

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: 1.5em; 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>SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>01/01/1989</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>B/E AEROSPACE, INC. DBA SMR TECHNOLOGIES, INC.</u> <u>1400 CORPORATE CENTER WAY</u> <u>WELLINGTON, FL 33414</u>	2b	Employer Identification Number (EIN) <u>06-1209796</u>
		2c	Plan Sponsor's telephone number <u>561-791-5000</u>
		2d	Business code (see instructions) <u>326200</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.	10/13/2016	JAMES R BENNETT JR
	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
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	5 174
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.....	6a(1) 79
a(2) Total number of active participants at the end of the plan year	6a(2) 73
b Retired or separated participants receiving benefits.....	6b 73
c Other retired or separated participants entitled to future benefits.....	6c 19
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 165
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 8
f Total. Add lines 6d and 6e	6f 173
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 1
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: 1B 11	
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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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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 <u>SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>B/E AEROSPACE, INC. DBA SMR TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>06-1209796</u>
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 <u>3518846</u>
b Actuarial value	2b <u>3518846</u>
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	<u>74</u> <u>2063066</u> <u>2063066</u>
b For terminated vested participants	<u>21</u> <u>228542</u> <u>228542</u>
c For active participants	<u>79</u> <u>1639113</u> <u>1677249</u>
d Total	<u>174</u> <u>3930721</u> <u>3968857</u>
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 <u>6.29%</u>
6 Target normal cost	6 <u>7032</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/10/2016</u>
	Signature of actuary	Date
<u>DAN SHACHAK</u>		<u>14-07567</u>
	Type or print name of actuary	Most recent enrollment number
<u>USI CONSULTING GROUP</u>		<u>212-878-0448</u>
	Firm name	Telephone number (including area code)
<u>261 MADISON AVENUE, 5TH FL</u> <u>NEW YORK, NY 10016</u>		
	Address of the firm	

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

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

Schedule SB (Form 5500) 2015
v. 150123

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)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>4.36</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)		5730
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>6.49</u> %		372
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.....		6102
d Portion of (c) to be added to prefunding balance		6102
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	6102

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	88.50 %
15 Adjusted funding target attainment percentage	15	88.50 %
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	89.80 %
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
04/14/2015	62779				
07/15/2015	62779				
10/15/2015	62779				
12/29/2015	4000				
			Totals ►	18(b)	192337
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	186078
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 2
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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	7032	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	456113	178964	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	185996	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	185996	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	186078	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	82	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 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		

<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		
<div>A</div> <div>Name of plan</div> <div>SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div>	002
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>B/E AEROSPACE, INC. DBA SMR TECHNOLOGIES, INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>06-1209796</div>	

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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(b)	Enter name and EIN or address of person who provided you disclosure 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)

(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 ☐

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:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2015</div> This Form is Open to Public Inspection.
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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 <u>SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>B/E AEROSPACE, INC. DBA SMR TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>06-1209796</u>	

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: <u>WTFSC-MONEY MARKET PORTFOLIO</u>			
b Name of sponsor of entity listed in (a): <u>WT FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>26-3783342-903</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>204989</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTFSC-INTERMEDIATE FIXED INC CL 15</u>			
b Name of sponsor of entity listed in (a): <u>WT FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>26-3783383-908</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>474499</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTFSC- INTERNATIONAL GROWTH CL 15</u>			
b Name of sponsor of entity listed in (a): <u>WT FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>26-3783561-911</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>254029</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTFSC-LARGE CO DOMESTIC GROWTH CL15</u>			
b Name of sponsor of entity listed in (a): <u>WT FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>26-3783775-932</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>286986</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTFSC-LARGE CO VALUE CL 15</u>			
b Name of sponsor of entity listed in (a): <u>WT FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>26-3783374-907</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>326145</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTFSC- MID-CAP FUNDMENTAL</u>			
b Name of sponsor of entity listed in (a): <u>WT FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>26-3783919-945</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>106761</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTFSC- MID-CAP GROWTH CL 15</u>			
b Name of sponsor of entity listed in (a): <u>WT FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>26-3783748-929</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>106435</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: [WTFSC- S & P 500 INDEX CL 15](#)

b Name of sponsor of entity listed in (a): [WT FIDUCIARY TRUST COMPANY](#)

c EIN-PN 26-3783703-921	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 328940
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WTFSC- SHORTDURATION PORTFOLIO CL15](#)

b Name of sponsor of entity listed in (a): [WT FIDUCIARY TRUST COMPANY](#)

c EIN-PN 26-3783890-941	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 476413
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WTFSC-SMALL CO GROWTH PORT CL 15](#)

b Name of sponsor of entity listed in (a): [WT FIDUCIARY TRUST COMPANY](#)

c EIN-PN 26-3783319-901	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106436
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WTFSC-SMALL CO VALUE PORT CL 15](#)

b Name of sponsor of entity listed in (a): [WT FIDUCIARY TRUST COMPANY](#)

c EIN-PN 26-3783724-926	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103439
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WTFSC-STRATEGIC BOND PORT CL 15](#)

b Name of sponsor of entity listed in (a): [WT FIDUCIARY TRUST COMPANY](#)

c EIN-PN 26-3783650-914	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 444231
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WTFSC-INTERNAT FUNDAMENTAL VAL CL15](#)

b Name of sponsor of entity listed in (a): [WT FIDUCIARY TRUST COMPANY](#)

c EIN-PN 26-3783871-938	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 279127
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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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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
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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>SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>B/E AEROSPACE, INC. DBA SMR TECHNOLOGIES, INC.</u>		D Employer Identification Number (EIN) <u>06-1209796</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)	58197	0
	(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)	3477964	3498430
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(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	3536161	3498430

