    | <b>2013</b>                  |
| <b>Additions:</b>                                             |                                |                              |
| Net appreciation in fair value of investments:                |                                |                              |
| Mutual funds                                                  | \$ 1,296,963                   | \$ 9,868,970                 |
| Common collective trust funds                                 | 13,512,052                     | 10,861,754                   |
| Alternative investments                                       | 2,106,313                      | 3,157,945                    |
|                                                               | <u>16,915,328</u>              | <u>23,888,669</u>            |
| Employer contributions                                        | 17,159,225                     | 30,977,942                   |
| Other credits                                                 | 272,351                        | 333,238                      |
| Total additions                                               | <u>34,346,904</u>              | <u>55,199,849</u>            |
| <b>Deductions:</b>                                            |                                |                              |
| Benefits paid to participants                                 | 15,603,807                     | 15,586,141                   |
| Settlements                                                   | 10,366,182                     | 1,472,253                    |
| Administrative expenses                                       | 1,977,042                      | 1,248,793                    |
| Total deductions                                              | <u>27,947,031</u>              | <u>18,307,187</u>            |
| <b>Net increase in net assets available for benefits</b>      | <b>6,399,873</b>               | <b>36,892,662</b>            |
| <b>Net assets available for benefits at beginning of year</b> | <b>263,287,648</b>             | <b>226,394,986</b>           |
| <b>Net assets available for benefits at end of year</b>       | <b><u>\$ 269,687,521</u></b>   | <b><u>\$ 263,287,648</u></b> |

*The accompanying notes are an integral part of these financial statements.*

# United Water Resources Inc. Retirement Plan

## Notes to Financial Statements

December 31, 2014 and 2013

### 1. Description of Plan

#### General

The following brief description of the United Water Resources Inc. Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Plan is a noncontributory defined benefit pension plan covering substantially all non-bargaining and some bargaining employees of United Water Resources Inc. (the “Company”) and its subsidiaries. All full-time employees (and part-time employees with more than 1,000 hours and one year of service) whose employment commenced prior to January 1, 2010 are eligible for the Plan, unless they are in a collectively bargained unit that has not bargained into the Plan. Full-time employees whose employment commenced on or after January 1, 2010 are eligible for the Plan if they are in a collectively bargained unit that has bargained into the Plan. The Benefits Committee, appointed by the Company’s Board of Directors, administers the Plan. The Plan complies with the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective March 1, 2012, the Benefits Committee amended the Plan to provide a fully-subsidized retirement or death benefit for certain bargaining employees hired on or before December 31, 2006 who reach age 60 and complete 30 years of vesting service. Effective July 1, 2011, the Benefits Committee amended the Plan to add a participation cap for all non-bargaining and certain bargaining employees. For employees with 35 or more years of Plan participation as of June 30, 2011, pension plan benefits have been frozen as of that date. However, for those employees for whom the attainment of the 35-year cap occurs in 2011 or 2012, an enhanced final average earnings calculation, as defined, will be used to determine pension benefits. All active bargained employees have a service cap of 40 years. All other employees who participate in the Plan will continue to accrue benefits until they reach a maximum of 35 years of participation.

#### Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits at normal retirement age (65). The basic formula applying to normal retirement provides for an annual benefit, as defined, which is based on the employee’s average annual base wage or salary rate for the highest paid five years of the ten years immediately preceding retirement. The Plan provides for annual benefits, payable in monthly installments, equivalent to 1.5% of such average annual base wage or salary rate for each credited year of service, without adjustment for social security benefits. Employees who have completed 20 years of credited service can elect early retirement with full pension benefits upon reaching age 62, while employees who have completed 10 years of credited service can elect early retirement upon reaching age 55 with reduced benefits. A participant who continues employment beyond normal retirement date will not receive payment until the first day of the month following actual retirement.

For participants who die while employed, the benefit is computed under the formula set forth in the Plan agreement, payable in the form of a 100% joint and surviving spouse retirement benefit as if the participant had begun receiving these benefits immediately prior to death. The benefit is actuarially

## United Water Resources Inc. Retirement Plan

### Notes to Financial Statements (continued)

#### 1. Description of Plan (continued)

reduced and, if payment to the spouse commences before the participant's 65<sup>th</sup> birthday, adjusted in accordance with the applicable reduction table found in the Plan document (if death benefits commence before the participant's 55<sup>th</sup> birthday, the death benefit is computed as if the participant had reached age 55). However, if the deceased participant in this case was hired prior to October 1, 2001 and had completed at least twenty years of vesting service at the time of death on or after the participant's 62<sup>nd</sup> birthday, the annuity payable to the participant's surviving spouse is not reduced for payment prior to the participant's 65<sup>th</sup> birthday.

In the case of total and permanent disability, benefits are computed under the formula set forth in the Plan document without reduction for commencement of benefits prior to attainment of age 65 but taking into account years of benefit service only up to the date of disability. In the case of partial disability, retirement benefits are computed under the formula set forth in the Plan document with a reduction for commencement of benefits prior to attainment of age 65 in accordance with the Plan document.

In 2014, the Plan provided for a lump sum settlement to terminated vested participants. This settlement was subject to certain limits and only available to those former employees who had not yet elected to receive a benefit from the Plan. The total settlement for the year ended December 31, 2014 was \$10.4 million.

#### 2. Summary of Significant Accounting Policies

##### Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting and 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 changes therein, the actuarial present value of accumulated plan benefits, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

##### Allocation of Assets

At December 31, 2014 and 2013, the majority of the Plan's assets have been invested in various investment fund options under a collective trust arrangement with State Street Bank and Trust Company, the trustee of the Plan ("State Street" or the "Trustee"). The beneficial interest for these investments is represented by units, each of which is of equal value to every other unit. In accordance with the trust agreement, the unit value of each of the investment fund options is determined at the close of business on each business day. In addition, the remaining Plan assets have been invested in mutual funds and other alternative investments, with Adams Street Partners and with several hedge funds.

# United Water Resources Inc. Retirement Plan

## Notes to Financial Statements (continued)

### 2. Summary of Significant Accounting Policies (continued)

#### Investment Valuation and Income Recognition

Investments are stated at fair value. The fair value represents the daily calculated value of units of participations in investment fund options under the collective trust (the “Common Collective Trust Funds”). The daily calculated unit value is determined and reported by the funds in which the Plan assets are invested. The calculation involves the measurements of the underlying assets and liabilities of the Common Collective Trust Funds and of alternative investments at fair value as follows:

- Short-term investments: Short-term securities having remaining maturities of 60 days or less are valued at amortized cost, which approximates market value. The amortized cost of a security is determined by valuing it at original cost and thereafter amortizing any discount or premium at a constant rate until maturity.
- Equity securities: Valued at the official closing price or last sale price on the exchange on which they are primarily traded or at the last quoted bid price for securities in which there were no sales during the day or for unlisted securities. Portfolio securities listed on the NASDAQ National Market and NASDAQ Small Cap Market for which reliable market quotations are available are valued at the official closing price or, if there is no official closing price on that day, at the last sale price.
- Bonds, warrants and related securities: Bonds and warrants are valued at the last available bid prices by an independent pricing service. Option contracts that are traded on commodities or securities exchanges are normally valued at the last mean price on the exchange on which they are traded; if mean prices are not available, the bid price will be used. If neither mean nor bid prices are available, a broker quote will be obtained. Futures contracts traded on commodities or securities exchanges are normally valued at the last closing price on the exchange on which they are traded. If last closing price is not available for futures contracts, a broker quote will be obtained. Swap agreements are normally valued by an independent pricing service. If the independent pricing service is not able to value a swap contract, that contract will be valued at bid price. If bid is not available, a broker quote will be obtained.

When valuations are not readily available, securities will be valued at their fair value as determined in good faith by the Valuation Committee, under the supervision of the Board of Trustees, of the investment fund options. Unlisted securities are valued at the last sales price provided by an independent pricing agent or the principal market maker.

- Alternatives: The Plan invests in private equities and hedge funds, including nonmarketable, nonredeemable investments in partnerships that make private equity and hedge fund investments. Because observable prices are not available for these securities, the fund management has valued the investments based solely on the capital account balances reported by the underlying partnerships. The capital account balances may differ significantly from the values that would have been used had a readily available market for such investments existed, or had such investments been liquidated.

## United Water Resources Inc. Retirement Plan

### Notes to Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

While fund management for the alternatives believes its valuation methods are appropriate and consistent with those used by other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date. Those estimated values may differ significantly from the values that would have been used had a readily available market for such investments existed, or had such investments been liquidated, and these differences could be material to the financial statements.

- Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Investment transactions are recorded on the trade date basis (the date the order to buy or sell is executed). Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis and includes amortization of premiums and accretions of discounts on investments. Realized gains or losses on the sale of securities are recorded on an identified cost basis.

#### Payment of Benefits

Pension benefits are recognized when paid.

#### 3. Fair Value Measurements

Accounting Standards Codification topic ("ASC") 820, Fair Value Measurements and Disclosures, defines fair value, and establishes a framework for measuring fair value in U.S. GAAP and disclosing fair value measurements. It also applies under other accounting pronouncements that require or permit fair value measurements. The fair value hierarchy for disclosure of fair value measurements under ASC 820 is as follows:

- Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2: Quoted prices, other than quoted prices included in Level 1, that are observable for the assets or liabilities, either directly or indirectly.
- Level 3: Valuation inputs are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

United Water Resources Inc. Retirement Plan  
Notes to Financial Statements (continued)

**3. Fair Value Measurements (continued)**

The fair values of the assets were as follows at December 31, 2014 and 2013:

|                                               | Level 1               | Level 2               | Level 3              | Total                 |
|-----------------------------------------------|-----------------------|-----------------------|----------------------|-----------------------|
| At December 31, 2014:                         |                       |                       |                      |                       |
| Investment in mutual funds:                   |                       |                       |                      |                       |
| Bonds - fixed income                          | \$ 44,830,488         | \$ -                  | \$ -                 | \$ 44,830,488         |
| U.S. equities - small cap                     | 40,327,512            | -                     | -                    | 40,327,512            |
| International equities                        | 12,747,510            | -                     | -                    | 12,747,510            |
| Investments in common collective trust funds: |                       |                       |                      |                       |
| Short-term investments                        | 5,144,341             | -                     | -                    | 5,144,341             |
| Bonds - fixed income                          | -                     | 39,654,267            | -                    | 39,654,267            |
| Bonds - high yield                            | -                     | 31,394,127            | -                    | 31,394,127            |
| U.S. equities - large cap                     | -                     | 22,882,685            | -                    | 22,882,685            |
| International equities                        | -                     | 29,649,950            | -                    | 29,649,950            |
| Alternative investments:                      |                       |                       |                      |                       |
| Hedge funds                                   | -                     | -                     | 21,158,073           | 21,158,073            |
| Private equities                              | -                     | -                     | 11,121,199           | 11,121,199            |
| Total at December 31, 2014                    | <u>\$ 103,049,851</u> | <u>\$ 123,581,029</u> | <u>\$ 32,279,272</u> | <u>\$ 258,910,152</u> |
|                                               | Level 1               | Level 2               | Level 3              | Total                 |
| At December 31, 2013:                         |                       |                       |                      |                       |
| Investment in mutual funds:                   |                       |                       |                      |                       |
| Bonds - fixed income                          | \$ 42,118,256         | \$ -                  | \$ -                 | \$ 42,118,256         |
| U.S. equities - small cap                     | 39,039,873            | -                     | -                    | 39,039,873            |
| International equities                        | 12,692,466            | -                     | -                    | 12,692,466            |
| Investments in common collective trust funds: |                       |                       |                      |                       |
| Short-term investments                        | 235,246               | -                     | -                    | 235,246               |
| Bonds - fixed income                          | -                     | 35,456,115            | -                    | 35,456,115            |
| Bonds - high yield                            | -                     | 30,356,390            | -                    | 30,356,390            |
| U.S. equities - large cap                     | -                     | 21,081,764            | -                    | 21,081,764            |
| International equities                        | -                     | 32,045,513            | -                    | 32,045,513            |
| Alternative investments:                      |                       |                       |                      |                       |
| Hedge funds                                   | -                     | -                     | 20,780,531           | 20,780,531            |
| Private equities                              | -                     | -                     | 11,522,470           | 11,522,470            |
| Total at December 31, 2013                    | <u>\$ 94,085,841</u>  | <u>\$ 118,939,782</u> | <u>\$ 32,303,001</u> | <u>\$ 245,328,624</u> |

