

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
---	--	---

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 single-employer plan	☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
	☐	a one-participant plan	☐ a foreign plan
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 Check box if filing under:	☒	Form 5558	☐ automatic extension
	☐	special extension (enter description)	☐ DFVC program

Part II Basic Plan Information —enter all requested information			
1a Name of plan <u>PENSION PLAN FOR MAINTENANCE SHOP AND CONTAINER YARD EMPLOYEES OF HAWAII TERMINALS, INC.</u>	1b Three-digit plan number (PN) ►	<u>003</u>	
	1c Effective date of plan	<u>01/01/2002</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>HAWAII STEVEDORES, INC.</u> <u>1601 SAND ISLAND PARKWAY</u> <u>HONOLULU, HI 96819</u>	2b Employer Identification Number (EIN)	<u>99-0108338</u>	
	2c Sponsor's telephone number	<u>808-527-3400</u>	
	2d Business code (see instructions)	<u>488300</u>	
3a Plan administrator's name and address ☐ Same as Plan Sponsor. <u>HAWAII TERMINALS, INC.</u> <u>1601 SAND ISLAND PARKWAY</u> <u>HONOLULU, HI 96819</u>	3b Administrator's EIN	<u>47-3961529</u>	
	3c Administrator's telephone number	<u>808-842-1515</u>	
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 <u>HORIZON LINES, LLC</u>	4b EIN	<u>56-2098440</u>	
	4c PN	<u>003</u>	
5a Total number of participants at the beginning of the plan year	5a	<u>37</u>	
b Total number of participants at the end of the plan year	5b	<u>39</u>	
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c		
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>27</u>	
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>28</u>	
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>0</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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2016</u>	<u>GEORGE PASHA</u>
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	5555779	6026308
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	5555779	6026308
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	714007	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-56405	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		657602
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	125550	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	44927	
g Other expenses	8g	16596	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		187073
i Net income (loss) (subtract line 8h from line 8c)	8i		470529
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

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

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

Part V Compliance Questions

10 During the plan year:		Yes	No	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			3000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i				
j Did the plan trust incur unrelated business taxable income?	10j				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... ☒ Yes ☐ No

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a** 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... ☐ Yes ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

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

- b** Enter the minimum required contribution for this plan year **12b**
- c** Enter the amount contributed by the employer to the plan for this plan year **12c**
- d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**
- e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

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

Part VIII Trust Information

- 14a** Name of trust **14b** Trust's EIN
- 14c** Name of trustee or custodian **14d** Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

- 15a** Is the plan a 401(k) plan? ☐ Yes ☐ No
- 15b** 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
- 15c** 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
- 16a** 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
- 16b** 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
- 17a** Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A
- 17b** 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).
- 17c** 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 _____.
- 17d** 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 ____/____/____.
- 18** 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
- 19** Were in-service distributions made during the plan year? ☐ Yes ☐ No
- If "Yes," enter amount **19**
- 20** Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

<div>SCHEDULE SB (Form 5000) 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 5000 or 5000-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
--	---	--

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.

<div>A Name of plan PENSION PLAN FOR MAINTENANCE SHOP AND CONTAINER YARD EMPLOYEES OF HAWAII TERMINALS, INC.</div>	<div>B Three-digit plan number (PN) 003</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5000 or 5000-SF HAWAII STEVEDORES, INC.</div>	<div>D Employer Identification Number (EIN) 99-0108338</div>

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	2a	5552442	
b Actuarial value	2b	5582988	
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	6	1200580	1200580
b For terminated vested participants	2	314116	314116
c For active participants	29	4051204	4446111
d Total	37	5565900	5960807
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	6.48%	
6 Target normal cost	6	376529	

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.

<div>SIGN HERE</div>	<div>10/05/2016</div>
<div>Signature of actuary</div>	<div>Date</div>
<div>MISTY LAM, EA, MSPA, MAAA</div>	<div>14-06737</div>
<div>Type or print name of actuary</div>	<div>Most recent enrollment number</div>
<div>BUCK CONSULTANTS, LLC</div>	<div>808-258-0315</div>
<div>Firm name</div>	<div>Telephone number (including area code)</div>
<div>1132 BISHOP STREET, SUITE 800 HONOLULU, HI 96813</div>	
<div>Address of the firm</div>	

