

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>WASTE ISOLATION PILOT PLANT PENSION PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/31/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/31/1998</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/31/1998</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NUCLEAR WASTE PARTNERSHIP LLC</u> <div style="display: flex; justify-content: space-between;"> <div><u>P.O. BOX 2078</u> <u>CARLSBAD, NM 88221</u></div> <div><u>4021 NATIONAL PARKS HWY</u> <u>CARLSBAD, NM 88220</u></div> </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>45-5197409</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>208-386-5000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>562000</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>45-5197409</u>	2c Plan Sponsor's telephone number <u>208-386-5000</u>	2d Business code (see instructions) <u>562000</u>	
2b Employer Identification Number (EIN) <u>45-5197409</u>					
2c Plan Sponsor's telephone number <u>208-386-5000</u>					
2d Business code (see instructions) <u>562000</u>					

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	DANA DORR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1257
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 685 6a(2) 778 6b 257 6c 304 6d 1339 6e 43 6f 1382 6g 0 6h 12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3F 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan 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>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan WASTE ISOLATION PILOT PLANT PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NUCLEAR WASTE PARTNERSHIP LLC	D Employer Identification Number (EIN) 45-5197409
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month 01 Day 01 Year 2015
2	Assets:
a	Market value 108822593
b	Actuarial value 105644164
3	Funding target/participant count breakdown
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a	For retired participants and beneficiaries receiving payment 269 32462671 32462671
b	For terminated vested participants 315 14285194 14285194
c	For active participants 685 51825100 53850217
d	Total 1269 98572965 100598082
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 6.37%
6	Target normal cost 6 5426890

Statement by Enrolled Actuary

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

SIGN HERE		10/04/2016
	Signature of actuary	Date
LINDA C. ECKHOLM	Type or print name of actuary	14-05358
TOWERS WATSON DELAWARE INC.	Firm name	Most recent enrollment number
600 UNIVERSITY STREET, SUITE 3100 SEATTLE, WA 98101-1176	Address of the firm	206-625-1125
		Telephone number (including area code)

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	5426890	
b Excess assets, if applicable, but not greater than line 31a	31b	1645201	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	3781689	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	3400881	3400881
36 Additional cash requirement (line 34 minus line 35)	36	380808	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	380873	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	65	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	65	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan WASTE ISOLATION PILOT PLANT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NUCLEAR WASTE PARTNERSHIP LLC	D Employer Identification Number (EIN) 45-5197409	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

MERCER

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	FIDUCIARY	166959	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	NONE	77070	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF NEW YORK MELLON

25-0065306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 65	TRUSTEE	47419	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2015</p> <hr/> <p style="text-align: center; font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan WASTE ISOLATION PILOT PLANT PENSION PLAN	B Three-digit plan number (PN) ▶	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NUCLEAR WASTE PARTNERSHIP LLC	D Employer Identification Number (EIN) 45-5197409
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: URS GOVMT. SVCS. GROUP MASTER TRUST

b Name of sponsor of entity listed in (a): WEST. GOVMT. SVCS. COMPANY LLC

c EIN-PN 82-0508469-005	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103177022
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>WASTE ISOLATION PILOT PLANT PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NUCLEAR WASTE PARTNERSHIP LLC</u>	D Employer Identification Number (EIN) <u>45-5197409</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	423104
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	108822592	103177022
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	108822592	103600126

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	69167	54270
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	69167	54270

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	108753425	103545856
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	423104	
(B) Participants	2a(1)(B)	1042516	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1465620
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-2308254
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-842634

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3584566	
(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)		3584566
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)	116282	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	164902	
(4) Other	2i(4)	499185	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		780369
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4364935

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5207569
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: EIDE BAILLY LLP

(2) EIN: 45-0250958

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:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
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.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<div>A Name of plan WASTE ISOLATION PILOT PLANT PENSION PLAN</div>	<div>B Three-digit plan number (PN) ► 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 NUCLEAR WASTE PARTNERSHIP LLC</div>	<div>D Employer Identification Number (EIN) 45-5197409</div>

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1926855		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	23

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: <u>49</u> % Investment-Grade Debt: <u>48</u> % High-Yield Debt: <u>3</u> % Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

**WASTE ISOLATION PILOT PLANT
PENSION PLAN**

**FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014**

**WASTE ISOLATION PILOT PLANT
PENSION PLAN**

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Independent Auditor's Report

The Plan Administrator
Waste Isolation Pilot Plant Pension Plan
Carlsbad, New Mexico

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Waste Isolation Pilot Plant Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, the related statements of changes in net assets available for benefits for the years then ended, 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.

Auditor's 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 are 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 8, which was certified by The Bank of New York Mellon, the Trustee of the Plan, except for comparing such information with the related information included in these 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, 2015 and 2014, 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 on these financial statements. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

As discussed in Note 2 to the financial statements, as of and for the years ended December 31, 2015 and 2014, the Plan adopted the new accounting guidance in Accounting Standards Update 2015-12 "Plan Accounting (Topics 960, 962 and 965) – (Part II): Plan Investment Disclosure" to simplify the investment disclosure requirements. Our disclaimer of opinion is not modified with respect to this matter.

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

The form and content of the information included in these financial statements, other than that derived from the information certified by the Trustee, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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 "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Boise, Idaho
October 10, 2016

**WASTE ISOLATION PILOT PLANT
PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31,**

	<u>2015</u>	<u>2014</u>
Assets		
Plan interest in Master Trust, at fair value (Note 7)	\$103,177,022	\$108,822,592
Employer contributions receivable	<u>423,104</u>	<u>-</u>
Total Assets	<u>103,600,126</u>	<u>108,822,592</u>
Liabilities		
Accrued expenses	<u>54,270</u>	<u>69,167</u>
Net Assets Available for Benefits	<u>\$103,545,856</u>	<u>\$108,753,425</u>

The accompanying notes are an integral part of the financial statements.