United Water Resources Inc. Retirement Plan  
Notes to Financial Statements (continued)

### 3. Fair Value Measurements (continued)

The following is a summary of changes in the fair value of the Level 3 assets during 2014:

|                                       | <u>Hedge Funds</u>   | <u>Private Equities</u> | <u>Total</u>         |
|---------------------------------------|----------------------|-------------------------|----------------------|
| Balance at beginning of year          | \$ 20,780,531        | \$ 11,522,470           | \$ 32,303,001        |
| Purchases                             | -                    | 778,343                 | 778,343              |
| Sales                                 | -                    | (2,908,385)             | (2,908,385)          |
| Net change in unrealized appreciation | -                    | -                       | -                    |
| Realized gains                        | 377,542              | 1,728,771               | 2,106,313            |
| Balance at end of year                | <u>\$ 21,158,073</u> | <u>\$ 11,121,199</u>    | <u>\$ 32,279,272</u> |

The Plan's investments in Level 3 assets at December 31, 2014 include the following:

- Prisma Spectrum Fund Ltd: Multi-strategy funds that invest in convertible arbitrage, credit-distressed, equity market neutral, event, fixed income arbitrage, global macro, long/short equity, managed futures, and short bias strategies. These funds have a quarterly redemption frequency, with 65 days prior notice. There is a one year soft-lock with a 5% penalty; however, this lock-up has expired for United Water's investments.
- Adams Street Partners Investment: The investment objective is to invest, typically over three to four years, in private equity funds that in turn invest a substantial portion of their assets in U.S. and Canadian-based companies, companies located in developed markets outside the U.S. and Canada and in primarily late-stage venture capital and growth equity portfolio companies (a majority of which are located in North America).
- JPM Multi Strat II: The investment objective is to generate capital appreciation over the long-term with relatively low volatility and a low correlation with traditional equity and fixed income markets. The Investment Manager will seek to accomplish this objective by allocating the Fund's assets among professionally selected Investment Funds that are managed by experienced Portfolio Managers employing, as a group, a variety of investment techniques and strategies.

With respect to transferability of the interests in these funds, the interests are generally non-transferable and any transfer of interest requires the prior consent of the general partner. At December 31, 2014, the fund has unfunded commitments of \$2.0 million.

### 4. Related Party Transactions

The Plan invests in shares of mutual funds managed by an affiliate of State Street. State Street acts as Trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

United Water Resources Inc. Retirement Plan  
Notes to Financial Statements (continued)

## 5. Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable, under the Plan's provisions, to services employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits under the Plan is calculated by consulting actuaries Towers Watson, and are those amounts that result from applying actuarial assumptions to adjust the accumulated plan benefit to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial cost method used is the unit credit method.

Significant assumptions underlying the actuarial computations of the Plan are as follows:

|                                     |                                                                                                                                                                                                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality                           | The RP 2000 Combined Healthy Mortality Tables                                                                                                                                                              |
| Funding valuation investment return | 7.5% per annum, compounded annually, net of investment and administrative expenses                                                                                                                         |
| Terminations and retirements        | Calculations reflect age related termination rates prior to being eligible for retirement and age related retirement rates for those eligible for retirement. The weighted average retirement age is 63.8. |

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The accumulated plan benefit information at January 1, 2014 is as follows:

Actuarial present value of accumulated plan benefits:

|                                                            |                              |
|------------------------------------------------------------|------------------------------|
| Vested benefits:                                           |                              |
| Active participants                                        | \$ 77,783,734                |
| Deferred vested terminations                               | 18,421,902                   |
| Participants currently receiving benefits                  | 135,032,624                  |
| Total vested benefits                                      | <u>231,238,260</u>           |
| Nonvested benefits                                         | 6,123,342                    |
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 237,361,602</u></u> |

United Water Resources Inc. Retirement Plan  
Notes to Financial Statements (continued)

**5. Accumulated Plan Benefits (continued)**

The following is a summary of the changes in the actuarial present value of accumulated plan benefits:

|                                                                               |                              |
|-------------------------------------------------------------------------------|------------------------------|
| Actuarial present value of accumulated plan benefits<br>as of January 1, 2013 | <u>\$ 206,593,043</u>        |
| Changes in accumulated plan benefits:                                         |                              |
| Benefits accumulated                                                          | 4,621,635                    |
| Actuarial (gains)/losses                                                      | 1,619,953                    |
| Assumption changes                                                            | 22,697,211                   |
| Benefits paid                                                                 | (15,466,175)                 |
| Interest                                                                      | <u>17,295,935</u>            |
| Net increase in accumulated plan benefits                                     | <u>30,768,559</u>            |
| Actuarial present value of accumulated plan benefits<br>as of January 1, 2014 | <u><u>\$ 237,361,602</u></u> |

The Company's funding policy provides that payments to the Plan shall be equal to the minimum funding requirements of ERISA plus additional amounts which may be approved by the Company from time to time, and the amounts deductible for income tax purposes. The Company has met the minimum funding requirements of ERISA as of December 31, 2014.

**6. Plan Termination**

In the event of termination of the Plan, the net assets of the Plan would be allocated among the participants of the Plan as provided for in the Plan or as otherwise required by law. If the assets are insufficient to cover such amounts, an allocation procedure is prescribed. If the assets exceed such amounts and expenses for such distribution, the excess would be paid to the Company. In no event would any contributions revert to the Company prior to the satisfaction of all benefit liabilities under the Plan. To the extent unfunded benefits exist, such benefits will be paid by the Pension Benefit Guaranty Corporation ("PBGC") to participants, as described in ERISA.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination. However, if a plan has been in effect less than five years before it terminates, or if benefits have been increased within the five years before plan termination, the whole amount of the Plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a ceiling on the amount of monthly benefits that the PBGC guarantees, which is adjusted periodically.

United Water Resources Inc. Retirement Plan  
Notes to Financial Statements (continued)

## 7. Investments

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 total investments at fair value on the statements of net assets available for benefits and the net appreciation in fair value of investments on the statements of changes in net assets available for benefits, the information of which was supplied to the Plan administrator and certified as complete and accurate by State Street as of December 31, 2014 and 2013, and for the years then ended.

Investments that represent 5% or more of the fair value of the Plan's net assets were as follows at December 31, 2014 and 2013:

|                                       | <u>2014</u>          | <u>2013</u>   |
|---------------------------------------|----------------------|---------------|
| Pimco Long Duration Bond Fund         | \$ <b>44,830,488</b> | \$ 42,118,256 |
| Pyramis Long Duration Bond            | <b>39,654,267</b>    | -             |
| Diversified Core Bond Fund            | -                    | 35,456,116    |
| Diversified High Yield Bond Fund      | <b>31,394,127</b>    | 30,356,390    |
| Diversified International Equity Fund | <b>29,649,950</b>    | 32,045,513    |
| Diversified Stock Index Fund          | <b>22,882,685</b>    | 21,081,764    |
| Cambiar Small Cap Fund                | <b>22,011,697</b>    | 22,044,778    |
| Fidelity Low Price Fund               | <b>18,315,815</b>    | 16,995,095    |

## 8. Income Tax Status

The Plan received a determination letter from the Internal Revenue Service ("IRS"), dated September 6, 2013, which superseded the previous one dated April 5, 2010, stating that the Plan is qualified under Section 401(a) of the Code; therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since the last amendment covered by the determination letter. However, the Plan administrator and the Plan's counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that would not meet the more likely than not standard and be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. 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.

United Water Resources Inc. Retirement Plan  
Notes to Financial Statements (continued)

**9. 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 that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

**10. Subsequent Events**

The Plan has evaluated subsequent events through October 15, 2015 which is the date these financial statements were available for issuance.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2014

| Attained Age | Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |           |            |
|--------------|---------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|-----------|------------|
|              | Under 1                   |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            | 30 to 34 |            | 35 to 39 |            | 40 & Over |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.       | Avg. Comp. |
| Under 25     | 0                         |            | 3      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 25 - 29      | 1                         |            | 10     |            | 17     |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 30 - 34      | 0                         |            | 15     |            | 50     |            | 12       |            | 3        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 35 - 39      | 0                         |            | 12     |            | 56     |            | 20       |            | 12       |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 40 - 44      | 0                         |            | 10     |            | 44     |            | 27       |            | 26       |            | 10       |            | 1        |            | 0        |            | 0        |            | 0         |            |
| 45 - 49      | 0                         |            | 11     |            | 59     |            | 25       |            | 24       |            | 28       |            | 18       |            | 1        |            | 0        |            | 0         |            |
| 50 - 54      | 0                         |            | 6      |            | 33     |            | 16       |            | 32       |            | 21       |            | 25       |            | 14       |            | 1        |            | 0         |            |
| 55 - 59      | 0                         |            | 6      |            | 33     |            | 17       |            | 29       |            | 15       |            | 18       |            | 33       |            | 20       |            | 3         |            |
| 60 - 64      | 0                         |            | 3      |            | 13     |            | 12       |            | 12       |            | 8        |            | 8        |            | 18       |            | 17       |            | 12        |            |
| 65 - 69      | 0                         |            | 0      |            | 2      |            | 2        |            | 8        |            | 2        |            | 1        |            | 1        |            | 0        |            | 5         |            |
| 70 & Over    | 0                         |            | 0      |            | 2      |            | 1        |            | 2        |            | 2        |            | 0        |            | 0        |            | 2        |            | 0         |            |

Plan Name: United Water Resources Inc. Retirement Plan  
 EIN / PN: 22-2441477/002  
 Plan Sponsor: United Water Resources Inc.  
 Valuation Date: January 1, 2014

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

- Applicable Month September
- Interest rate basis 3-Segment Rates

#### Interest rates:

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ● First segment rate      | 4.99%                   | 1.37%                       |
| ● Second segment rate     | 6.32%                   | 4.05%                       |
| ● Third segment rate      | 6.99%                   | 5.06%                       |
| ● Effective interest rate | 6.49%                   | 4.38%                       |

#### Annual rates of increase

- Compensation:
  - Bargained participants 3.25%
  - Non-Bargained participants 3.00%
- Future Social Security wage bases N/A
- Statutory limits on compensation/benefits N/A
- Assumed cost of living adjustments N/A

### Demographic Assumptions

**Inclusion date** The valuation date coincident or next following the date the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

Plan Name: United Water Resources Inc. Retirement Plan  
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Plan Sponsor: United Water Resources Inc.  
Valuation Date: January 1, 2014

## SCHEDULE SB ATTACHMENTS

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### Mortality

- Healthy The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.
- Disabled Revenue Ruling 96-7 mortality table for participants disabled after December 31, 1994.
- ASC 960 The RP-2000 Combined Healthy Mortality table for males and females projected by Scale AA to 2024

### Termination

The rates at which participants are assumed to leave the Company by age are shown below:

| Age | Termination Rate |
|-----|------------------|
| 20  | 6.38%            |
| 25  | 5.17%            |
| 30  | 4.07%            |
| 35  | 3.08%            |
| 40  | 2.42%            |
| 45  | 1.98%            |
| 50  | 1.43%            |
| 55  | 0.88%            |
| 60  | 0.00%            |

### Disability

The rates at which participants are assumed to become disabled by age are shown below (the 11<sup>th</sup> Railroad Retirement Board Standard Disability Table):

| Age | Disability Rate |
|-----|-----------------|
| 25  | 0.06%           |
| 30  | 0.06%           |
| 35  | 0.07%           |
| 40  | 0.11%           |
| 45  | 0.22%           |
| 50  | 0.46%           |
| 55  | 1.02%           |
| 60  | 3.20%           |

Plan Name: United Water Resources Inc. Retirement Plan  
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Plan Sponsor: United Water Resources Inc.  
Valuation Date: January 1, 2014

## SCHEDULE SB ATTACHMENTS

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### Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

| Age | Retirement Rate |
|-----|-----------------|
| 55  | 4.00%           |
| 56  | 2.08%           |
| 57  | 2.13%           |
| 58  | 2.17%           |
| 59  | 2.22%           |
| 60  | 9.09%           |
| 61  | 3.75%           |
| 62  | 12.99%          |
| 63  | 7.46%           |
| 64  | 4.84%           |
| 65  | 45.76%          |
| 66  | 40.63%          |
| 67  | 31.58%          |
| 68  | 38.46%          |
| 69  | 50.00%          |
| 70  | 100.00%         |

### Form of payment

Single Life Annuity.

### Percent married

66.67% of males; 66.67% of females.

### Spouse age

Spouse three years younger.

### Covered pay

Compensation paid in the current year beginning on the valuation date is the current annual rate of pay.