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>5.60</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		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>6.68</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	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	93.66 %
15 Adjusted funding target attainment percentage	15	93.66 %
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	91.71 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2015	104385	0	09/15/2016	66343	0
07/14/2015	104385	0			
10/15/2015	104385	0			
01/15/2016	104385	0			
04/15/2016	115062	0			
07/15/2016	115062	0			
			Totals ►	18(b)	714007
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	670850
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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 66
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	376529	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	377819	83719	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	460248	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	460248	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	670850	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	210602	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Line 26 – Schedule of Active Participant Data

Age	Years of Credited Service									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	1	0	0	0	0	0	0	0	0
35-39	0	0	1	0	0	0	0	0	0	0
40-44	0	0	1	2	1	1	0	0	0	0
45-49	0	0	0	0	0	1	1	0	0	0
50-54	0	0	2	0	0	3	4	0	0	0
55-59	0	0	0	0	2	1	0	2	0	0
60-64	1	1	0	0	1	0	0	1	0	1
65-69	1	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0

Average compensation not shown since the Plan has less than 1,000 active participants.

Includes 2 participants who have transferred out of the Plan.

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA as amended by PPA and HATFA.

Funding interest rates

For 2015 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting HATFA Corridor**
First Segment Rate	1.15%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.15%	6.81%

Effective Interest Rate
Based on (HATFA) 6.48%

For 2014 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting HATFA Corridor**
First Segment Rate	1.37%	4.99%
Second Segment Rate	4.05%	6.32%
Third Segment Rate	5.06%	6.99%

Effective Interest Rate
Based on (HATFA) 6.68%

*Used for maximum tax-deduction purposes.

**Used for minimum funding and benefit restriction purposes.

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

Expenses

Expected plan administrative expenses equal to prior year's administrative expenses, adjusted for PBGC premiums, are added to the Target Normal Cost.

For January 1, 2015 Valuation:	\$110,609
For January 1, 2014 Valuation:	\$74,842

Frequency of optional payment forms

100% of single participants are assumed to elect a Single Life Annuity. 100% of married participants are assumed to elect an unreduced 60% Joint and Survivor Annuity.

Marital percentage

88% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Mortality table

The mortality table is applied on a static basis. A combined annuitant and non-annuitant table was used.

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates

Retirement rates are based on a 2011 Buck study of retirements by employees in the stevedoring industry.

Actives:

Age	Assumption
61 & Under	0%
62	16%
63	18%
64	6%
65	8%
66	18%
67	33%
68	15%
69	10%
70	15%
71 & Over	100%

Terminated Vested: Age 62, or attained age if greater.

Disability rates

None.

Withdrawal rates for active participants not eligible for retirement

None.

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in each of the prior 2-years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2015 Expected Return	7.50%	6.81%	6.81%
2014 Expected Return	7.50%	6.99%	6.99%
2013 Expected Return	7.50%	6.76%	6.76%

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Summary of Changes from the January 1, 2014 Valuation

- The segment interest rates with four-month lookback used for funding purposes were updated to the current valuation date. These rates are constrained in accordance with HATFA. This change increased the Funding Target by approximately \$174,000.
- The mortality tables used for funding purposes were updated with projections specified by IRS Regulation 1.430(h)(3)-1. This change increased the Funding Target by approximately \$7,000.
- The amount of expected plan administrative expenses added to the Target Normal Cost was updated to the current valuation date. Non-investment expenses are not expected to be materially different in the current year.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **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.

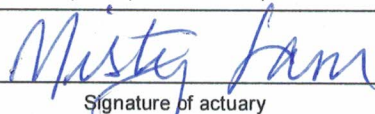
A Name of plan PENSION PLAN FOR MAINTENANCE SHOP AND CONTAINER YARD EMPLOYEES OF HAWAII TERMINALS, INC.		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HAWAII STEVEDORES, INC.		D Employer Identification Number (EIN) 99-0108338	
E Type of plan: ☒ 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	5,552,442
b Actuarial value		2b	5,582,988
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	6	1,200,580	1,200,580
b For terminated vested participants	2	314,116	314,116
c For active participants	29	4,051,204	4,446,111
d Total	37	5,565,900	5,960,807
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	6.48%	
6 Target normal cost	6	376,529	

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

MISTY LAM, EA, MSPA, MAAA

Type or print name of actuary

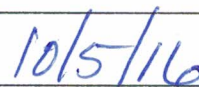
BUCK CONSULTANTS, LLC

Firm name

1132 BISHOP STREET, SUITE 800

HONOLULU HI 96813

Address of the firm



Date

1406737

Most recent enrollment number

808-258-0315

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2015
v. 150123

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 66
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	376,529	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	377,819		83,719
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	460,248	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	460,248	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	670,850	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	210,602	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