**WASTE ISOLATION PILOT PLANT
PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31,**

	<u>2015</u>	<u>2014</u>
Contributions		
Contributions from participants	\$ 1,042,516	\$ 850,196
Contributions from employer	<u>423,104</u>	<u>-</u>
Total Contributions	<u>1,465,620</u>	<u>850,196</u>
Investment gains (losses)		
Plan interest in investment gains (losses) of Master Trust (Note 7)	<u>(2,308,254)</u>	<u>9,681,157</u>
Deductions		
Benefits paid to participants (Note 1)	(3,584,566)	(3,636,228)
Administrative expenses	(116,282)	(198,246)
Investment expenses	(164,902)	(153,126)
PBGC premiums	<u>(499,185)</u>	<u>(258,384)</u>
Total Deductions	<u>(4,364,935)</u>	<u>(4,245,984)</u>
Net Increase (Decrease)	(5,207,569)	6,285,369
Net assets available for benefits		
Beginning of year	<u>108,753,425</u>	<u>102,468,056</u>
End of year	<u>\$103,545,856</u>	<u>\$108,753,425</u>

The accompanying notes are an integral part of the financial statements.

WASTE ISOLATION PILOT PLANT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Waste Isolation Pilot Plant Pension Plan (the “Plan”), is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan.

General: The Plan is a contributory defined benefit pension plan covering all active employees of Nuclear Waste Partnership LLC (“NWP”), the Plan sponsor. The Plan also covers retired and terminated vested employees, who separated from NWP and Washington TRU Solutions LLC, the former plan sponsor, on or after January 1, 1991.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Benefits: The Plan provides 100% cliff vesting upon completion of five years of service, as defined by the Plan. Retirement benefits are paid to pensioners or beneficiaries in various forms consisting of annuities, lump-sum payments, or a combination of both. The benefit that a participant is entitled to if he or she has less than five years is 100% of his or her contribution and interest attributable to these contributions.

A participant’s normal retirement benefit at age 65 is based on years of credited service and the monthly career accumulation amount of 1/12 of two percent of compensation for that year. The Plan generally provides a reduced benefit for early retirement. Eligibility for retirement is attained upon (1) completion of 10 years of eligibility service and attaining age 60 or (2) completion of 30 years of eligibility service and attaining age 58.

Death Benefits: If an active employee dies, the spouse may be entitled to a spouse survivor benefit. Depending on the employee’s age and/or eligibility service at the time of death, the spouse may qualify for an immediate spouse survivor benefit or a deferred spouse survivor benefit. The benefit payable to the spouse is equal to 55% of the employee’s early retirement benefit, except that the benefit is reduced as if the employee retired at the date of death (subject to a maximum benefit reduction for early commencement) and assuming that a joint and survivor benefit and 55% form of payment had been elected. Benefit payments are guaranteed for 60 months and payable to the spouse’s beneficiary, if necessary. If the employee was not married and dies before retirement, the named beneficiary will receive a refund of the employee’s contributions to the Plan plus interest earned.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting: The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America using the accrual basis of accounting.

Recent Accounting Pronouncements — In May 2015, the Financial Accounting Standards Board (the “FASB”) issued Accounting Standards Update No. 2015-07, *Disclosures for Investment in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (“ASU 2015-07”). ASU 2015-07 seeks to eliminate diversity in practice surrounding how investments measured at net asset value under the practical expedient with future redemption dates have been categorized in the fair value hierarchy. It is effective for annual reporting periods beginning after December 15, 2015. The Plan’s management is currently in the process of evaluating the impact of the adoption of the new accounting guidance on its Plan financial statements.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plan (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)* (“Update”). The purpose of this Update is to simplify plan accounting. The amendments in Part I of this update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at the contract value; accordingly, there will no longer be an adjustment from fair value to contract value on the face of the financial statements. The amendments in Part II of the Update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in aggregate. The amendments in Part III of the Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan’s fiscal year-end, when the fiscal period does not coincide with month-end. The Update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. The Plan early adopted Part II of this Update. Accordingly, the Update was retroactively applied resulting in the disaggregation of investments by general type. Disclosures of individual investments that comprised 5 percent or more of net assets available for benefits, as well as the net appreciation or depreciation of fair value by investment type have been eliminated as a result of the early adoption of this Update. There were no other significant impacts on the Statements of Net Assets Available for Benefits as of December 31, 2015 and 2014, and the Statements of Changes in Net Available for Benefits for the years ended December 31, 2015 and 2014. Early adoption was elected as the updated presentation is more relevant to the users of the financial statements.

Valuation of investments: The fair value of interest in the Master Trust is based on the beginning of the year value of the Plan’s interest in the trust plus actual contributions and allocated investment income (loss) less actual distributions and allocated administrative expenses. Investments are reported at fair value. Fair value is the price that would be received when an asset is sold or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 6 for a description of fair value measurements under Accounting Standards Codification (“ASC”) 820.) Investment income (loss) and realized and unrealized gains or losses are reported as a single amount as plan interest in investment gain (loss) of the Master Trust. (See Note 7 for information about the Master Trust.)

The Master Trust records purchases and sales of securities on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as those held during the year.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and uncertainties: The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 financial statements.