### Plan-related expenses

Plan-related expenses are assumed to be the amount of the administrative expenses paid during the prior year. The amount included this year for plan-related expenses is \$1,840,000.

### Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month.

Plan Name: United Water Resources Inc. Retirement Plan  
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Plan Sponsor: United Water Resources Inc.  
Valuation Date: January 1, 2014

# SCHEDULE SB ATTACHMENTS

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## Methods

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Funding target</b>            | Present value of accrued benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Actuarial value of assets</b> | <p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| <b>Benefits not valued</b>       | All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with United Water Resources Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | United Water Resources Inc. Retirement Plan |
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| Valuation Date: | January 1, 2014                             |

## SCHEDULE SB ATTACHMENTS

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### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2012 to September 2013 and the interest rate corridors of MAP-21 as extended by HATFA were applied.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- The assumed plan-related expenses added to the target normal cost were changed from \$1,460,000 for 2013 to \$1,840,000 for 2014.

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | United Water Resources Inc. Retirement Plan |
| EIN / PN:       | 22-2441477/002                              |
| Plan Sponsor:   | United Water Resources Inc.                 |
| Valuation Date: | January 1, 2014                             |

EIN#: 22-2441477  
Plan#: 002

United Water Resources Inc. Retirement Plan  
Schedule H, Line 4(j) – Schedule of Reportable Transactions  
December 31, 2014

| Identity of Party Involved                                            |  | Description of Asset (include interest rate and maturity in the case of a loan) | Number of Transactions | Purchase Price | Selling Price   | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain / (Loss) |
|-----------------------------------------------------------------------|--|---------------------------------------------------------------------------------|------------------------|----------------|-----------------|---------------|--------------------------------------------|-------------------|
| <b><u>Category (i) - Individual transactions in excess of 5%:</u></b> |  |                                                                                 |                        |                |                 |               |                                            |                   |
| Transamerica Retirement Solutions                                     |  | Core Bond Fund                                                                  | 1                      | \$ -           | \$ 17,782,162   | \$ 17,148,526 | \$ 17,782,162                              | \$ 633,636        |
| Transamerica Retirement Solutions                                     |  | Pyramis Long Duration Bond                                                      | 1                      | \$ 17,782,162  | \$ -            | \$ -          | \$ 17,782,162                              | \$ -              |
| <b><u>Category (ii) - Series transactions in excess of 5%:</u></b>    |  |                                                                                 |                        |                |                 |               |                                            |                   |
| Transamerica Retirement Solutions                                     |  | Pyramis Long Duration Bond                                                      | 14                     | \$ 36,758,451  | \$ -            | \$ -          | \$ 36,758,451                              | \$ -              |
| Transamerica Retirement Solutions                                     |  | Money Market Fund                                                               | 593                    | \$ 18,376,688  | \$ -            | \$ -          | \$ 18,376,688                              | \$ -              |
|                                                                       |  |                                                                                 | 527                    | \$ -           | \$13,467,592.74 | \$ 13,467,593 | \$ 13,467,593                              | \$ -              |
| Transamerica Retirement Solutions                                     |  | Core Bond Fund                                                                  | 145                    | \$ 25,993,715  | \$ -            | \$ -          | \$ 25,993,715                              | \$ -              |
|                                                                       |  |                                                                                 | 229                    | \$ -           | \$ 63,001,773   | \$ 61,449,829 | \$ 63,001,773                              | \$ 1,551,943      |

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 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.

|                                                                                                                                                         |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>UNITED WATER RESOURCES INC. RETIREMENT PLAN                                                                                    | <b>B</b> Three-digit plan number (PN) ►                     | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>UNITED WATER RESOURCES INC.                                                 | <b>D</b> Employer Identification Number (EIN)<br>22-2441477 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                             |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                             |     |

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>                                                                                                                        |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 262780685                 |                          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 255786144                 |                          |
| <b>3</b> 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 .....                                                                                                                                     | 1074                       | 146588921                 | 146588921                |
| b For terminated vested participants .....                                                                                                                                                               | 572                        | 21133458                  | 21133458                 |
| c For active participants .....                                                                                                                                                                          | 950                        | 88691638                  | 95822103                 |
| d Total .....                                                                                                                                                                                            | 2596                       | 256414017                 | 263544482                |
| <b>4</b> 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 .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| 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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 6.49%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>                   | 7663694                   |                          |

**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.

|                                                                           |                                                                                   |                                                                                                      |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                          | <div style="text-align: center;"> <br/>         Signature of actuary       </div> | <div style="text-align: center;"> <u>10/8/15</u><br/>         Date<br/>         1406775       </div> |
| LORRAINE HALPIN<br>Type or print name of actuary                          |                                                                                   | Most recent enrollment number<br>973-290-2500                                                        |
| TOWERS WATSON DELAWARE INC.<br>Firm name                                  |                                                                                   | Telephone number (including area code)                                                               |
| 8 CAMPUS DRIVE<br>4TH FLOOR<br>PARSIPPANY NJ 07054<br>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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99% | 2nd segment:<br>6.32% | 3rd segment:<br>6.99% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                       |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> 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 |
| <b>25</b> 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 |
| <b>26</b> 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 |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 7663694            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 7758338             | 391122             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 8054816            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 8054816            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 16125054           |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 8070238            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                                               |   |  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                                               |   |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years                                                          |   |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input checked="" type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 |   |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                                                     | 0 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                                                     | 0 |  |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                             |
|--------------------------|---------------------------------------------|
| <b>Plan Sponsor</b>      | United Water Resources Inc.                 |
| <b>EIN/PN</b>            | 22-2441477/002                              |
| <b>Plan Name</b>         | United Water Resources Inc. Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2014                             |
| <b>Enrolled Actuary</b>  | Lorraine Halpin                             |
| <b>Enrollment Number</b> | 14-06775                                    |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2014

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table as illustrated below.

|              | (1)                 | (2)                       | (3)               | (4)              |
|--------------|---------------------|---------------------------|-------------------|------------------|
| AGE          | RETIREMENT<br>$q_x$ | $l_x = l_{x-1} - d_{x-1}$ | $d_x = q_x * l_x$ | (3)*AGE          |
| 55           | 0.040000            | 1.000000                  | 0.040000          | 2.200000         |
| 56           | 0.020833            | 0.960000                  | 0.020000          | 1.119982         |
| 57           | 0.021277            | 0.940000                  | 0.020000          | 1.140022         |
| 58           | 0.021739            | 0.920000                  | 0.020000          | 1.159993         |
| 59           | 0.022222            | 0.900000                  | 0.020000          | 1.179988         |
| 60           | 0.090909            | 0.880000                  | 0.080000          | 4.799997         |
| 61           | 0.037500            | 0.800000                  | 0.030000          | 1.830001         |
| 62           | 0.129870            | 0.770000                  | 0.100000          | 6.199996         |
| 63           | 0.074627            | 0.670000                  | 0.050000          | 3.150007         |
| 64           | 0.048387            | 0.620000                  | 0.030000          | 1.919997         |
| 65           | 0.457627            | 0.590000                  | 0.270000          | 17.550004        |
| 66           | 0.406250            | 0.320000                  | 0.130000          | 8.580006         |
| 67           | 0.315789            | 0.190000                  | 0.060000          | 4.019997         |
| 68           | 0.384615            | 0.130000                  | 0.050000          | 3.400001         |
| 69           | 0.500000            | 0.080000                  | 0.040000          | 2.760006         |
| 70           | 1.000000            | 0.040000                  | 0.040000          | 2.800006         |
| <b>Total</b> |                     |                           | <b>1.000000</b>   | <b>63.810003</b> |

Plan Name: United Water Resources Inc. Retirement Plan  
 EIN / PN: 22-2441477/002  
 Plan Sponsor: United Water Resources Inc.  
 Valuation Date: January 1, 2014

## SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32  
Schedule of Amortization Bases  
as of January 1, 2014

| Type of Base |           | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|-----------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1            | Shortfall | 01/01/2014       | (23,267,142)   | 7                                     | (23,267,142)        | (3,893,965)          |
| 2            | Shortfall | 01/01/2013       | 2,765,682      | 6                                     | 2,438,405           | 461,570              |
| 3            | Shortfall | 01/01/2012       | (17,682,223)   | 5                                     | (13,645,348)        | (3,001,108)          |
| 4            | Shortfall | 01/01/2011       | 24,264,100     | 12                                    | 22,445,851          | 2,545,440            |
| 5            | Shortfall | 01/01/2010       | 16,419,036     | 11                                    | 14,950,632          | 1,802,353            |
| 6            | Shortfall | 01/01/2009       | 9,154,186      | 2                                     | 4,835,940           | 2,476,832            |
| Total        |           |                  |                |                                       | 7,758,338           | 391,122              |

Plan Name: United Water Resources Inc. Retirement Plan  
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Plan Sponsor: United Water Resources Inc.  
Valuation Date: January 1, 2014

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

- Applicable Month September
- Interest rate basis 3-Segment Rates

#### Interest rates:

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ● First segment rate      | 4.99%                   | 1.37%                       |
| ● Second segment rate     | 6.32%                   | 4.05%                       |
| ● Third segment rate      | 6.99%                   | 5.06%                       |
| ● Effective interest rate | 6.49%                   | 4.38%                       |

#### Annual rates of increase

- Compensation:
  - Bargained participants 3.25%
  - Non-Bargained participants 3.00%
- Future Social Security wage bases N/A
- Statutory limits on compensation/benefits N/A
- Assumed cost of living adjustments N/A

### Demographic Assumptions

**Inclusion date** The valuation date coincident or next following the date the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

Plan Name: United Water Resources Inc. Retirement Plan  
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Plan Sponsor: United Water Resources Inc.  
Valuation Date: January 1, 2014

## SCHEDULE SB ATTACHMENTS

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### Mortality

- Healthy The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.
- Disabled Revenue Ruling 96-7 mortality table for participants disabled after December 31, 1994.
- ASC 960 The RP-2000 Combined Healthy Mortality table for males and females projected by Scale AA to 2024

### Termination

The rates at which participants are assumed to leave the Company by age are shown below:

| Age | Termination Rate |
|-----|------------------|
| 20  | 6.38%            |
| 25  | 5.17%            |
| 30  | 4.07%            |
| 35  | 3.08%            |
| 40  | 2.42%            |
| 45  | 1.98%            |
| 50  | 1.43%            |
| 55  | 0.88%            |
| 60  | 0.00%            |

### Disability

The rates at which participants are assumed to become disabled by age are shown below (the 11<sup>th</sup> Railroad Retirement Board Standard Disability Table):

| Age | Disability Rate |
|-----|-----------------|
| 25  | 0.06%           |
| 30  | 0.06%           |
| 35  | 0.07%           |
| 40  | 0.11%           |
| 45  | 0.22%           |
| 50  | 0.46%           |
| 55  | 1.02%           |
| 60  | 3.20%           |

Plan Name: United Water Resources Inc. Retirement Plan  
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## SCHEDULE SB ATTACHMENTS

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### Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

| Age | Retirement Rate |
|-----|-----------------|
| 55  | 4.00%           |
| 56  | 2.08%           |
| 57  | 2.13%           |
| 58  | 2.17%           |
| 59  | 2.22%           |
| 60  | 9.09%           |
| 61  | 3.75%           |
| 62  | 12.99%          |
| 63  | 7.46%           |
| 64  | 4.84%           |
| 65  | 45.76%          |
| 66  | 40.63%          |
| 67  | 31.58%          |
| 68  | 38.46%          |
| 69  | 50.00%          |
| 70  | 100.00%         |

### Form of payment

Single Life Annuity.

### Percent married

66.67% of males; 66.67% of females.

### Spouse age

Spouse three years younger.

### Covered pay

Compensation paid in the current year beginning on the valuation date is the current annual rate of pay.

### Plan-related expenses

Plan-related expenses are assumed to be the amount of the administrative expenses paid during the prior year. The amount included this year for plan-related expenses is \$1,840,000.

### Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month.