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	17185	20406
k Total liabilities (add all amounts in lines 1g through 1j)	1k	17185	20406

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3518976	3478024
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	194730	
(B) Participants	2a(1)(B)		
(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)		194730

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(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)		1

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	147	
(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)		147

(3) Rents	2b(3)		
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(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)		682
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		195560

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	236090	
(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)		236090
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)	422	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		422
j Total expenses. Add all expense amounts in column (b) and enter total	2j		236512

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-40952
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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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.)		☒		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒		

	Yes	No	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			10000000
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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	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 01/01/2015 and ending 12/31/2015

A Name of plan <u>SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>B/E AEROSPACE, INC. DBA SMR TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>06-1209796</u>

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	<u>0</u>
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): <u>75-3182674</u>		
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	<u>0</u>

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

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
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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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% 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

SMR Technologies, Inc. Defined Benefit Pension Plan for Union Employees

Employer ID No: 06-1209796
Plan Number: 002

Financial Statements as of and for the
Years Ended December 31, 2015 and 2014,
Supplemental Schedules as of December 31, 2015,
and Independent Auditors' Report

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable	

INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of
SMR Technologies, Inc.
Defined Benefit Pension Plan for Union Employees
Wellington, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of SMR Technologies, Inc. Defined Benefit Pension Plan for Union Employees (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and 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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Matrix Trust, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2015 and 2014, and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules listed in the Table of Contents are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The signature is written in a cursive, handwritten style. It reads "Deloitte + Touche LLP". The "D" is large and loops around the "eloitte". The "+" is a simple cross. "Touche" is written in a fluid cursive, and "LLP" is in a slightly more formal, but still cursive, hand.

October 11, 2016

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS:		
Investments—at fair value	\$ 3,498,430	\$ 3,477,964
Receivables—contribution receivable from employer	<u>-</u>	<u>58,197</u>
Total Assets	3,498,430	3,536,161
LIABILITIES—Distribution paid exceeding cash	<u>(20,406)</u>	<u>(17,185)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,478,024</u>	<u>\$ 3,518,976</u>

See notes to financial statements.

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014**

	2015	2014
ADDITIONS:		
Employer contributions	\$ 194,730	\$ 267,363
Investment income:		
Net appreciation in fair value of investments	682	137,901
Interest and dividends	148	74
Total investment income	830	137,975
Total additions	195,560	405,338
DEDUCTIONS:		
Benefits paid directly to participants	236,090	198,164
Administrative expenses	422	800
Total deductions	236,512	198,964
NET (DECREASE)/INCREASE	(40,952)	206,374
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	3,518,976	3,312,602
End of year	\$ 3,478,024	\$ 3,518,976

See notes to financial statements.

SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

1. DESCRIPTION OF THE PLAN

The following description of the SMR Technologies, Inc. Defined Benefit Pension Plan for Union Employees (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's information.

General—The Plan is a defined benefit pension plan covering full-time hourly employees of SMR Technologies, Inc. (the "Company") that are members of Local Union No. 874, United Steel Workers of America, pursuant to the Collective Bargaining Agreement between the Company and Local Union No. 874 effective June 5, 1997. The Compensation Committee of the Company controls and manages the operation and administration of the Plan. Matrix Trust (the "Trustee") serves as the trustee of the Plan, and together with several investment managers, manages the Plan's investments. Wilmington Trust, the former Trustee, was acquired by Matrix Trust on April 10, 2015. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The amount of the Company's contribution is recommended by the Plan's actuary and is designed to fund the Plan in accordance with the ERISA funding requirements.

Effective January 31, 2015, the Company amended the Plan to cease benefit accruals and freeze participation. Any employee who was not a participant in the Plan on January 31, 2015 is not eligible to participate in the Plan. Effective February 1, 2015, employees are eligible to participate in the B/E Aerospace, Inc. Hourly Tax-Sheltered Retirement Plan (the "Hourly Plan") which is a 401(k) plan. Under the Hourly Plan, the Company will provide each eligible employee with a contribution equal to 3% of the employee's regular, straight-time wage compensation, including vacations and holidays, plus a matching contribution equal to fifty cents of each dollar contributed to the Hourly Plan, up to the first 2% of the employee's compensation.