Plan contributions are made and 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Administrative expenses: The Plan's expenses are paid by either the Plan or NWP, as provided by the Plan document. Expenses that are paid directly by NWP are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Subsequent events: The Plan has evaluated subsequent events through October 10, 2016, the date the financial statements were available to be issued.

3. FUNDING POLICY

NWP contributes such amounts as are necessary (calculated on an actuarial basis) to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. For 2015 and 2014, the minimum funding requirements of ERISA, as determined by consulting actuaries, have been met.

Active participants are required to contribute 1.5% of their salary to the Plan as a condition of accruing a benefit. Participants are immediately vested in their contributions, including earnings thereon. Total participant accumulated contributions at December 31, 2015 and 2014, were \$8,960,690 and \$8,578,009, respectively, including interest credited each January at the annual

rate of 120% of the federal mid-term interest rate for the first month of the Plan year (2.10% for 2015 and 2014).

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) current employees or their beneficiaries. Benefits under the Plan are based on employees' annual compensation during their years of credited service. The accumulated plan benefits for active employees are based on their compensation on the date which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered at the valuation date.

The actuarial present value of accumulated plan benefits of the Plan is as follows:

	<u>December 31,</u> <u>2014</u>	<u>December 31,</u> <u>2013</u>
Vested benefits		
Participants and beneficiaries currently receiving benefits	\$ 34,311,004	\$ 27,167,475
Other participants	<u>73,887,131</u>	<u>60,439,537</u>
Total vested benefits	108,198,135	87,607,012
Nonvested benefits	<u>2,190,890</u>	<u>2,216,642</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$110,389,025</u></u>	<u><u>\$ 89,823,654</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits are as follows:

	<u>December 31,</u> <u>2014</u>
Actuarial present value of accumulated plan benefits at beginning of period	<u>\$ 89,823,654</u>
Increase (decrease) during the period attributable to:	
Interest due to the decrease in the discount period	6,124,421
Benefits accumulated	4,788,717
Actuarial losses	447,377
Benefits paid	(3,636,228)
Change of assumptions	<u>12,841,084</u>
Net increase	<u>20,565,371</u>
Actuarial present value of accumulated plan benefits at end of period	<u><u>\$110,389,025</u></u>

The actuarial present value of accumulated plan benefits was determined by independent actuaries and reflects actuarial assumptions to adjust the accumulated plan benefits 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 expected date of payment. The Plan changed the presentation of the accumulated plan benefit information as of the end of the Plan year instead of the beginning of the Plan year. The change had no material difference in the amounts shown.

Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, the effect of such changes could be material to the Plan's financial statements.

The significant actuarial assumptions used in the valuations for 2014 and 2013 are shown below:

Interest rate	-	2014 – 6.00% 2013 – 6.60%
Rate of pay increases	-	2014 – 6.74% for 2015 and 5.00% thereafter 2013 – 4.00% for all years
Mortality basis	-	2014 – RP-2014 mortality tables with experience through 2006 and projected generationally with MP-2015 thereafter
	-	2013 – Mortality tables as described under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants
Average retirement age	-	Ranging from 5% at age 58 to 100% at age 70

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

5. FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Plan by a letter dated November 6, 2015, that the Plan, as amended through December 2014, and related trust were designed in accordance with applicable regulations of the Internal Revenue Code ("IRC") and therefore, the related trust is exempt from taxation. Since receiving the determination letter, the Plan has been amended and restated as of January 1, 2014, and a request for a new determination letter was submitted in February 2015. The Plan administrator believes the Plan is designed and currently being operated in compliance with the applicable provisions of the IRC. Therefore, the Plan and related trust continue to be tax-exempt, and no provision for federal income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not 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, 2015 and 2014, there are no uncertain 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 the IRS; however, there are currently no audits for any tax periods in progress.

6. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits.

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs into three broad levels:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust and Plan have the ability to access.
Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none"> • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Level 1: The master trust in which the Plan's investment assets are held did not have any Level 1 investments.

Level 2: The Plan's investments, which are held in a master trust, consist of common trust funds. The value of the common trust funds are based on the net asset value (NAV) of the underlying assets.

Level 3: The master trust, in which the Plan is invested, did not have any Level 3 investments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

7. INTEREST IN URS GOVERNMENT SERVICES GROUP MASTER TRUST

The Plan's investment assets are held in a trust account at The Bank of New York Mellon ("Trustee") and consist of an undivided interest in an investment account of the URS Government Services Group Master Trust ("Master Trust"), a master trust established by Westinghouse Government Services Company, LLC and Washington Government Environmental Services Company, LLC, subsidiaries of AECOM, and administered by the Trustee. Use of the Master Trust permits the commingling of trust assets with the assets of three other pension plans sponsored by subsidiaries of a common parent company, AECOM, for investment and administrative purposes. Although assets of the four pension plans are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income (loss) of the investment assets is allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans. During 2015, one of the participating pension plans was terminated and all of the assets associated with that plan were distributed by December 31, 2015.

The Plan had a 67% and 58% interest in the Master Trust's net assets at December 31, 2015, and 2014, respectively. At December 31, 2015 and 2014, the assets of the Master Trust were invested into common trust funds. The fair value of investments was \$152,696,654 and \$187,487,772 at December 31, 2015 and 2014, respectively.

The net investment losses for the common trust funds of the Master Trust were \$(3,510,327) and \$17,404,177 for the years ended December 31, 2015, and 2014, respectively.