Plan Name: United Water Resources Inc. Retirement Plan  
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Plan Sponsor: United Water Resources Inc.  
Valuation Date: January 1, 2014

# SCHEDULE SB ATTACHMENTS

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## Methods

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Funding target</b>            | Present value of accrued benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Actuarial value of assets</b> | <p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2013 plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| <b>Benefits not valued</b>       | All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with United Water Resources Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | United Water Resources Inc. Retirement Plan |
| EIN / PN:       | 22-2441477/002                              |
| Plan Sponsor:   | United Water Resources Inc.                 |
| Valuation Date: | January 1, 2014                             |

## SCHEDULE SB ATTACHMENTS

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### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2012 to September 2013 and the interest rate corridors of MAP-21 as extended by HATFA were applied.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- The assumed plan-related expenses added to the target normal cost were changed from \$1,460,000 for 2013 to \$1,840,000 for 2014.

|                 |                                             |
|-----------------|---------------------------------------------|
| Plan Name:      | United Water Resources Inc. Retirement Plan |
| EIN / PN:       | 22-2441477/002                              |
| Plan Sponsor:   | United Water Resources Inc.                 |
| Valuation Date: | January 1, 2014                             |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Sponsor

United Water Resources Inc.

### Plan

The United Water Resources Inc. Retirement Plan

### Effective Date and Most Recent Amendment

The plan was originally effective May 12, 1947. The plan was amended in its entirety on January 1, 1976, to comply with the Employees Retirement Income Security Act of 1974. The plan was amended effective March 1, 1989 to comply with the statutory requirements of the Tax Reform Act of 1986. It was further amended October 1, 1989 to improve certain Early Retirement Benefits.

The United Water Resources Inc. Retirement Plan is a continuation of the Hackensack Water Company and Subsidiaries Employees' Retirement Plan Executive, Supervisory and Other Employees Not Represented by a Bargaining Agent ("Prior Plan"), which was originally effective May 12, 1947.

Effective as of December 31, 1994 the sponsorship of the Plan was change to United Water Resources Inc. and the Pension Plan of General Waterworks Corporation was merged with and into the Plan.

The current plan was effective January 1, 1976.

The plan was most recently restated on January 1, 2013.

It was amended:

- March 1, 1977 to incorporate improvements in survivorship options;
- January 1, 1980 to eliminate compulsory retirement at age 65;
- March 6, 1980 to delete the restriction on retaining a consultant;
- March, 1981 to incorporate surviving spouse pensions and changes in early retirement reduction tables;
- March 1, 1985 to improve benefits and disability pensions;
- January 1, 1988 to accommodate accruals beyond Normal Retirement Age;
- January 1, 1989 to improve vesting from 10 Years to 5 Years of Credited Service and to comply with provisions of the Tax Reform Act of 1986;
- October 1, 1989 to improve Early Retirement by introducing an unreduced benefit from age 62 and after completion of 20 Years of Credited Service and to reduce the early commencement cutback for those retiring on or after age 55 with 10 Years of Credited Service. The previous early retirement requirements were age 55 and 15 Years of Credited Service.

|                |                                             |
|----------------|---------------------------------------------|
| Plan Name:     | United Water Resources Inc. Retirement Plan |
| EIN / PN:      | 22-2441477 / 002                            |
| Plan Sponsor:  | United Water Resources Inc.                 |
| Valuation Date | January 1, 2014                             |

## SCHEDULE SB ATTACHMENTS

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- May 1, 1992 to include certain employees of United Water Resources;
- January 1, 1994 to reflect the limit on pensionable pay to \$150,000;
- Effective December 31, 1994, two Ad-Hoc pension increases were granted to certain retirees in receipt of benefits. The first was a special one-time increase in monthly pension benefits to offset the added cost of a new medical plan. The second was a pure cost-of-living adjustment, whereby the percentage of increase in the monthly benefit varied by year of retirement. These increases did not apply to former General Waterworks Corporation retirees.
- Effective December 31, 1994 the Pension Plan of General Waterworks Corporation was merged into this Plan. For former active participants in the Pension Plan of General Waterworks Corporation all past service is recognized for purposes of determining benefits and benefit eligibility under this Plan. Accrued Benefits under the Pension Plan of General Waterworks Corporation as of December 31, 1994 and attendant early retirement subsidies associated with such accrued benefits are preserved as minimum benefits under this Plan.
- Effective January 1, 1996, the New Mexico division of United Waterworks, Inc. was closed. The plan retained liabilities for accrued vested benefits.
- Effective March 1, 1998 to improve early retirement subsidies for those retiring prior to age 57.
- Effective January 1, 1999 the Plan was amended to recognize past service benefit accruals for those former United Water Services (UWS) participants who transferred to Department 700 on January 1, 1998. The January 1, 1998 UWS accrued benefit is an offset to the total service benefit.
- Effective January 1, 1999, United Water Mid-Atlantic adopted this Plan. Future service from January 1, 1999 is recognized for benefit accruals. Total service is recognized for purposes of vesting and benefit eligibility.
- Effective August 1, 1999 the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period for the Window closed September 21, 1999. Those electing to take the Window had to retire by the end of 1999. The criteria for the window required the attainment of age 54 and the completion of 15 Years of Credited Service (10 years for UWM&S) by the end of 1999. Select locations and individuals were excluded from the offer for business reasons. The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those participants who had not attained age 62 by the end of 1999 would be eligible to receive a Social Security Supplement payable to age 62.
- Effective August 25, 1999 the South Gate Division of United Waterworks Inc. was sold to Utilities Inc. Vested accrued liabilities for those participants involved in the sale were retained by the Plan along with attendant assets.
- Effective September 29, 1999 United Water Rahway adopted this Plan. Future service from January 1, 2000 is recognized for benefit accruals. Total service is recognized for purposes of vesting and benefit eligibility.
- Effective December 1, 1999, the Plan was amended to increase the accrual rate for one participant retiring December 1, 1999.
- Effective January 1, 2000 United Properties Group adopted this Plan. Total service is recognized for purposes of vesting, benefit eligibility and benefit accruals. Benefits are offset by an actuarial equivalent annuity derived from 50% of the employer match account balance in the 401(k) Plan as of December 31, 1999.

|                |                                             |
|----------------|---------------------------------------------|
| Plan Name:     | United Water Resources Inc. Retirement Plan |
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| Plan Sponsor:  | United Water Resources Inc.                 |
| Valuation Date | January 1, 2014                             |

## SCHEDULE SB ATTACHMENTS

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- The following divisions of United Waterworks, Inc. were divested in 2000. Vested accrued liabilities for those participants involved in the sale were retained by the Plan along with attendant assets.

| <u>Division</u> | <u>Effective Date</u> |
|-----------------|-----------------------|
| Indiana         | January 31, 2000      |
| West Lafayette  | January 31, 2000      |
| Virginia        | February 29, 2000     |
| Missouri        | April 30, 2000        |
| Illinois        | May 31, 2000          |

- Effective August 31, 2000 the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period for the Window closed November 30, 2000. Those electing to take the Window had to retire by the end of 2000. The criteria for the window required the attainment of age 50 and the completion of 15 Years of Credited Service or attainment of age 50 with at least 75 points (age plus service) by the end of 2000. Those who would otherwise have been eligible to participate in the 1999 Voluntary Early Retirement Program but were either not offered the Program or elected not to participate were also eligible for the 2000 Voluntary Early Retirement Program.

The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those participants who had not attained age 62 by the end of 2000 would be eligible to receive a Social Security Supplement payable to age 62.

- Effective December 31, 2000, the plan was amended to increase accrual rates for selected participants and add a flat minimum benefit of \$3,750 per year for UWM&S and Waterworks participants.
- Effective October 1, 2001, the plan was amended to eliminate early retirement subsidies for participants entering the plan on or after October 1, 2001.
- Effective December 31, 2001, the Florida Division of United Waterworks, Inc. was divested. Vested accrued liabilities for those participants involved in the sale were retained by the Plan along with attendant assets.
- Effective January 1, 2003 the Plan was amended to reflect the increase in the maximum Benefit Limit to \$160,000 and the compensation Limit to \$200,000 to comply with the *Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA)*. This new Compensation Limit was also applied retroactively prior to January 1, 2003.
- Effective May 28, 2004 United Water South County Water Inc. and United Water South County Sewer Inc. adopted this Plan. Vesting and benefit accrual service are measured from the later of May 28, 2004 or date of hire.
- Effective January 1, 2005 the Company adopted UP 84 mortality and a 7.5% interest rate as the new basis for optional form conversion factors for all participants and early retirement reduction factors for participants hired after October 1, 2001.
- Effective April 1, 2006, the United Water New Jersey Inc. Employees' Retirement Plan Bargaining Unit merged into this Plan.
- Effective August 1, 2006, the United Water New York Inc. Employees' Retirement Plan Bargaining Unit merged into this Plan.
- Effective January 1, 2007 the Plan was amended to provide additional benefits for executives that would otherwise be payable from the United Water Resources Inc. Supplemental Executive Retirement Plan.

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- Effective January 1, 2007, United Waterworks Inc. Employees' Retirement Plan Bargaining Unit merged into this Plan.
- Effective January 1, 2008, the Plan was amended to reflect the Pension Protection Act of 2006 and final regulations under IRC Section 415.
- Effective September 30, 2009, the Plan was amended to freeze accrued benefits for 36 contract services employees of United Water Management & Services who were not grandfathered participants in the Plan.
- Effective December 31, 2009, the Plan was amended for one participant to increase their UWR Plan accrued benefit by their SERP accrued benefit.
- Effective December 31, 2009, the Plan was amended for two participants to increase their UWR Plan accrual rate to include their SERP accrued benefit.
- Effective January 1, 2010, the Plan was amended to exclude Non-Bargained new hires from plan participation.
- Effective January 1, 2011 the Plan implemented a 40 year cap on credited service and final average pay for all Bloomsburg, Pennsylvania Bargained employees as of the later of February 1, 2012 or the 40<sup>th</sup> anniversary of the date of Plan participation. Bloomsburg, Pennsylvania Bargained employees hired on or after January 1, 2011 will not be eligible to participate in the Plan.
- Effective February 1, 2011 the Plan implemented a 40 year cap on credited service and final average pay for all Jersey City Bargained employees as of the later of December 31, 2011 or the 40<sup>th</sup> anniversary of the date of Plan participation. Jersey City Bargained employees hired on or after February 1, 2011 will not be eligible to participate in the Plan.
- Effective April 1, 2011 the Plan implemented a 40 year cap on credited service and final average pay for all Pennsylvania Bargained employees as of the later of December 31, 2011 or the 40<sup>th</sup> anniversary of the date of Plan participation. Pennsylvania Bargained employees hired on or after April 1, 2011 will not be eligible to participate in the Plan.
- Effective July 1, 2011 the Plan implemented a 35 year cap on credited service and final average pay for all Non-Bargained and Idaho Bargained employees. The final average pay was enhanced for Non-Bargained employees affected by the cap in 2011 or 2012. Idaho Bargained employees hired on or after April 1, 2011 will not be eligible to participate in the Plan.
- Effective November 18, 2011 the Plan implemented a 40 year cap on credited service and final average pay for all Toms River Bargained employees as of the later of February 1, 2012 or the 40<sup>th</sup> anniversary of the date of Plan participation. Toms River Bargained employees hired on or after November 18, 2011 will not be eligible to participate in the Plan.
- Effective December 16, 2011 the Plan implemented a 40 year cap on credited service and final average pay for all New Jersey Bargained employees as of the later of February 1, 2012 or the 40<sup>th</sup> anniversary of the date of Plan participation. New Jersey Bargained employees hired on or after December 16, 2011 will not be eligible to participate in the Plan.

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The following amendments were adopted for the UWR Pension Plan since the prior actuarial valuation

- Effective January 1, 2012, the Plan was amended to grandfather a transferred participant in his UWR Plan benefit, payable from the UWES Plan.
- Effective March 1, 2012 New Jersey Bargained employees hired on or before December 31, 2006 who reach age 60 and complete 30 years of vesting service will be eligible to receive a fully-subsidized retirement or death benefit.

|                |                                             |
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- Effective May 1, 2012, the Plan implemented a 40 year cap on credited service and final average pay for all New Rochelle Bargained employees as of the later of May 1, 2012 or the 40th anniversary of Plan participation. New Rochelle Bargained employees hired on or before December 31, 2009 who reach age 60 and complete 30 years of vesting service will be eligible to receive a fully-subsidized retirement or death benefit.
- Effective July 1, 2012 the Plan implemented a 40 year cap on credited service and final average pay for all Harrisburg, Pennsylvania Bargained employees as of the later of July 1, 2012 or the 40th anniversary of the date of Plan participation. Harrisburg, Pennsylvania Bargained employees hired on or after April 11, 2012 will not be eligible to participate in the Plan.
- On September 4, 2012, United Water Connecticut was spun-off, resulting in the transfer of non-bargained Pension Plan liabilities and Pension Trust assets for 8 active participants.
- Effective September 7, 2012 the Plan implemented a 40 year cap on credited service and final average pay for all New York Bargained employees as of the later of December 1, 2012 or the 40th anniversary of the date of Plan participation. New York Bargained employees hired on or after September 7, 2012 will not be eligible to participate in the Plan.
- Effective October 1, 2012 New York Bargained employees hired on or before August 27, 2007 who reach age 60 and complete 30 years of vesting service will be eligible to receive a fully-subsidized retirement or death benefit.
- Effective February 1, 2013 the Arkansas division of United Waterworks, Inc. was sold. Assets and liabilities for active participants in the Plan will be spun off to the buyer.