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

This table calculates the weighted average retirement age for all active persons in the plan:

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	23.3004	0.1600	3.7281	231.1404
63	20.4293	0.1800	3.6773	231.6684
64	16.6042	0.0600	0.9963	63.7602
65	17.4721	0.0800	1.3978	90.8549
66	15.9124	0.1800	2.8642	189.0389
67	12.8769	0.3300	4.2494	284.7077
68	8.4727	0.1500	1.2709	86.4214
69	7.0910	0.1000	0.7091	48.9277
70	6.2791	0.1500	0.9419	65.9301
71	5.2388	1.0000	5.2388	371.9528
Total			25.0736	1,664.4025
Average				66.38
Rounded Average				66

Note to Column 2: Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Columns 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

January 1, 2002. Amended and restated effective January 1, 2010.

Eligibility to participate

Employees who have completed one Year of Service whose terms and conditions of employment are subject to or covered by the collective bargaining agreement with respect to maintenance shop or container yard employees between Hawaii Terminals Inc. (Horizon Lines, LLC prior to May 29, 2015) and the ILWU Local 142 are eligible to participate on the first day of the month coinciding with or next following completion of one Year of Service. However, an eligible employee on January 1, 2002 who was a member of the Retirement Plan for Maintenance Shop Employees of Hawaii Stevedores, Inc. ("Former Plan") on December 2, 2001 became a member of this Plan on January 1, 2002.

Service

Year of Service – One Year of Service is earned for completion of 1,000 Hours of Service in the twelve-month period commencing on an employee's hire date and each anniversary thereof.

Credited Vesting Service - One year of Credited Vesting Service is earned for the twelve-month period commencing on an employee's hire date and each anniversary thereof. In addition, Credited Vesting Service includes all vesting service prior to January 1, 2002 credited under the Former Plan. Credited Vesting Service is also earned for eligible leaves of absence to serve as union officials or in the uniformed services.

Credited Benefit Service - One-twelfth of a year of Credited Benefit Service is earned for each month of employment in which the member is eligible to participate in the Plan and had at least one Hour of Service. In addition, all benefit service credited under the Former Plan is included, as well as the month of December 2001 in the case of a member who had at least one Hour of Service during that month and was eligible at January 1, 2002. Credited Benefit Service is also earned for eligible leaves of absence to serve in the uniformed services to the extent required by law.

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Part V – Summary of Plan Provisions (continued)

Normal Retirement

Eligibility - Age 62.

Amount of Benefit - The monthly benefit is equal to the greater of (1) and (2) below:

- (1) Basic Retirement Income - 1/12 of 1% of compensation during Credited Benefit Service prior to January 1, 2004.
- (2) Minimum Retirement Income - Years of Credited Benefit Service (up to maximum amounts specified in the plan) times the benefit level in effect on the earlier of the employee's retirement or termination of covered employment.

For active members who retire on or after January 1, 2002 and prior to July 1, 2008:

Effective	Benefit Level	Max. Credited Benefit Service
July 1, 2002	\$100	35 years
July 1, 2003	\$105	35 years
July 1, 2004	\$110	35 years
July 1, 2005	\$115	35 years
July 1, 2006	\$125	35 years
July 1, 2007	\$150	35 years

For active members who retire on or after July 1, 2008:

Effective	Benefit Level	Max. Credited Benefit Service
July 1, 2008	\$160	37 years
July 1, 2009	\$165	37 years
July 1, 2012	\$170	37 years
July 1, 2013	\$180	37 years

Benefits are based on total service recognized by the bargaining agreement and are net of benefits payable from the Former Plan for any of that service.

Time and Form of Payment - The normal form of benefit is a single life annuity payable beginning on the first of the month coincident with or next following eligibility for normal retirement. The automatic form of payment for a married member is an unreduced 50% joint and survivor annuity. For retirements on or after July 1, 2011, the automatic form of payment for a married member is an unreduced 60% joint and survivor annuity.

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Part V – Summary of Plan Provisions (continued)

Supplemental Normal Retirement Benefit ("Bridge")

Eligibility - Retirement from active service at or after age 55 and before Social Security full retirement age.

Amount of Benefit - If age 62 or over, \$300 per month. If under age 62, \$300 per month actuarially reduced for early retirement.