	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
<u>As of December 31, 2015</u>				
Common Trusts	\$ --	\$152,696,654	\$ --	\$152,696,654
Total Investments	\$ --	\$152,696,654	\$ --	\$152,696,654
<u>As of December 31, 2014</u>				
Common Trusts	\$ --	\$187,487,772	\$ --	\$ 87,487,772
Total Investments	\$ --	\$187,487,772	\$ --	\$187,487,772

FASB ASC 820 *Fair Value Measurement and Disclosure: Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)* requires disclosures of certain attributes in entities that calculate a NAV per share (or its equivalent) and do not have a readily determinable fair value. The following table sets forth the disclosure of the attributes at December 31, 2015 and 2014:

	Fair Value ^(a)	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<u>As of December 31, 2015</u>				
MGI AC Active Corp Investment Fund	\$31,845,460	--	Daily	None
MGI US Large Cap Passive Equity Fund	29,998,379	--	Daily	None
MGI Non US Core Equity Fund	19,760,072	--	Daily	None
MGI Long Duration Investment Grade Fixed Income Fund	12,951,313	--	Daily	None
MGI Low Volatility Equity Fund	11,466,909	--	Daily	None
MGI Long Duration Passive Income Fund	10,184,985	--	Daily	None
MGI Long Duration Fixed Income Fund	10,081,036	--	Daily	None
Mercer Opportunistic Fixed Income Fund	7,009,620	--	Daily	None
Mercer Emerging Markets Fund	4,489,127	--	Daily	None
MGI US Small/Mid Cap Growth Equity Fund	4,241,732	--	Daily	None
MGI US Core Opportunistic Fixed Income Fund	3,906,617	--	Daily	None
MGI US Small/Mid Cap Value Equity Fund	3,878,198	--	Daily	None
MGI US Passive Fixed Income Fund	1,980,787	--	Daily	None
EB Temporary Investment Fund	902,419	--	Daily	None
<u>As of December 31, 2014</u>				
MGI AC Active Corp Investment Fund	\$ 40,753,906	--	Daily	None
MGI US Large Cap Passive Equity Fund	33,136,877	--	Daily	None
MGI Non US Core Equity Fund	20,378,374	--	Daily	None
MGI Long Duration Investment Grade Fixed Income Fund	15,690,150	--	Daily	None
MGI Low Volatility Equity Fund	11,673,955	--	Daily	None
MGI Long Duration Passive Income Fund	12,417,346	--	Daily	None
MGI Long Duration Fixed Income Fund	12,073,897	--	Daily	None
Mercer Opportunistic Fixed Income Fund	8,100,859	--	Daily	None
Mercer Emerging Markets Fund	5,323,630	--	Daily	None
MGI US Small/Mid Cap Growth Equity Fund	4,468,089	--	Daily	None

	Fair Value ^(a)	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<u>As of December 31, 2014 – continued</u>				
MGI US Core Opportunistic Fixed Income Fund	6,769,139	--	Daily	None
MGI US Small/Mid Cap Value Equity Fund	3,983,140	--	Daily	None
MGI US Passive Fixed Income Fund	3,489,293	--	Daily	None
EB Temporary Investment Fund	9,197,626	--	Daily	None
Bank of New York Cash Reserve	31,491	--	Daily	None

^(a) Investment funds are stated at fair value based on the quoted market prices of the underlying assets, which represent the NAV of shares held by the Master Trust at year-end.

Changes in fair value levels: The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2015 and 2014, there were no significant transfers in or out of Levels 1, 2 or 3.

8. INFORMATION CERTIFIED BY PLAN TRUSTEE

The Plan administrator has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, no independent auditing procedures were performed with respect to the information certified by the Trustee, as of December 31, 2015 and 2014.

The information certified by the Trustee was the annual report and accounting for the years ending December 31, 2015 and 2014, which includes beginning and ending balances of assets, and a detailed listing of the transactions in the various funds, including investment gains (losses).

9. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has certain investments that are managed by the Trustee. The Plan also invests in certain investments managed by Mercer Trust Company (“Mercer”), and Mercer acts as a trustee for those investments. Transactions in such investments qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA. Fees paid by the Plan for investment management services of the common trust funds were included as a reduction of the return on each fund. Fees paid by the Plan for investment fund services provided to the Master Trust were \$164,902 and \$153,126 for the years ended December 31, 2015 and 2014, respectively, and reported as a deduction in the Statements of Changes in Net Assets Available for Benefits.

10. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated as specified by the Plan document in accordance with ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. 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 the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling on the form of benefit payment elected by the participant at Plan termination. The ceiling varies depending on the form of benefit payment elected by the participant at the time of termination.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits and the level of benefits guaranteed by the PBGC.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Nuclear Waste Partnership LLC
EIN/PN	45-5197409 / 001
Plan Name	Waste Isolation Pilot Plant Pension Plan
Valuation Date	January 1, 2015
Enrolled Actuary	Linda Eckholm
Enrollment Number	14-05358

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.

Plan Name:	Waste Isolation Pilot Plant Pension Plan
EIN / PN:	45-5197409 / 001
Plan Sponsor:	Nuclear Waste Partnership LLC
Valuation Date:	January 1, 2015

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Yield curve basis Segment rates

Interest rates:

- | | Reflecting
HATFA Corridors | Not Reflecting
HATFA Corridors |
|---------------------------|-------------------------------|-----------------------------------|
| • First segment rate | 4.72% | 1.15% |
| • Second segment rate | 6.11% | 4.06% |
| • Third segment rate | 6.81% | 5.15% |
| • Effective interest rate | 6.37% | 4.52% |

The interest rates shown above for "Reflecting Corridors" reflect the Highway and Transportation Funding Act (HATFA) signed into law on August 8, 2014. HATFA delays the widening of the corridors enacted by MAP-21 in 2012.