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Amendments to the United Water New Jersey Inc. Employees Retirement Plan – Bargaining Unit, subsequently merged with this plan:

- On July 24, 1995 the plan name was changed effective March 13, 1995 from the Hackensack Water Company Employees' Retirement Plan – Bargaining Unit to the United Water New Jersey Inc. Employees' Retirement Plan – Bargaining Unit.
- Effective March 1, 1995, the Company improved the death benefits by providing an active death benefit for single participants with 15 years of service equal to the survivors portion of an actuarially equivalent 15 year certain and continuous benefit.
- Effective January 1, 2003, the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period for the Window closed on March 14, 2003. Those electing to take the Window have to retire by April 1, 2003. The criteria for the window required the attainment of age 55 and the completion of at least fifteen (15) Years of Credited Service as of December 31, 2002.

The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those participants who had not attained age 62 by April 1, 2003 would be eligible to receive a Social Security supplement payable to age 62.

- Effective September 29, 2003, the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period for the Window closed on December 15, 2003. Those electing to take the Window must retire by the end of 2003. The criteria for the window required the attainment of age 55 and the completion of at least thirty (30) Years of Credited Service except for employees currently assigned to the Corporate Office Support Department for whom the criteria is attainment of age 60 and completion of at least fifteen (15) Years of Credited Service as of April 1, 2003.

|                |                                             |
|----------------|---------------------------------------------|
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The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those participants who had not attained age 62 by the end of 2003 would be eligible to receive a Social Security supplement payable to age 62.

- Effective April 1, 2006, the Company improved the benefits by providing an additional Career Average Benefit equal to .50% of Pay per year of Service from January 1, 2001 to December 31, 2005 payable on an unreduced basis at Early Retirement.

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Amendments to the United Water New York Inc. Employees Retirement Plan – Bargaining Unit, subsequently merged with this plan:

- On December 4, 1995 the plan name was changed effective March 21, 1995 from the Spring Valley Water Company Incorporated Employees' Retirement Plan – Bargaining Unit to the United Water New York Inc. Employees' Retirement Plan – Bargaining Unit.
- September 1, 1990 to improve early retirement benefits and offer a 20-year Certain and Continuous optional form of payment;
- In September of 1996 a new labor agreement was ratified which granted, effective December 31, 1994, two Ad-Hoc pension increases to certain retirees in receipt of benefits as of December 31, 1994. The first was a special one-time increase in monthly pension benefits to offset the added cost of a new medical plan. The second was a pure cost-of-living adjustment, whereby the percentage of increase in the monthly benefit varied by year of retirement.
- Effective September 29, 2003, the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period for the Window closed on December 8, 2003. Those electing to take the Window have to retire by the end of 2003.

The criteria for the window required the attainment of age 62 and the completion of at least fifteen (15) Years of Credited Service except for employees employed as Utility Person Pumping for whom the criteria is attainment of age 59 and completion of at least fifteen (15) Years of Credited Service as of February 1, 2003.

The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those participants who had not attained age 62 by the end of 2003 would be eligible to receive a Social Security Supplement payable to age 62.

- Effective August 1, 2006, the company improved the benefits by providing an additional Career Average Benefit equal to .50% of Pay per year of Service from January 1, 2001 to December 31, 2005 payable on an unreduced basis at Early Retirement.
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|                |                                             |
|----------------|---------------------------------------------|
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Amendments to the United Waterworks Inc. Employees Retirement Plan – Bargaining Unit, subsequently merged with this plan:

- On March 14, 1995 the plan name was changed effective March 14, 1995 from the General Waterworks Corporation Employees' Retirement Plan – Bargaining Unit to the United Waterworks Inc. Employees' Retirement Plan – Bargaining Unit.
- Effective April 1, 2003 Annual Compensation was amended to mean base wages and lump sum payments in lieu of base wage rate increases but excludes overtime pay, vacation pay, fringe benefits, reimbursements, expense allowances, bonuses, remuneration received attributable to moving expenses, exercise of any stock options, other special remuneration, commissions, nontaxable expense allowances, contributions under this Plan and any other qualified employee benefit plan, and any premiums paid under any group health, life, accident or other insurance plan paid to an Employee.
- Effective June 1, 2003, the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period closed on August 28, 2003. Those electing to take the Window had to retire by September 1, 2003. The criteria for the window are based on the following:
  - o United Water New Rochelle, Inc.: Attainment of age 55 and the completion of at least fifteen (15) Years of Credited Service as of December 31, 2002.
  - o United Water Pennsylvania, Inc. and United Water Pennsylvania, Inc. at the Harrisburg location: Attainment of age 55 and the completion of at least fifteen (15) Years of Credited Service as of April 1, 2003.
  - o United Water Pennsylvania, Inc. at the Bloomsburg location: Attainment of age 60 and the completion of at least ten (10) Years of Credited Service as of April 1, 2003.

The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those participants who had not attained age 62 by the end of 2003 would be eligible to receive a Social Security Supplement payable to age 62.

## Plan Year

The twelve-month period ending December 31.

## Coverage

All regular non-bargained employees of United Water and members of the collectively bargained units represented by the Utility Workers Union of America, the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, and the International Brotherhood of Electrical Workers.

## Participation

Participation begins on the day following the day on which the employee is first credited with an hour of service.

Non-Bargained Employees: Participation was closed to future entrants hired on or after January 1, 2010

|                |                                             |
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Pennsylvania, Bloomsburg Operation Bargained Employees (Local 516): Participation was closed to future entrants hired on or after January 1, 2011

Jersey City Bargained Employees (Local 375): Participation was closed to future entrants hired on or after February 1, 2011

Pennsylvania Bargained Employees (Local 584): Participation was closed to future entrants hired on or after April 1, 2011

Idaho Bargained Employees (Local 296): Participation was closed to future entrants hired after April 1, 2011

Toms River Bargained Employees (Local 503): Participation was closed to future entrants hired on or after November 18, 2011

New Jersey Bargained Employees (Local 375): Participation was closed to future entrants hired on or after December 16, 2011

Pennsylvania, Harrisburg Operation Bargained Employees (Local 489): Partition was closed to future entrants hired on or after April 11, 2012

New York Bargained Employees (Local 363): Participation was closed to future entrants hired on or after September 7, 2012

### **Credited Service**

Credited Year of Service shall mean each year beginning with the participant's employment commencement date during which the employee performs 1,000 or more hours of service. Credited Service shall include service granted under the following plans (subsequently merged with this plan):

- United Water New Jersey Inc. Employees' Retirement Plan – Bargaining Unit
- United Water Work New York Inc. Employees' Retirement Plan – Bargaining Unit
- United Waterworks Inc. Employees' Retirement Plan – Bargaining Unit

Credited service shall be limited as noted to the following groups of employees:

Non-Bargained Employees and Idaho Bargained Employees (Local 296): Credited Service is limited to the later of July, 1, 2011 and the 35<sup>th</sup> anniversary of Plan Participation

Pennsylvania Bargained Employees (Local 584): Credited Service is limited to the later of December 31, 2011 and the 40<sup>th</sup> anniversary of Plan Participation

Jersey City Bargained Employees (Local 375): Credited Service is limited to the later of December 31, 2011 and the 40<sup>th</sup> anniversary of Plan participation

|                |                                             |
|----------------|---------------------------------------------|
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New Jersey Bargained Employees (Local 375): Credited Service is limited to the later of February 28, 2012 and the 40<sup>th</sup> anniversary of Plan participation

Pennsylvania, Bloomsburg Operation Bargained Employees (Local 516): Credited Service will be limited to the to the later of February 1, 2012 and the 40<sup>th</sup> anniversary of Plan Participation

Toms River Bargained Employees (Local 503): Credited Service will be limited to the to the later of February 1, 2012 and the 40<sup>th</sup> anniversary of Plan Participation

New York Bargained Employees (Local 363): Credited Service will be limited to the later of December 1, 2012 and the 40<sup>th</sup> anniversary of Plan Participation

New Rochelle Bargained Employees (Local 1-2): Credited Service will be limited to the later of May 1, 2012 and the 40<sup>th</sup> anniversary of Plan Participation

Pennsylvania, Harrisburg Operation Bargained Employees (Local 489): Credited Service will be limited to the later of July 1, 2012 and the 40<sup>th</sup> anniversary of Plan Participation

## **Vesting Service**

Vesting Year of Service shall mean each year beginning with the participant's employment commencement date during which the employee performs 1,000 or more hours of service

## **Annual Compensation**

Annual base compensation, excluding bonuses, overtime, differential and other forms of additional compensation. No compensation will be included after credited service ceases to accrue due to the service dates and caps outlined above.

## **Average Compensation**

The average Annual Compensation for the highest five years (or the actual number of months, if less) of the last ten years of service (does not have to be consecutive).

## **Actuarial Equivalence**

Unless otherwise specified, the Actuarial Equivalence is based upon the UP-84 Mortality Table and 7.5% interest per annum.

## **Normal Retirement Date**

The Normal Retirement Date for each participant is the first day of the month following their 65th birthday or the fifth anniversary of employment, whichever is later.

|                |                                             |
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## Normal Retirement Benefit

### ***Basic Benefit Formula***

1.5% of Average Compensation for each Year of Credited Service

### ***Adjustments to Basic Benefit Formula***

The following adjustments will be made to the Basic Benefit Formula, as appropriate:

1. Participant in the United Water Services LLC Pension Plan: Basic Benefit reduced by the actuarial equivalent life annuity value of the lump sum benefit for employees participating in the United Water Services LLC Pension Plan who transferred to the United Water Management and Services Inc. on January 1, 1998. Actuarial Equivalence is based upon the 1971 Group Annuity Mortality (Participants assumed to be male and Beneficiaries assumed to be female) and 9.5% interest per annum
2. Participants who Received 100% Match in the Thrift Plan of Hackensack Water Company, Spring Valley Water Company Incorporated, and/or the Employees Thrift Plan of United Water New Jersey, Inc.: Basic Benefit reduced by Actuarial Equivalent annuity attributable to the 401(k) match in excess of 50%. Actuarial Equivalence is based upon the UP-84 Mortality and 8.5% interest per annum
3. New Jersey Bargained and New York Bargained participants actively employed on March 1, 2006 and May, 31, 2006, respectively: An additional benefit equal to 0.5% of Annual Compensation for each year of pension service between January 1, 2001 and December 31, 2005
4. United Water Management and Services, Inc. and United Waterworks, Inc. participants actively employed between December 1, 1999 and December 31, 2009, inclusive: A minimum benefit of \$3,750 annually

## Delayed Retirement Benefit

Eligibility: The first day of the month coincident with or following a participant's date of termination, provided that it occurs after the Normal Retirement Date

Benefit: The Normal Retirement Benefit with pay and service through Delayed Retirement Date

## Early Retirement Benefit

Eligibility: The first day of the month coincident with or following the date the participant has attained age 55 and completed 10 Years of Vesting Service

Benefit:

### ***For Non-Bargained Participants Hired Prior to October 1, 2001 and All Bargained Participants***

The Normal Retirement Basic Benefit, reduced by 1% per year for the first three years and 2% per year for the next seven years preceding the Normal Retirement Date.

The following groups will have an unreduced Normal Retirement Basic Benefit:

|                |                                             |
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- i. Participants who have attained age 62 with 20 Years of Service
- ii. New Jersey Bargained – Local 375 participants hired on or prior to December 31, 2006 who have attained age 60 with 30 Years of Vesting Service
- iii. New York Bargained – Local 363 participants hired on or prior to August 27, 2007 who have attained age 60 with 30 Years of Vesting Service
- iv. New Rochelle Bargained – Local 1-2 participants hired on or prior to December 31, 2009 who have attained age 60 with 30 Years of Vesting Service

Adjustments (1) and (2) to the Normal Retirement Basic Benefits will be based on the Actuarial Equivalence as stated therein.

Adjustment (3) to the Normal Retirement Benefit item (3) shall not be reduced, regardless of the benefit commencement date.