Time and Form of Benefit - Payable from date of retirement to the earlier of Social Security full retirement age or death. If member retires with 25 or more years of Credited Benefit Service and dies prior to Social Security full retirement age, the benefit will continue to an eligible survivor.

Early Retirement

Eligibility - Age 55 and 5 years of Credited Vesting Service, or age 60.

Amount of Benefit - For employees who retire after age 60, or employees who retire after age 55 and completion of 5 or more years of Credited Vesting Service, benefits are the same as for Normal Retirement, but are reduced five-twelfths of 1% for each month by which the Early Retirement Date precedes the Normal Retirement Date. For employees who retire on or after age 55 and before age 60 and have completed at least 3 but less than 5 years of Credited Vesting Service, benefits are equal to the Basic Retirement Income only, reduced by five-twelfths of 1% for each month by which the Early Retirement Date precedes the Normal Retirement Date.

Time and Form of Payment - Normal form of payment is a single life annuity beginning on any first of the month coincident with or following eligibility for Early Retirement. As for Normal Retirement, the automatic form for married members is an unreduced 50% joint and survivor annuity. For retirements on or after July 1, 2011, the automatic form of payment for a married member is an unreduced 60% joint and survivor annuity.

Deferred Retirement

Eligibility - Any time after eligibility for Normal Retirement.

Amount of Benefit - Benefits are the same as for Normal Retirement, using Compensation and Credited Benefit Service earned up to the Deferred Retirement Date. If the retirement date is after the April 1 of the calendar year following the calendar year in which the employee attains age 70-1/2, the deferred retirement benefit is not less than the benefit as of such April 1 with actuarial adjustment for the period following such April 1.

Time and Form of Payment - Normal form of payment is a single life annuity beginning on any first of the month following eligibility for Normal Retirement. As for Normal Retirement, the automatic form for married members is an unreduced 50% joint and survivor annuity. For retirements on or after July 1, 2011, the automatic form of payment for a married member is an unreduced 60% joint and survivor annuity.

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Part V – Summary of Plan Provisions (continued)

Termination

Eligibility - 5 years of Credited Vesting Service or attainment of age 60 while an eligible employee to be vested in Normal Retirement benefit; otherwise, 3 years of Credited Vesting Service or attainment of age 55 while an eligible employee to be vested in the Basic Retirement Income (if applicable).

Amount of Benefit - If an employee completes at least 5 years of Credited Vesting Service or terminates after age 60, the amount of the termination benefit is the same as that earned under the Normal Retirement benefit; otherwise, the benefit is limited to the Basic Retirement Income (if applicable).

Time and Form of Payment - Normal form of payment for the termination benefit is a single life annuity beginning at Normal Retirement age. The automatic form for a married member who was not eligible for an immediate early, normal or deferred retirement at termination is a reduced 50% joint and survivor annuity. The member may elect to receive the termination benefit starting any time after eligibility for Early Retirement, but the benefit will be reduced 5/9% for each of the first 60 months by which early retirement precedes age 62 and 5/18% for each month over 60.

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Part V – Summary of Plan Provisions (continued)

Pre-Retirement Surviving Spouse Death Benefit

Eligibility - Eligible for a vested benefit or retirement, and married at least one year at time of death.

Amount of Benefit -

- (1) If active, age 59 with 25 years of Credited Benefit Service: 50% of the Normal Retirement Benefit. If death occurs on or after July 1, 2011, 60% of the Normal Retirement Benefit.
- (2) If active, not eligible for benefit in (1) above, and either
 - (a) with at least 5 years of Credited Vesting Service and age 55, or
 - (b) with at least 5 years of Credited Vesting Service and with 25 years of Credited Benefit Service, or
 - (c) age 60:

50% of Normal Retirement Benefit, reduced 5/12 of 1% for each month before age 62, subject to a maximum 35% reduction. If death occurs on or after July 1, 2011, 60% of Normal Retirement benefit, reduced 5/12 of 1% for each month before age 62, subject to a maximum 35% reduction.
- (3) If active, age 55 but not eligible for benefits in (1) or (2) above: 50% of Basic Retirement Income, reduced 5/12 of 1% for each month before age 62. If death occurs on or after July 1, 2011, 60% of Basic Retirement Income, reduced 5/12 of 1% for each month before age 62.
- (4) (a) If active, with at least 3 years of Credited Vesting Service, but not eligible for benefits in (1), (2), or (3) above, or

(b) if a terminated vested member:

50% of the reduced 50% Joint & Survivor Early Retirement Benefit that would have been in effect had the member terminated on the date of death (and, if under age 55, survived to age 55).