ASC 960 (plan accounting) interest rate 6.00%

Annual rates of increase:

- Compensation 6.74% for 2015 and 5.00% thereafter
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A
- Interest on employee contribution balances 3.00%

Plan Name: Waste Isolation Pilot Plant Pension Plan
EIN / PN: 45-5197409 / 001
Plan Sponsor: Nuclear Waste Partnership LLC
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS (cont.)

Demographic Assumptions

Inclusion Date The valuation date coincident with or next following the date on which the employee becomes a participant.

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

Mortality

- Healthy The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.
- Disabled Disabled participants are assumed to have the same mortality as healthy participants.

Termination Rates varying by age:

Percentage leaving during the year	
Attained Age	Males and Females
<35	9.0%
35-39	4.5
40-54	3.5
55-59	2.0
60-64	1.0
65 and over	0.0

Disability The rates at which participants become disabled by age are shown below:

Percentage becoming disabled during the year	
Age	Males and Females
25	0.015%
30	0.015
35	0.015
40	0.02
45	0.04
50	0.105
55	0.225
60	0.505
65 and over	0

Plan Name: Waste Isolation Pilot Plant Pension Plan
EIN / PN: 45-5197409 / 001
Plan Sponsor: Nuclear Waste Partnership LLC
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS (cont.)

Retirement

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

Percentage retiring during the year	
Age	Males and Females
58	5%
59	5
60	10
61	12
62	15
63	18
64	20
65	25
66	25
67	25
68	25
69	25
70 and over	100

Average age: 64

Participants with deferred benefits are assumed to commence their benefit payments at age 65.

Benefit commencement date

• In service death benefit

Earliest of:

- Immediately with 25 years of service
- Age 50 with 15 years of service
- Age 60 with 10 years of service
- Age 65

• Deferred vested benefit

Earliest retirement age for active participants who terminate. Age 65 for participants with deferred vested benefits as of the valuation date.

• Disability benefit

Earliest retirement age

• Retirement benefit

Upon termination of employment

Form of payment

Participants are assumed to elect the normal form except that 25% of active participants are assumed to elect a lump sum payment on benefits accrued through December 31, 1994.

Lump sums were valued using the substitution of annuity form under IRS Regulation IRC §1.430(d)-1(f)(4) without application of generational mortality.

Plan Name: Waste Isolation Pilot Plant Pension Plan
EIN / PN: 45-5197409 / 001
Plan Sponsor: Nuclear Waste Partnership LLC
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS (cont.)

Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of eligible male participants and 65% of eligible female participants are assumed to be married.
Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Covered pay	Compensation assumed paid in the current year beginning on the valuation date is the greater of the actual pay from the prior plan year adjusted by one-half year of the salary increase assumption and the current annual rate of pay.
Administrative expenses	Plan related expenses are assumed to be the average of actual administrative expenses net of PBGC premiums in the prior three years, plus expected PBGC premiums for the current year, rounded to the nearest thousand. The amount included this year for plan-related administrative expenses is \$668,000.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year, plus plan-related expenses expected to be paid from plan assets during plan year, less employee contributions expected to be made to the trust during the plan year, as required by regulations under IRC §430.
Actuarial value of assets	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 of 6.60% and 6.50% for the 2014 and 2013 plan years respectively, (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 prior plan year.)

Plan Name: Waste Isolation Pilot Plant Pension Plan
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Plan Sponsor: Nuclear Waste Partnership LLC
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SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective August 31, 1998. It was amended and restated effective October 1, 2012. This valuation accounts for the plan as amended and restated through the valuation date.

Covered Employees All Eligible Employees may participate in the Plan. Eligible Employees are those employed at non-Excluded Units of Nuclear Waste Partnership LLC who are either non-represented or represented by a collective bargaining unit that has a written agreement with the company regarding participation in the Plan.

Participation Date Date of becoming a covered employee

Definitions

Credited service Generally, all service as a contributing participant in the Plan is used to determine pension benefit amounts. Prior to January 1, 1995, all service as an Employee of CBS Corporation was generally included as Credited Service. Service while employed with an Affiliated Entity or Excluded Unit is not included. Service is included while receiving benefits under the Company's salary continuance and extension program or short-term or long-term disability plan or after being determined to be "Totally Disabled", up to a maximum continuous period of two years.

Eligibility service All Credited Service, plus service that would be credited except that the Employee elects not to contribute to the Plan or is employed by an Affiliated Entity or an Excluded Unit.

Vesting date The date the Participant completes five years of Eligibility Service or reaches NRD.

Plan compensation Generally, regular compensation paid to a participant inclusive of overtime, bonus and other additional compensation payments, except that only 50% of an annual incentive award payable under any management incentive program is included.

Normal retirement date (NRD) The first day of the month following the Participant's 65th birthday.

Plan Name: Waste Isolation Pilot Plant Pension Plan
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Plan Sponsor: Nuclear Waste Partnership LLC
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS (cont.)