Adjustment (4) to the Normal Retirement Benefit is subject to the same reductions as the Normal Retirement Basic Benefit.

### ***For Non-Bargained Participants Hired On or After October 1, 2001***

The Actuarial Equivalent of the Normal Retirement Basic Benefit payable on the participant's Early Retirement Date. All adjustments are subject to the reductions noted in the above section.

### **Vested Benefit Upon Termination of Service**

Eligibility: The completion of 5 Years of Vesting Service

Benefit: The Normal Retirement Benefit payable on the later of the first or the month coincident with or following a participant's Normal Retirement Date. Participants with at least 10 Years of Vesting Service upon termination can commence benefits after attaining age 55. Early commencement benefits are reduced by the same factors as would be used upon Early Retirement.

### **Disability Retirement Benefit**

Eligibility: The first day of any month following the determination of disability, provided 10 Years of Vesting Service were completed.

Benefit:

New York Bargained participants (Local 363) only: For Partial Disability, a pension based upon the Normal Retirement Benefit, to commence at the Disability Retirement Date, reduced at 2% for the first three years and 3% for each additional year preceding Normal Retirement Date

For Permanent Disability, the unreduced Normal Retirement Benefit Payable at disability.

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## Death Benefit

Eligibility: Married participant with 5 or more Years of Vested Service

Benefit: The pension to the participant's surviving spouse will be equal to the pension the participant would have received had they lived to the earliest date they could have retired and elected a 100% (50% if the participant is no longer employed by the company at death) Joint and Survivor Annuity, and subsequently dies.

For participants who had been covered by the United Water New Jersey Inc. Employees Retirement Plan-Bargaining Unit with at least 15 Years of Vesting Service, a beneficiary will receive a pension the participant would have received had the participant lived to the earliest date they could have retired and elected a 15 year certain benefit.

Death benefits commencing prior to the participant's Normal Retirement Date are subject to the Early Retirement provisions above. No additional reductions will be made for commencement prior to age 55.

## Normal Form of Retirement Income

Single: Life Annuity

Married: 50% Joint and Survivor annuity, converted on an Actuarial Equivalent basis from a Life Annuity

## Optional Forms of Retirement Income in Lieu of Normal Form

The Actuarial Equivalent of the Single Life Annuity payable as a:

- i. 100% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, 66⅔% Joint and Survivor Annuity, 50% Joint and Survivor Annuity
- ii. 10-Year Certain and Life Annuity and 15-Year Certain and Life Annuity (the 20-Year Certain and Life Annuity is available for New York Bargained (Local 363))

## Plan Participant's Contributions

They are neither required nor permitted.

## Plan Changes Since the Prior Year

See Effective Date and Most Recent Amendments portion of this section.

|                |                                             |
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### **Schedule SB, Line 24** **Change in Non-Prescribed Actuarial Assumptions**

The assumed plan-related expenses added to the target normal cost were changed from \$1,460,000 for 2013 to \$1,840,000 for 2014.

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## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2014

| Attained Age | Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |           |            |
|--------------|---------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|-----------|------------|
|              | Under 1                   |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            | 30 to 34 |            | 35 to 39 |            | 40 & Over |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.       | Avg. Comp. |
| Under 25     | 0                         |            | 3      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 25 - 29      | 1                         |            | 10     |            | 17     |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 30 - 34      | 0                         |            | 15     |            | 50     |            | 12       |            | 3        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 35 - 39      | 0                         |            | 12     |            | 56     |            | 20       |            | 12       |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 40 - 44      | 0                         |            | 10     |            | 44     |            | 27       |            | 26       |            | 10       |            | 1        |            | 0        |            | 0        |            | 0         |            |
| 45 - 49      | 0                         |            | 11     |            | 59     |            | 25       |            | 24       |            | 28       |            | 18       |            | 1        |            | 0        |            | 0         |            |
| 50 - 54      | 0                         |            | 6      |            | 33     |            | 16       |            | 32       |            | 21       |            | 25       |            | 14       |            | 1        |            | 0         |            |
| 55 - 59      | 0                         |            | 6      |            | 33     |            | 17       |            | 29       |            | 15       |            | 18       |            | 33       |            | 20       |            | 3         |            |
| 60 - 64      | 0                         |            | 3      |            | 13     |            | 12       |            | 12       |            | 8        |            | 8        |            | 18       |            | 17       |            | 12        |            |
| 65 - 69      | 0                         |            | 0      |            | 2      |            | 2        |            | 8        |            | 2        |            | 1        |            | 1        |            | 0        |            | 5         |            |
| 70 & Over    | 0                         |            | 0      |            | 2      |            | 1        |            | 2        |            | 2        |            | 0        |            | 0        |            | 2        |            | 0         |            |

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                             |
|--------------------------|---------------------------------------------|
| <b>Plan Sponsor</b>      | United Water Resources Inc.                 |
| <b>EIN/PN</b>            | 22-2441477/002                              |
| <b>Plan Name</b>         | United Water Resources Inc. Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2014                             |
| <b>Enrolled Actuary</b>  | Lorraine Halpin                             |
| <b>Enrollment Number</b> | 14-06775                                    |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2014

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table as illustrated below.

|              | (1)                 | (2)                       | (3)               | (4)              |
|--------------|---------------------|---------------------------|-------------------|------------------|
| AGE          | RETIREMENT<br>$q_x$ | $l_x = l_{x-1} - d_{x-1}$ | $d_x = q_x * l_x$ | (3)*AGE          |
| 55           | 0.040000            | 1.000000                  | 0.040000          | 2.200000         |
| 56           | 0.020833            | 0.960000                  | 0.020000          | 1.119982         |
| 57           | 0.021277            | 0.940000                  | 0.020000          | 1.140022         |
| 58           | 0.021739            | 0.920000                  | 0.020000          | 1.159993         |
| 59           | 0.022222            | 0.900000                  | 0.020000          | 1.179988         |
| 60           | 0.090909            | 0.880000                  | 0.080000          | 4.799997         |
| 61           | 0.037500            | 0.800000                  | 0.030000          | 1.830001         |
| 62           | 0.129870            | 0.770000                  | 0.100000          | 6.199996         |
| 63           | 0.074627            | 0.670000                  | 0.050000          | 3.150007         |
| 64           | 0.048387            | 0.620000                  | 0.030000          | 1.919997         |
| 65           | 0.457627            | 0.590000                  | 0.270000          | 17.550004        |
| 66           | 0.406250            | 0.320000                  | 0.130000          | 8.580006         |
| 67           | 0.315789            | 0.190000                  | 0.060000          | 4.019997         |
| 68           | 0.384615            | 0.130000                  | 0.050000          | 3.400001         |
| 69           | 0.500000            | 0.080000                  | 0.040000          | 2.760006         |
| 70           | 1.000000            | 0.040000                  | 0.040000          | 2.800006         |
| <b>Total</b> |                     |                           | <b>1.000000</b>   | <b>63.810003</b> |

Plan Name: United Water Resources Inc. Retirement Plan  
 EIN / PN: 22-2441477/002  
 Plan Sponsor: United Water Resources Inc.  
 Valuation Date: January 1, 2014

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Sponsor

United Water Resources Inc.

### Plan

The United Water Resources Inc. Retirement Plan

### Effective Date and Most Recent Amendment

The plan was originally effective May 12, 1947. The plan was amended in its entirety on January 1, 1976, to comply with the Employees Retirement Income Security Act of 1974. The plan was amended effective March 1, 1989 to comply with the statutory requirements of the Tax Reform Act of 1986. It was further amended October 1, 1989 to improve certain Early Retirement Benefits.

The United Water Resources Inc. Retirement Plan is a continuation of the Hackensack Water Company and Subsidiaries Employees' Retirement Plan Executive, Supervisory and Other Employees Not Represented by a Bargaining Agent ("Prior Plan"), which was originally effective May 12, 1947.

Effective as of December 31, 1994 the sponsorship of the Plan was change to United Water Resources Inc. and the Pension Plan of General Waterworks Corporation was merged with and into the Plan.

The current plan was effective January 1, 1976.

The plan was most recently restated on January 1, 2013.

It was amended:

- March 1, 1977 to incorporate improvements in survivorship options;
- January 1, 1980 to eliminate compulsory retirement at age 65;
- March 6, 1980 to delete the restriction on retaining a consultant;
- March, 1981 to incorporate surviving spouse pensions and changes in early retirement reduction tables;
- March 1, 1985 to improve benefits and disability pensions;
- January 1, 1988 to accommodate accruals beyond Normal Retirement Age;
- January 1, 1989 to improve vesting from 10 Years to 5 Years of Credited Service and to comply with provisions of the Tax Reform Act of 1986;
- October 1, 1989 to improve Early Retirement by introducing an unreduced benefit from age 62 and after completion of 20 Years of Credited Service and to reduce the early commencement cutback for those retiring on or after age 55 with 10 Years of Credited Service. The previous early retirement requirements were age 55 and 15 Years of Credited Service.
- May 1, 1992 to include certain employees of United Water Resources;
- January 1, 1994 to reflect the limit on pensionable pay to \$150,000;

## SCHEDULE SB ATTACHMENTS

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- Effective December 31, 1994, two Ad-Hoc pension increases were granted to certain retirees in receipt of benefits. The first was a special one-time increase in monthly pension benefits to offset the added cost of a new medical plan. The second was a pure cost-of-living adjustment, whereby the percentage of increase in the monthly benefit varied by year of retirement. These increases did not apply to former General Waterworks Corporation retirees.
- Effective December 31, 1994 the Pension Plan of General Waterworks Corporation was merged into this Plan. For former active participants in the Pension Plan of General Waterworks Corporation all past service is recognized for purposes of determining benefits and benefit eligibility under this Plan. Accrued Benefits under the Pension Plan of General Waterworks Corporation as of December 31, 1994 and attendant early retirement subsidies associated with such accrued benefits are preserved as minimum benefits under this Plan.
- Effective January 1, 1996, the New Mexico division of United Waterworks, Inc. was closed. The plan retained liabilities for accrued vested benefits.
- Effective March 1, 1998 to improve early retirement subsidies for those retiring prior to age 57.
- Effective January 1, 1999 the Plan was amended to recognize past service benefit accruals for those former United Water Services (UWS) participants who transferred to Department 700 on January 1, 1998. The January 1, 1998 UWS accrued benefit is an offset to the total service benefit.
- Effective January 1, 1999, United Water Mid-Atlantic adopted this Plan. Future service from January 1, 1999 is recognized for benefit accruals. Total service is recognized for purposes of vesting and benefit eligibility.
- Effective August 1, 1999 the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period for the Window closed September 21, 1999. Those electing to take the Window had to retire by the end of 1999. The criteria for the window required the attainment of age 54 and the completion of 15 Years of Credited Service (10 years for UWM&S) by the end of 1999. Select locations and individuals were excluded from the offer for business reasons. The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those participants who had not attained age 62 by the end of 1999 would be eligible to receive a Social Security Supplement payable to age 62.
- Effective August 25, 1999 the South Gate Division of United Waterworks Inc. was sold to Utilities Inc. Vested accrued liabilities for those participants involved in the sale were retained by the Plan along with attendant assets.
- Effective September 29, 1999 United Water Rahway adopted this Plan. Future service from January 1, 2000 is recognized for benefit accruals. Total service is recognized for purposes of vesting and benefit eligibility.
- Effective December 1, 1999, the Plan was amended to increase the accrual rate for one participant retiring December 1, 1999.
- Effective January 1, 2000 United Properties Group adopted this Plan. Total service is recognized for purposes of vesting, benefit eligibility and benefit accruals. Benefits are offset by an actuarial equivalent annuity derived from 50% of the employer match account balance in the 401(k) Plan as of December 31, 1999.

## SCHEDULE SB ATTACHMENTS

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- The following divisions of United Waterworks, Inc. were divested in 2000. Vested accrued liabilities for those participants involved in the sale were retained by the Plan along with attendant assets.

| <u>Division</u> | <u>Effective Date</u> |
|-----------------|-----------------------|
| Indiana         | January 31, 2000      |
| West Lafayette  | January 31, 2000      |
| Virginia        | February 29, 2000     |
| Missouri        | April 30, 2000        |
| Illinois        | May 31, 2000          |

- Effective August 31, 2000 the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period for the Window closed November 30, 2000. Those electing to take the Window had to retire by the end of 2000. The criteria for the window required the attainment of age 50 and the completion of 15 Years of Credited Service or attainment of age 50 with at least 75 points (age plus service) by the end of 2000. Those who would otherwise have been eligible to participate in the 1999 Voluntary Early Retirement Program but were either not offered the Program or elected not to participate were also eligible for the 2000 Voluntary Early Retirement Program.