Time and Form of Payment - The death benefit will be paid for the life of the spouse. Payment will begin on the first of the month next following the employee's death, except in (4) where payments begin when the member would have reached age 55, if later.

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Part V – Summary of Plan Provisions (continued)

Pre-Retirement Supplemental Retirement Benefit Death Benefit:

Eligibility – Dies on or after 7/1/08 in active service as an eligible employee after completion of 25 years of Credited Benefit Service and before Social Security full retirement age with a surviving spouse to whom he was married during the one year preceding death or dependent child(ren).

Time and Form of Payment – Monthly payments will begin on the later of first of the month next following the member's death or the date the member, if living, would have reached his earliest retirement date (age 55). Payments end at the date the member, if living, would have attained Social Security full retirement age. Payments are in the same amount that would have been paid as a Supplemental Retirement Benefit to the member, if living, and are paid to the eligible surviving spouse; if the eligible surviving spouse dies before the member's Social Security full retirement age or if there is no eligible surviving spouse, payments are shared equally to dependent children as defined in the plan.

Disability

Eligibility - After six months of disability and determination that the employee is permanently and continuously disabled and unable to perform work for the Participating Company within the Bargaining Unit and is not receiving any other disability benefits from the Participating Company or any worker's compensation.

Amount of Benefit - The greater of the Normal Retirement Benefit earned to Disability Retirement Date, unreduced for early commencement of benefits, or \$125.00 per month.

Form of Benefit - Normal form of payment is a single life annuity commencing after six months of disability and a determination of eligibility. The automatic form for married members is an unreduced 50% joint and survivor annuity. For disability retirements after July 1, 2011, the automatic form for married members is an unreduced 60% joint and survivor annuity.

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Part V – Summary of Plan Provisions (continued)

Forms of Payment

(a) Automatic Form:

- Single life annuity for unmarried members
- Unreduced 50% Joint and Survivor annuity for married members who retire from active service or terminate after retirement eligibility (prior to July 1, 2011).
- Unreduced 60% Joint and Survivor annuity for married members who retire from active service or terminate after retirement eligibility (effective July 1, 2011).
- Reduced 50% Joint and Survivor annuity for married members who terminate prior to retirement eligibility.

(b) Optional Forms:

- 50% Joint and Survivor annuity
- 75% Joint and Survivor annuity
- 100% Joint and Survivor annuity
- Lump sum payment for repatriating employees hired prior to January 1, 1950
- Lump sum payment or equal monthly installments for disability retirement
- Lump sum payment for employees laid off in certain reductions in workforce
- Lump sum payment if not greater than \$5,000 (optional at member's election)

Actuarial Equivalence

The member's life annuity is converted into an actuarially equivalent other form of payment using (except for lump sums) the Unisex Pension 1984 Mortality Table set back two years for members and seven years for contingent annuitants and an interest rate of 6.5% per year.

The lump sum form of payment is calculated as the present value of the accrued benefit payable at Normal Retirement Date (or actual retirement date, if later), using the Internal Revenue Code Section 417(e)(3) assumptions with a lookback month for the applicable interest rate of the November in the preceding plan year. The minimum lump sum payment under a Disability Retirement Benefit is the Basic Retirement Income monthly benefit multiplied by 90.

The Supplemental Retirement Benefit commencing before a member's attainment of age 62 is determined using the 1971 Group Annuity Mortality Table set back one year and an interest rate of 6.0% per year.

Summary of Changes from the January 1, 2014 Valuation

None.



**Pension Plan for Maintenance Shop and Container Yard Employees of
Hawaii Terminals, Inc.**

EIN/PN: 99-0108338 / 003

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2015
January 1, 2013	Shortfall	5	88,396	403,893
January 1, 2014	Shortfall	6	(2,922)	(15,523)
January 1, 2015	Shortfall	7	<u>(1,755)</u>	<u>(10,551)</u>
Total			\$ 83,719	\$ 377,819

Pension Plan for Maintenance Shop and Container Yard Employees of Hawaii Terminals, Inc.

EIN/PN: 99-0108338 / 003

Schedule SB, Line 24 – Change in Actuarial Assumptions

The expected plan administrative expenses added to Target Normal Cost increased from \$74,842 for 2014 to \$110,609 for 2015. The amount of expected plan administrative expenses added to the Target Normal Cost is equal to prior year non-investment expenses plus 2015 PBGC premium. Non-investment expenses are not expected to be materially different in the current year.