Eligibility for Benefits

Normal retirement	Retirement on Normal Retirement Date								
Early retirement	The first of any month following the date the Participant attains: (i) age 58 with at least 30 years of Eligibility Service or (ii) age 60 with at least 10 years of Eligibility Service.								
Pre-retirement death benefit	Death while accruing Eligibility Service and after attainment of Early Retirement Eligibility or any of the following: <table><tr><td><u>Age</u></td><td><u>Eligibility Service</u></td></tr><tr><td>any</td><td>25 years or more</td></tr><tr><td>60 or older</td><td>10 years or more</td></tr><tr><td>50 or older</td><td>15 years or more</td></tr></table>	<u>Age</u>	<u>Eligibility Service</u>	any	25 years or more	60 or older	10 years or more	50 or older	15 years or more
<u>Age</u>	<u>Eligibility Service</u>								
any	25 years or more								
60 or older	10 years or more								
50 or older	15 years or more								
Vested Death Benefit	Death after vesting date and before pre-retirement death benefit eligibility.								

Benefits Paid Upon the Following Events

Normal Retirement	Generally, a monthly amount equal to the greater of (a) The Career Accumulation Method and (b) the Flat Rate Method. (a) <u>Career Accumulation Method</u> : the sum of (i) and (ii) (i) the monthly amount accumulated to January 1, 1992 (ii) 1/12 of 2% of Compensation for each calendar year commencing on or after January 1, 1992 in which an Employee contributed. A minimum of \$15 per year of Credited Service applied for 1992, 1993, and 1994 regardless of an Employee's election to contribute to the Plan. (b) <u>Flat Rate Method</u> : the sum of (i) and (ii) (i) \$31 for years of Credited Service while contributing to the Plan (ii) \$13 for years of Credited Service prior to January 1, 1995 in which an Employee was eligible to contribute to the Plan but elected not to contribute.
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Plan Name: Waste Isolation Pilot Plant Pension Plan
EIN / PN: 45-5197409 / 001
Plan Sponsor: Nuclear Waste Partnership LLC
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SCHEDULE SB ATTACHMENTS (cont.)

Early Retirement

Employees Hired after December 31, 1994:

Determined as for Normal Retirement except that benefits are reduced by $\frac{1}{2}$ percent per month that Early Retirement Date precedes Participant's Normal Retirement Date.

Employees Hired before January 1, 1995:

If a Lump Sum form of payment is elected, the Participant will receive the sum of (i) and (ii), as follows:

- (i) A payment equal to the lump sum equivalent of the normal retirement benefit determined as of December 31, 1994. The lump sum equivalent will be calculated assuming benefits begin at Early Retirement Date. Benefits are reduced for early commencement by $\frac{1}{3}$ of 1% for each month that the Early Retirement Date precedes Normal Retirement Date, or, if the Participant has 30 or more years of Eligibility Service, by $\frac{1}{4}$ of 1% for each month that Early Retirement Date precedes the first of the month following the Participant's 60th birthday.
- (ii) An annuity equal to the difference between (a) the normal retirement benefit (based on total Credited Service) determined as of the Participant's Early Retirement Date and reduced by $\frac{1}{2}$ of 1% for each month that Early Retirement Date precedes Normal Retirement Date, and (b) the normal retirement benefit determined as of December 31, 1994, reduced for early commencement as described in (i) above.

If a Participant has Eligibility Service both prior to January 1, 1995 and after December 31, 1994, and an annuity form of payment is elected, the Participant's benefit is determined as for normal retirement except that benefits are reduced for early commencement by $\frac{1}{3}$ of 1% for each month that the Early Retirement Date precedes Normal Retirement Date, or, if the Participant has 30 or more years of Eligibility Service, by $\frac{1}{4}$ of 1% for each month that Early Retirement Date precedes the first of the month following the Participant's 60th birthday. Further, if the benefit payable on NRD using the Flat Rate Method produces a higher monthly benefit amount, then the unreduced Flat Rate benefit is payable upon Early Retirement.

Early Retirement Supplements

For Employees hired prior to January 1, 1995 who retire early and elect an annuity form of payment, a temporary monthly supplement is payable until age 62 equal to \$10 per year of Credited Service.

Deferred retirement

An active Participant working past NRD may defer retirement after age 65 and continue to accrue benefits until the deferred retirement date.

Plan Name: Waste Isolation Pilot Plant Pension Plan
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Plan Sponsor: Nuclear Waste Partnership LLC
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS (cont.)

Vested termination	<p>The benefit payable to a terminated vested Participant is the greater of the benefit determined as for normal retirement and an annuity that is the actuarial equivalent of the Participant's contributions with interest. A Participant who attains at least 30 years of Eligibility Service may elect to receive benefits beginning at age 58, and a Participant who attains at least 10 years of Eligibility Service may elect to receive benefits beginning at age 60. The benefits will be reduced by $\frac{1}{2}$ of 1% for each month that benefit commencement precedes Normal Retirement Date.</p>
Non-vested termination	<p>A Participant who terminates employment non-vested receives a refund of contributions plus interest; or, if over \$5,000, an actuarially equivalent annuity beginning any time up to Normal Retirement Date.</p>
Pre-retirement Death	<p>Immediate benefit payable to Participant's spouse equal to 55% of the applicable amount below, adjusted for form assuming that the participant had elected the Joint and 55% form of payment:</p> <p>If the participant had fewer than 30 years of service, the amount is the greatest of the participant's</p> <ol style="list-style-type: none">Normal Retirement Benefit determined as of December 31, 1994 using the Career Accumulation Method, reduced by $\frac{1}{3}$ of 1% for each month that the date of death precedes Normal Retirement Date up to a maximum reduction of 20%Normal Retirement Benefit determined as of December 31, 1994 using the Flat Rate MethodNormal Retirement Benefit determined as of the participant's date of death, reduced by $\frac{1}{2}$ of 1% for each month that the date of death precedes Normal Retirement Date up to a maximum reduction of 42%. <p>If the participant had 30 or more years of service, the amount is the greatest of the participant's</p> <ol style="list-style-type: none">Normal Retirement Benefit determined as of December 31, 1994 using the Career Accumulation MethodNormal Retirement Benefit determined as of December 31, 1994 using the Flat Rate MethodNormal Retirement Benefit determined as of the participant's date of death, reduced by $\frac{1}{2}$ of 1% for each month that the date of death precedes Normal Retirement Date up to a maximum reduction of 42% <p>If the surviving spouse of a Participant with Eligibility Service both prior to January 1, 1995 and after December 31, 1994 elects to receive the entire benefit as a monthly annuity, then (a) and (b) are changed to be based on the Normal Retirement Benefit determined as of the participant's date of death, not as of December 31, 1994 (regardless of whether the participant had 30 years of service). Payments are guaranteed for 60 months and payable to the spouse's beneficiary if necessary.</p>