The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those participants who had not attained age 62 by the end of 2000 would be eligible to receive a Social Security Supplement payable to age 62.

- Effective December 31, 2000, the plan was amended to increase accrual rates for selected participants and add a flat minimum benefit of \$3,750 per year for UWM&S and Waterworks participants.
- Effective October 1, 2001, the plan was amended to eliminate early retirement subsidies for participants entering the plan on or after October 1, 2001.
- Effective December 31, 2001, the Florida Division of United Waterworks, Inc. was divested. Vested accrued liabilities for those participants involved in the sale were retained by the Plan along with attendant assets.
- Effective January 1, 2003 the Plan was amended to reflect the increase in the maximum Benefit Limit to \$160,000 and the compensation Limit to \$200,000 to comply with the *Economic Growth and Tax Relief Reconciliation Act of 2001* (EGTRRA). This new Compensation Limit was also applied retroactively prior to January 1, 2003.
- Effective May 28, 2004 United Water South County Water Inc. and United Water South County Sewer Inc. adopted this Plan. Vesting and benefit accrual service are measured from the later of May 28, 2004 or date of hire.
- Effective January 1, 2005 the Company adopted UP 84 mortality and a 7.5% interest rate as the new basis for optional form conversion factors for all participants and early retirement reduction factors for participants hired after October 1, 2001.
- Effective April 1, 2006, the United Water New Jersey Inc. Employees' Retirement Plan Bargaining Unit merged into this Plan.
- Effective August 1, 2006, the United Water New York Inc. Employees' Retirement Plan Bargaining Unit merged into this Plan.
- Effective January 1, 2007 the Plan was amended to provide additional benefits for executives that would otherwise be payable from the United Water Resources Inc. Supplemental Executive Retirement Plan.

## SCHEDULE SB ATTACHMENTS

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- Effective January 1, 2007, United Waterworks Inc. Employees' Retirement Plan Bargaining Unit merged into this Plan.
- Effective January 1, 2008, the Plan was amended to reflect the Pension Protection Act of 2006 and final regulations under IRC Section 415.
- Effective September 30, 2009, the Plan was amended to freeze accrued benefits for 36 contract services employees of United Water Management & Services who were not grandfathered participants in the Plan.
- Effective December 31, 2009, the Plan was amended for one participant to increase their UWR Plan accrued benefit by their SERP accrued benefit.
- Effective December 31, 2009, the Plan was amended for two participants to increase their UWR Plan accrual rate to include their SERP accrued benefit.
- Effective January 1, 2010, the Plan was amended to exclude Non-Bargained new hires from plan participation.
- Effective January 1, 2011 the Plan implemented a 40 year cap on credited service and final average pay for all Bloomsburg, Pennsylvania Bargained employees as of the later of February 1, 2012 or the 40<sup>th</sup> anniversary of the date of Plan participation. Bloomsburg, Pennsylvania Bargained employees hired on or after January 1, 2011 will not be eligible to participate in the Plan.
- Effective February 1, 2011 the Plan implemented a 40 year cap on credited service and final average pay for all Jersey City Bargained employees as of the later of December 31, 2011 or the 40<sup>th</sup> anniversary of the date of Plan participation. Jersey City Bargained employees hired on or after February 1, 2011 will not be eligible to participate in the Plan.
- Effective April 1, 2011 the Plan implemented a 40 year cap on credited service and final average pay for all Pennsylvania Bargained employees as of the later of December 31, 2011 or the 40<sup>th</sup> anniversary of the date of Plan participation. Pennsylvania Bargained employees hired on or after April 1, 2011 will not be eligible to participate in the Plan.
- Effective July 1, 2011 the Plan implemented a 35 year cap on credited service and final average pay for all Non-Bargained and Idaho Bargained employees. The final average pay was enhanced for Non-Bargained employees affected by the cap in 2011 or 2012. Idaho Bargained employees hired on or after April 1, 2011 will not be eligible to participate in the Plan.
- Effective November 18, 2011 the Plan implemented a 40 year cap on credited service and final average pay for all Toms River Bargained employees as of the later of February 1, 2012 or the 40<sup>th</sup> anniversary of the date of Plan participation. Toms River Bargained employees hired on or after November 18, 2011 will not be eligible to participate in the Plan.
- Effective December 16, 2011 the Plan implemented a 40 year cap on credited service and final average pay for all New Jersey Bargained employees as of the later of February 1, 2012 or the 40<sup>th</sup> anniversary of the date of Plan participation. New Jersey Bargained employees hired on or after December 16, 2011 will not be eligible to participate in the Plan.

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The following amendments were adopted for the UWR Pension Plan since the prior actuarial valuation

- Effective January 1, 2012, the Plan was amended to grandfather a transferred participant in his UWR Plan benefit, payable from the UWES Plan.
- Effective March 1, 2012 New Jersey Bargained employees hired on or before December 31, 2006 who reach age 60 and complete 30 years of vesting service will be eligible to receive a fully-subsidized retirement or death benefit.

## SCHEDULE SB ATTACHMENTS

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- Effective May 1, 2012, the Plan implemented a 40 year cap on credited service and final average pay for all New Rochelle Bargained employees as of the later of May 1, 2012 or the 40th anniversary of Plan participation. New Rochelle Bargained employees hired on or before December 31, 2009 who reach age 60 and complete 30 years of vesting service will be eligible to receive a fully-subsidized retirement or death benefit.
- Effective July 1, 2012 the Plan implemented a 40 year cap on credited service and final average pay for all Harrisburg, Pennsylvania Bargained employees as of the later of July 1, 2012 or the 40th anniversary of the date of Plan participation. Harrisburg, Pennsylvania Bargained employees hired on or after April 11, 2012 will not be eligible to participate in the Plan.
- On September 4, 2012, United Water Connecticut was spun-off, resulting in the transfer of non-bargained Pension Plan liabilities and Pension Trust assets for 8 active participants.
- Effective September 7, 2012 the Plan implemented a 40 year cap on credited service and final average pay for all New York Bargained employees as of the later of December 1, 2012 or the 40th anniversary of the date of Plan participation. New York Bargained employees hired on or after September 7, 2012 will not be eligible to participate in the Plan.
- Effective October 1, 2012 New York Bargained employees hired on or before August 27, 2007 who reach age 60 and complete 30 years of vesting service will be eligible to receive a fully-subsidized retirement or death benefit.
- Effective February 1, 2013 the Arkansas division of United Waterworks, Inc. was sold. Assets and liabilities for active participants in the Plan will be spun off to the buyer.

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Amendments to the United Water New Jersey Inc. Employees Retirement Plan – Bargaining Unit, subsequently merged with this plan:

- On July 24, 1995 the plan name was changed effective March 13, 1995 from the Hackensack Water Company Employees' Retirement Plan – Bargaining Unit to the United Water New Jersey Inc. Employees' Retirement Plan – Bargaining Unit.
- Effective March 1, 1995, the Company improved the death benefits by providing an active death benefit for single participants with 15 years of service equal to the survivors portion of an actuarially equivalent 15 year certain and continuous benefit.
- Effective January 1, 2003, the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period for the Window closed on March 14, 2003. Those electing to take the Window have to retire by April 1, 2003. The criteria for the window required the attainment of age 55 and the completion of at least fifteen (15) Years of Credited Service as of December 31, 2002.

The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those participants who had not attained age 62 by April 1, 2003 would be eligible to receive a Social Security supplement payable to age 62.

- Effective September 29, 2003, the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period for the Window closed on December 15, 2003. Those electing to take the Window must retire by the end of 2003. The criteria for the window required the attainment of age 55 and the completion of at least thirty (30) Years of Credited Service except for employees currently assigned to the Corporate Office Support Department for whom the criteria is attainment of age 60 and completion of at least fifteen (15) Years of Credited Service as of April 1, 2003.

The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those

## SCHEDULE SB ATTACHMENTS

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participants who had not attained age 62 by the end of 2003 would be eligible to receive a Social Security supplement payable to age 62.

- Effective April 1, 2006, the Company improved the benefits by providing an additional Career Average Benefit equal to .50% of Pay per year of Service from January 1, 2001 to December 31, 2005 payable on an unreduced basis at Early Retirement.

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Amendments to the United Water New York Inc. Employees Retirement Plan – Bargaining Unit, subsequently merged with this plan:

- On December 4, 1995 the plan name was changed effective March 21, 1995 from the Spring Valley Water Company Incorporated Employees' Retirement Plan – Bargaining Unit to the United Water New York Inc. Employees' Retirement Plan – Bargaining Unit.
- September 1, 1990 to improve early retirement benefits and offer a 20-year Certain and Continuous optional form of payment;
- In September of 1996 a new labor agreement was ratified which granted, effective December 31, 1994, two Ad-Hoc pension increases to certain retirees in receipt of benefits as of December 31, 1994. The first was a special one-time increase in monthly pension benefits to offset the added cost of a new medical plan. The second was a pure cost-of-living adjustment, whereby the percentage of increase in the monthly benefit varied by year of retirement.
- Effective September 29, 2003, the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period for the Window closed on December 8, 2003. Those electing to take the Window have to retire by the end of 2003.

The criteria for the window required the attainment of age 62 and the completion of at least fifteen (15) Years of Credited Service except for employees employed as Utility Person Pumping for whom the criteria is attainment of age 59 and completion of at least fifteen (15) Years of Credited Service as of February 1, 2003.

The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those participants who had not attained age 62 by the end of 2003 would be eligible to receive a Social Security Supplement payable to age 62.

- Effective August 1, 2006, the company improved the benefits by providing an additional Career Average Benefit equal to .50% of Pay per year of Service from January 1, 2001 to December 31, 2005 payable on an unreduced basis at Early Retirement.
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## SCHEDULE SB ATTACHMENTS

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Amendments to the United Waterworks Inc. Employees Retirement Plan – Bargaining Unit, subsequently merged with this plan:

- On March 14, 1995 the plan name was changed effective March 14, 1995 from the General Waterworks Corporation Employees' Retirement Plan – Bargaining Unit to the United Waterworks Inc. Employees' Retirement Plan – Bargaining Unit.
- Effective April 1, 2003 Annual Compensation was amended to mean base wages and lump sum payments in lieu of base wage rate increases but excludes overtime pay, vacation pay, fringe benefits, reimbursements, expense allowances, bonuses, remuneration received attributable to moving expenses, exercise of any stock options, other special remuneration, commissions, nontaxable expense allowances, contributions under this Plan and any other qualified employee benefit plan, and any premiums paid under any group health, life, accident or other insurance plan paid to an Employee.
- Effective June 1, 2003, the Company offered an Early Retirement Window Program to selected participants who met certain age and service criteria. The election period closed on August 28, 2003. Those electing to take the Window had to retire by September 1, 2003. The criteria for the window are based on the following:
  - United Water New Rochelle, Inc.: Attainment of age 55 and the completion of at least fifteen (15) Years of Credited Service as of December 31, 2002.
  - United Water Pennsylvania, Inc. and United Water Pennsylvania, Inc. at the Harrisburg location: Attainment of age 55 and the completion of at least fifteen (15) Years of Credited Service as of April 1, 2003.
  - United Water Pennsylvania, Inc. at the Bloomsburg location: Attainment of age 60 and the completion of at least ten (10) Years of Credited Service as of April 1, 2003.

The Window provided an additional 5 years of age, service or combination thereof for purposes of determining the accrued pension and early retirement reduction factor. In addition, those participants who had not attained age 62 by the end of 2003 would be eligible to receive a Social Security Supplement payable to age 62.

### **Plan Year**

The twelve-month period ending December 31.

### **Coverage**

All regular non-bargained employees of United Water and members of the collectively bargained units represented by the Utility Workers Union of America, the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, and the International Brotherhood of Electrical Workers.

### **Participation**

Participation begins on the day following the day on which the employee is first credited with an hour of service.