Plan Name:	Waste Isolation Pilot Plant Pension Plan
EIN / PN:	45-5197409 / 001
Plan Sponsor:	Nuclear Waste Partnership LLC
Valuation Date:	January 1, 2015

SCHEDULE SB ATTACHMENTS (cont.)

Vested death	Deferred benefit, payable to Participant's spouse at what would have been the employee's earliest benefit commencement date, equal to 55% of the Termination Benefit, assuming that the Joint and 55% form of payment had been elected. Payments are guaranteed for 60 months and payable to the spouse's beneficiary if necessary.
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Other Plan Provisions

Forms of payment

Normal Form of Payment

- Married Participant: 55% surviving spouse annuity with 60 payments guaranteed.
- Unmarried Participant: Single life annuity with 60 payments guaranteed.

Optional Forms of Payment

- Single life annuity with 60 payments guaranteed
- Joint and 100% survivor annuity with 60 payments guaranteed – The optional form reduction is 13.5% plus 0.5% for each year the joint annuitant is younger than the participant (or minus 0.5% for each year the joint annuitant is older than the participant) up to 27 years.
- Joint and 75% survivor annuity with 60 payments guaranteed - The optional form reduction is 10.5% plus 0.5% for each year the joint annuitant is younger than the participant (or minus 0.5% for each year the joint annuitant is older than the participant) up to 21 years.
- Joint and 55% survivor annuity with 60 payments guaranteed – The optional form reduction is 7.5% plus 0.5% for each year the joint annuitant is younger than the participant (or minus 0.5% for each year the joint annuitant is older than the participant) up to 15 years.
- Lump sum, based upon the benefit accrued as of 12/31/1994 (any additional benefit accruals are payable in any of the other optional benefit forms). If the lump sum value of the benefit accrued after 12/31/1994 is less than \$10,000, a participant may receive the lump sum value of his entire benefit.

Pension Increases

None.

Plan Participants' Contributions

On and after January 1, 1995, employees must elect to contribute one and one-half percent (1½%) of Compensation in order to receive Credited Service and earn a pension.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$1,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Plan Name:	Waste Isolation Pilot Plant Pension Plan
EIN / PN:	45-5197409 / 001
Plan Sponsor:	Nuclear Waste Partnership LLC
Valuation Date:	January 1, 2015

SCHEDULE SB ATTACHMENTS (cont.)

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes to benefits valued since the prior year, other than the increase in the maximum benefit limit under IRC §415 as of January 1, 2015 which had no impact on the funding target.

Substantive Commitment

No substantive commitments other than the above plan provisions have been included in this valuation.

Plan Name: Waste Isolation Pilot Plant Pension Plan
EIN / PN: 45-5197409 / 001
Plan Sponsor: Nuclear Waste Partnership LLC
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2015

See Statement of Actuarial Assumptions/ Methods for retirement rates. 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.

Age	Rate of Retirement	Number of Retirements	Number of Remaining Participants	Weighted Average Age
			100,000	
58	5.00%	5,000	95,000	290,000
59	5.00%	4,750	90,250	280,250
60	10.00%	9,025	81,225	541,500
61	12.00%	9,747	71,478	594,567
62	15.00%	10,722	60,756	664,764
63	18.00%	10,936	49,820	688,968
64	20.00%	9,964	39,856	637,696
65	25.00%	9,964	29,892	647,660
66	25.00%	7,473	22,419	493,218
67	25.00%	5,605	16,814	375,535
68	25.00%	4,204	12,610	285,872
69	25.00%	3,153	9,457	217,557
70	100.00%	9,457	0	661,990

Weighted Average Age

64

Plan Name: Waste Isolation Pilot Plant Pension Plan
EIN / PN: 45-5197409 / 001
Plan Sponsor: Nuclear Waste Partnership LLC
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 24 Change in Actuarial Assumptions

Other than the prescribed changes in the discount rate and mortality, the following other changes in assumptions were made as part of this valuation:

- The salary scale assumption was changed to 6.74% for 2015 and 5.00% for all years thereafter, from the 4.00% assumption used for the January 1, 2014 valuation to reflect an increase in long term expectations.
- The mortality tables used for disabled participants are the same as those used for healthy participants. In the January 1, 2014 valuation the Revenue Ruling 96-7 mortality tables were used for disabled participants.
- The employee contribution interest rate was changed to 3.00% as of January 1, 2015 from 4.00% used for the January 1, 2014 valuation.

There were no other changes to non-prescribed actuarial assumptions for the January 1, 2015 valuation.