Non-Bargained Employees: Participation was closed to future entrants hired on or after January 1, 2010

## SCHEDULE SB ATTACHMENTS

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Pennsylvania, Bloomsburg Operation Bargained Employees (Local 516): Participation was closed to future entrants hired on or after January 1, 2011

Jersey City Bargained Employees (Local 375): Participation was closed to future entrants hired on or after February 1, 2011

Pennsylvania Bargained Employees (Local 584): Participation was closed to future entrants hired on or after April 1, 2011

Idaho Bargained Employees (Local 296): Participation was closed to future entrants hired after April 1, 2011

Toms River Bargained Employees (Local 503): Participation was closed to future entrants hired on or after November 18, 2011

New Jersey Bargained Employees (Local 375): Participation was closed to future entrants hired on or after December 16, 2011

Pennsylvania, Harrisburg Operation Bargained Employees (Local 489): Partition was closed to future entrants hired on or after April 11, 2012

New York Bargained Employees (Local 363): Participation was closed to future entrants hired on or after September 7, 2012

### **Credited Service**

Credited Year of Service shall mean each year beginning with the participant's employment commencement date during which the employee performs 1,000 or more hours of service. Credited Service shall include service granted under the following plans (subsequently merged with this plan):

- United Water New Jersey Inc. Employees' Retirement Plan – Bargaining Unit
- United Water Work New York Inc. Employees' Retirement Plan – Bargaining Unit
- United Waterworks Inc. Employees' Retirement Plan – Bargaining Unit

Credited service shall be limited as noted to the following groups of employees:

Non-Bargained Employees and Idaho Bargained Employees (Local 296): Credited Service is limited to the later of July, 1, 2011 and the 35<sup>th</sup> anniversary of Plan Participation

Pennsylvania Bargained Employees (Local 584): Credited Service is limited to the later of December 31, 2011 and the 40<sup>th</sup> anniversary of Plan Participation

Jersey City Bargained Employees (Local 375): Credited Service is limited to the later of December 31, 2011 and the 40<sup>th</sup> anniversary of Plan participation

New Jersey Bargained Employees (Local 375): Credited Service is limited to the later of February 28, 2012 and the 40<sup>th</sup> anniversary of Plan participation

Pennsylvania, Bloomsburg Operation Bargained Employees (Local 516): Credited Service will be limited to the to the later of February 1, 2012 and the 40<sup>th</sup> anniversary of Plan Participation

Toms River Bargained Employees (Local 503): Credited Service will be limited to the to the later of February 1, 2012 and the 40<sup>th</sup> anniversary of Plan Participation

# SCHEDULE SB ATTACHMENTS

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New York Bargained Employees (Local 363): Credited Service will be limited to the later of December 1, 2012 and the 40<sup>th</sup> anniversary of Plan Participation

New Rochelle Bargained Employees (Local 1-2): Credited Service will be limited to the later of May 1, 2012 and the 40<sup>th</sup> anniversary of Plan Participation

Pennsylvania, Harrisburg Operation Bargained Employees (Local 489): Credited Service will be limited to the later of July 1, 2012 and the 40<sup>th</sup> anniversary of Plan Participation

## **Vesting Service**

Vesting Year of Service shall mean each year beginning with the participant's employment commencement date during which the employee performs 1,000 or more hours of service

## **Annual Compensation**

Annual base compensation, excluding bonuses, overtime, differential and other forms of additional compensation. No compensation will be included after credited service ceases to accrue due to the service dates and caps outlined above.

## **Average Compensation**

The average Annual Compensation for the highest five years (or the actual number of months, if less) of the last ten years of service (does not have to be consecutive).

## **Actuarial Equivalence**

Unless otherwise specified, the Actuarial Equivalence is based upon the UP-84 Mortality Table and 7.5% interest per annum.

## **Normal Retirement Date**

The Normal Retirement Date for each participant is the first day of the month following their 65th birthday or the fifth anniversary of employment, whichever is later.

## **Normal Retirement Benefit**

### ***Basic Benefit Formula***

1.5% of Average Compensation for each Year of Credited Service

### ***Adjustments to Basic Benefit Formula***

The following adjustments will be made to the Basic Benefit Formula, as appropriate:

1. Participant in the United Water Services LLC Pension Plan: Basic Benefit reduced by the actuarial equivalent life annuity value of the lump sum benefit for employees participating in the United Water Services LLC Pension Plan who transferred to the United Water Management and Services Inc. on January 1, 1998. Actuarial Equivalence is based upon the 1971 Group Annuity Mortality (Participants assumed to be male and Beneficiaries assumed to be female) and 9.5% interest per annum

## SCHEDULE SB ATTACHMENTS

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2. Participants who Received 100% Match in the Thrift Plan of Hackensack Water Company, Spring Valley Water Company Incorporated, and/or the Employees Thrift Plan of United Water New Jersey, Inc.: Basic Benefit reduced by Actuarial Equivalent annuity attributable to the 401(k) match in excess of 50%. Actuarial Equivalence is based upon the UP-84 Mortality and 8.5% interest per annum
3. New Jersey Bargained and New York Bargained participants actively employed on March 1, 2006 and May, 31, 2006, respectively: An additional benefit equal to 0.5% of Annual Compensation for each year of pension service between January 1, 2001 and December 31, 2005
4. United Water Management and Services, Inc. and United Waterworks, Inc. participants actively employed between December 1, 1999 and December 31, 2009, inclusive: A minimum benefit of \$3,750 annually

### **Delayed Retirement Benefit**

Eligibility: The first day of the month coincident with or following a participant's date of termination, provided that it occurs after the Normal Retirement Date

Benefit: The Normal Retirement Benefit with pay and service through Delayed Retirement Date

### **Early Retirement Benefit**

Eligibility: The first day of the month coincident with or following the date the participant has attained age 55 and completed 10 Years of Vesting Service

Benefit:

### ***For Non-Bargained Participants Hired Prior to October 1, 2001 and All Bargained Participants***

The Normal Retirement Basic Benefit, reduced by 1% per year for the first three years and 2% per year for the next seven years preceding the Normal Retirement Date.

The following groups will have an unreduced Normal Retirement Basic Benefit:

- i. Participants who have attained age 62 with 20 Years of Service
- ii. New Jersey Bargained – Local 375 participants hired on or prior to December 31, 2006 who have attained age 60 with 30 Years of Vesting Service
- iii. New York Bargained – Local 363 participants hired on or prior to August 27, 2007 who have attained age 60 with 30 Years of Vesting Service
- iv. New Rochelle Bargained – Local 1-2 participants hired on or prior to December 31, 2009 who have attained age 60 with 30 Years of Vesting Service

Adjustments (1) and (2) to the Normal Retirement Basic Benefits will be based on the Actuarial Equivalence as stated therein.

Adjustment (3) to the Normal Retirement Benefit item (3) shall not be reduced, regardless of the benefit commencement date.

Adjustment (4) to the Normal Retirement Benefit is subject to the same reductions as the Normal Retirement Basic Benefit.

# SCHEDULE SB ATTACHMENTS

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## ***For Non-Bargained Participants Hired On or After October 1, 2001***

The Actuarial Equivalent of the Normal Retirement Basic Benefit payable on the participant's Early Retirement Date. All adjustments are subject to the reductions noted in the above section.

### **Vested Benefit Upon Termination of Service**

Eligibility: The completion of 5 Years of Vesting Service

Benefit: The Normal Retirement Benefit payable on the later of the first or the month coincident with or following a participant's Normal Retirement Date. Participants with at least 10 Years of Vesting Service upon termination can commence benefits after attaining age 55. Early commencement benefits are reduced by the same factors as would be used upon Early Retirement.

### **Disability Retirement Benefit**

Eligibility: The first day of any month following the determination of disability, provided 10 Years of Vesting Service were completed.

Benefit:

New York Bargained participants (Local 363) only: For Partial Disability, a pension based upon the Normal Retirement Benefit, to commence at the Disability Retirement Date, reduced at 2% for the first three years and 3% for each additional year preceding Normal Retirement Date

For Permanent Disability, the unreduced Normal Retirement Benefit Payable at disability.

### **Death Benefit**

Eligibility: Married participant with 5 or more Years of Vested Service

Benefit: The pension to the participant's surviving spouse will be equal to the pension the participant would have received had they lived to the earliest date they could have retired and elected a 100% (50% if the participant is no longer employed by the company at death) Joint and Survivor Annuity, and subsequently dies.

For participants who had been covered by the United Water New Jersey Inc. Employees Retirement Plan-Bargaining Unit with at least 15 Years of Vesting Service, a beneficiary will receive a pension the participant would have received had the participant lived to the earliest date they could have retired and elected a 15 year certain benefit.

Death benefits commencing prior to the participant's Normal Retirement Date are subject to the Early Retirement provisions above. No additional reductions will be made for commencement prior to age 55.

### **Normal Form of Retirement Income**

Single: Life Annuity

Married: 50% Joint and Survivor annuity, converted on an Actuarial Equivalent basis from a Life Annuity

## **SCHEDULE SB ATTACHMENTS**

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### **Optional Forms of Retirement Income in Lieu of Normal Form**

The Actuarial Equivalent of the Single Life Annuity payable as a:

- i. 100% Joint and Survivor Annuity, 75% Joint and Survivor Annuity,  $66\frac{2}{3}\%$  Joint and Survivor Annuity, 50% Joint and Survivor Annuity
- ii. 10-Year Certain and Life Annuity and 15-Year Certain and Life Annuity (the 20-Year Certain and Life Annuity is available for New York Bargained (Local 363))

### **Plan Participant's Contributions**

They are neither required nor permitted.

### **Plan Changes Since the Prior Year**

See Effective Date and Most Recent Amendments portion of this section.

EIN#: 22-2441477

Plan#: 002

United Water Resources Inc. Retirement Plan  
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2014

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | Cost                  | Current Value         |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Diversified Retirement Corporation                       | * Money Market Fund                                                                                           | \$ 5,144,284          | \$ 5,144,341          |
| Pyramis                                                  | Pyramis Long Duration Bond                                                                                    | 36,758,451            | 39,654,267            |
| Diversified Retirement Corporation                       | * Diversified High Yield Bond Fund                                                                            | 30,403,863            | 31,394,127            |
| PIMCO                                                    | Pimco Long Duration Bond Fund                                                                                 | 39,177,121            | 44,830,488            |
| Diversified Retirement Corporation                       | * Diversified Stock Index Fund                                                                                | 20,152,577            | 22,882,685            |
| Cambiar                                                  | Cambiar Small Cap Fund                                                                                        | 24,916,731            | 22,011,697            |
| Fidelity                                                 | Fidelity Low Price Fund                                                                                       | 18,033,937            | 18,315,815            |
| Diversified Retirement Corporation                       | * Diversified International Equity Fund                                                                       | 32,118,218            | 29,649,950            |
| Vanguard                                                 | Vanguard Emerging Markets Growth Fund                                                                         | 13,027,714            | 12,747,510            |
| Adams Street                                             | Adams Street Partners (partnership)                                                                           | 9,612,685             | 11,121,199            |
| JPM                                                      | JPM Multi Strat II                                                                                            | 8,614,976             | 8,778,221             |
| Prisma                                                   | Prisma Fund E 201001                                                                                          | 12,165,555            | 12,379,852            |
|                                                          |                                                                                                               | <u>\$ 250,126,112</u> | <u>\$ 258,910,152</u> |

\* Indicates party-in-interest to the plan

## SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32  
Schedule of Amortization Bases  
as of January 1, 2014

| Type of Base |           | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|-----------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1            | Shortfall | 01/01/2014       | (23,267,142)   | 7                                     | (23,267,142)        | (3,893,965)          |
| 2            | Shortfall | 01/01/2013       | 2,765,682      | 6                                     | 2,438,405           | 461,570              |
| 3            | Shortfall | 01/01/2012       | (17,682,223)   | 5                                     | (13,645,348)        | (3,001,108)          |
| 4            | Shortfall | 01/01/2011       | 24,264,100     | 12                                    | 22,445,851          | 2,545,440            |
| 5            | Shortfall | 01/01/2010       | 16,419,036     | 11                                    | 14,950,632          | 1,802,353            |
| 6            | Shortfall | 01/01/2009       | 9,154,186      | 2                                     | 4,835,940           | 2,476,832            |
| Total        |           |                  |                |                                       | 7,758,338           | 391,122              |

Plan Name: United Water Resources Inc. Retirement Plan  
EIN / PN: 22-2441477/002  
Plan Sponsor: United Water Resources Inc.  
Valuation Date: January 1, 2014

## **SCHEDULE SB ATTACHMENTS**

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### **Schedule SB, Line 24 Change in Non-Prescribed Actuarial Assumptions**

The assumed plan-related expenses added to the target normal cost were changed from \$1,460,000 for 2013 to \$1,840,000 for 2014.

Plan Name: United Water Resources Inc. Retirement Plan  
EIN / PN: 22-2441477/002  
Plan Sponsor: United Water Resources Inc.  
Valuation Date: January 1, 2014