Plan Name: Waste Isolation Pilot Plant Pension Plan
EIN / PN: 45-5197409 / 001
Plan Sponsor: Nuclear Waste Partnership LLC
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2015

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	2		3		0		0		0		0		0		0		0		0	
25 - 29	7		14		5		0		0		0		0		0		0		0	
30 - 34	4		25		14		0		0		0		0		0		0		0	
35 - 39	7		19		16		5		1		0		0		0		0		0	
40 - 44	6		18		24		14		4		1		0		0		0		0	
45 - 49	9		17		25		11		9		12		4		1		0		0	
50 - 54	11		15		37		20		8		15		14		0		0		0	
55 - 59	18		25		26		17		14		17		14		2		0		0	
60 - 64	7		10		24		30		13		17		13		2		1		0	
65 - 69	3		6		8		4		4		2		6		1		1		0	
70 & Over	0		0		0		1		1		0		1		0		0		0	

Plan Name: Waste Isolation Pilot Plant Pension Plan
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 Plan Sponsor: Nuclear Waste Partnership LLC
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SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
► Round off amounts to nearest dollar.			
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			
A Name of plan Waste Isolation Pilot Plant Pension Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Nuclear Waste Partnership LLC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 45-5197409</td> </tr> </table>	D Employer Identification Number (EIN) 45-5197409	
D Employer Identification Number (EIN) 45-5197409			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value.....	2a	108,822,593	
b Actuarial value.....	2b	105,644,164	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	269	32,462,671	32,462,671
b For terminated vested participants.....	315	14,285,194	14,285,194
c For active participants.....	685	51,825,100	53,850,217
d Total.....	1,269	98,572,965	100,598,082
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.37%	
6 Target normal cost.....	6	5,426,890	

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

SIGN HERE	 Signature of actuary	<u>10/4/2016</u> Date
	Linda C Eckholm	1405358
	Type or print name of actuary	Most recent enrollment number
	Towers Watson Delaware Inc.	206-625-1125
	Firm name	Telephone number (including area code)
	600 University Street, Suite 3100	
	Seattle WA 98101	
	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	3,100,448
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3,100,448
10	Interest on line 9 using prior year's actual return of <u>9.69%</u>	0	300,433
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.57%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3,400,881

Part III Funding Percentages

14	Funding target attainment percentage	14	101.63%
15	Adjusted funding target attainment percentage	15	105.01%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.64%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employees:

12 Contributions made to the plan for the plan year by employer(s)					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2016	423,104				
07/01/2015		1,042,516			
			Totals ►	18(b)	18(c)
				423,104	1,042,516

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	380,873

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

Equity: Shareholder's and of quarter of the prior year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	5,426,890
b Excess assets, if applicable, but not greater than line 31a	31b	1,645,201
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	3,781,689
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	3,400,881
36 Additional cash requirement (line 34 minus line 35)	36	380,808
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	380,873
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	65
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	65
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:		
a Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment	42	0
43 Excess installment acceleration amount to be carried over to future plan years	43	0

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 18c Employee Contributions Paid For the 2015 Plan Year

The following schedule of employee contributions reflects actual dates and contributions. Due to limited space, line 18c of the 2015 Schedule SB for the Waste Isolation Pilot Plant Pension Plan shows the total employee contributions for the 2015 plan year at July 1, 2015.

Date (MM/DD/YYYY)	Amount paid by employees	Date (MM/DD/YYYY)	Amount paid by employees
01/02/2015	5,169.70	07/02/2015	6,383.18
01/09/2015	4,827.00	07/10/2015	6,087.50
01/16/2015	32,544.56	07/16/2015	29,250.73
01/23/2015	5,204.25	07/17/2015	5,943.76
01/30/2015	33,384.25	07/24/2015	5,909.14
02/06/2015	5,161.82	07/31/2015	35,205.03
02/13/2015	33,203.82	08/07/2015	5,917.53
02/20/2015	5,081.69	08/14/2015	35,452.46
02/27/2015	33,726.33	08/21/2015	5,813.74
03/06/2015	5,130.16	09/01/2015	36,341.73
03/13/2015	33,905.77	09/11/2015	5,858.77
03/20/2015	5,231.71	09/16/2015	30,310.56
03/31/2015	34,311.97	09/18/2015	6,005.73
04/10/2015	12,398.87	09/25/2015	5,956.96
04/16/2015	30,756.13	09/30/2015	33,331.38
04/17/2015	5,320.95	10/02/2015	6,254.62
04/24/2015	5,447.17	10/09/2015	6,152.85
04/30/2015	30,439.58	10/16/2015	36,973.52
05/01/2015	5,849.34	10/23/2015	6,017.78
05/08/2015	5,613.75	10/30/2015	37,246.87
05/15/2015	36,236.06	11/06/2015	5,917.35
05/22/2015	5,954.42	11/13/2015	38,556.27
05/29/2015	36,222.40	11/20/2015	6,229.29
06/05/2015	5,943.39	11/30/2015	37,698.19
06/12/2015	5,803.19	12/04/2015	6,297.47
06/16/2015	29,745.47	12/11/2015	6,205.19
06/19/2015	5,744.35	12/16/2015	32,418.77
06/26/2015	6,310.00	12/21/2015	5,975.91
06/30/2015	29,751.59	12/31/2015	62,383.69
		1,042,515.66	

Plan Name: Waste Isolation Pilot Plant Pension Plan
EIN / PN: 45-5197409 / 001
Plan Sponsor: Nuclear Waste Partnership LLC
Valuation Date: January 1, 2015