Pension Benefits—At normal retirement age of 65, a participant with five or more years of credited service, or currently employed at age 65, is entitled to a monthly pension benefit equal to a specified factor multiplied by the participant's years of benefit service. Years of benefit service start with the later of the participant's date of hire or January 1, 1989.

The Plan allows a participant with 10 or more years of credited service to elect early retirement at any time between ages 55 to 64.

Participants with five or more years of credited service who become disabled receive a monthly pension of the applicable benefit rate multiplied by the years of benefit service.

Retirement benefits are normally payable in the form of a single-life annuity with a five-year term certain for an unmarried participant and a reduced qualified joint and survivor annuity for a married participant.

Effective January 1, 2009, a nonspouse beneficiary may elect to rollover an eligible distribution into an individual retirement account or annuity under the Internal Revenue Code section 408(a) and 408(b), respectively.

Death Benefits—Participants with a surviving spouse may be eligible for a Qualified Preretirement Survivor Annuity. Unless an optional form of benefit was selected, if the participant dies after the earliest retirement age of 55, the spouse would receive the same benefit as if the participant retired the day prior to death. If the participant dies on or before age 55, the spouse will receive the same benefit as if the participant had:

- a. Separated from service on the earlier of the actual time of separation or the date of death,
- b. Survived to the earliest retirement age,
- c. Retired with an immediate joint and survivor annuity at the earliest retirement age, and
- d. Died on the day after age 55.

The spouse can elect to receive payment the month after the deceased would have reached age 55. If no such election was made, payments will commence at the time the deceased would have reached the later of the normal retirement age, age 62, or later, if the spouse elects. However, distributions must begin before the later of:

- a. December 31 of the calendar year immediately following the calendar year of death, or
- b. December 31 of the calendar year in which the deceased would have reached age 70 1/2.

For unmarried participants who die following retirement, the benefit would be payable to the designated beneficiary in accordance with the same provisions as described above, except that the requirement that distributions commence within one calendar year of death does not apply.

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 ("U.S. GAAP").

Use of Estimates—The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan utilizes collective trust funds. Investment securities, in general, are exposed to various risks, such as interest rate, 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.

Investment Valuation and Income Recognition—Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for description of valuation methods.

Purchases and sales of securities are recorded 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 held during the year.

Management fees and operating expenses charged to the Plan for investments in the common collective trust funds ("CCTs") are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Payment of Benefits—Benefit payments to participants are recorded upon distribution.

Administrative Expenses—Administrative expenses of the Plan are paid either by the Plan or by the Company as provided in the Plan document.

Subsequent Events—Subsequent events were evaluated through October 11, 2016, the date the financial statements were available to be issued.

3. NEW ACCOUNTING STANDARDS

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirement to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value

measurements shall be provided by general type of plan asset. Part I and III are not applicable to the Plan. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. The Plan has elected to early adopt ASU 2015-12, as permitted, and has applied the provisions of ASU 2015-12 retrospectively. The adoption of the guidance has resulted in the elimination of the historical disclosure of individual investments which comprise 5% or more of total net assets available for benefits as well as the net appreciation or depreciation of fair values by type. There are no effects on the statements of net assets available for benefits or changes therein.

In May 2015, FASB issued ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. Impacting reporting entities that measure an investment's fair value using the net asset value per share (or an equivalent) practical expedient. The guidance is effective for fiscal years beginning after December 15, 2015, and must be applied retrospectively to all periods presented in the financial statements. Early adoption is permitted. The Plan elected to early adopt ASU 2015-07 as of December 31, 2015 as permitted, and has applied ASU 2015-07 retrospectively as required. The Plan presents the investment disclosures required by this new guidance in Note 7, Fair Value Measurements. There are no effects on the statements of net assets available for benefits or changes therein.

4. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of December 31, 2015 and 2014, and for the years then ended, included in the Plan's financial statements and supplemental schedules, that were prepared by or derived from information prepared by the Trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	2015	2014
Statements of Net Assets Available for Benefits:		
Investments at fair value	\$ 3,498,430	\$ 3,477,964
Distribution paid exceeding cash	(20,406)	(17,185)
	2015	2014
Statements of Changes in Net Assets Available for Benefits:		
Interest and dividends	\$ 148	\$ 74
Net appreciation in fair value of investments	682	137,901

Supplemental schedules: All investment balances and information included in the supplemental schedule of assets (held at the end of the year).

5. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2015 and 2014. The Company's funding contribution for 2015 and 2014 was \$194,730 and \$267,363, respectively.

The Pension Protection Act of 2006, as amended, imposes certain benefit limitations for qualified defined benefit plans that do not meet certain funding thresholds. The calculation of a plan's funded status is generally based on the ratio of the plan's assets to the actuarial present value of accrued benefits and is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP"). The potential limitations are summarized as follows:

AFTAP	Benefit Limitations
80% or higher	No limitations, but Plan amendments that would increase benefits cannot take effect if the increased benefits would reduce the ratio below 80%.
60% to 80%	Lump sum and other accelerated forms of benefit payments are partially restricted and the Plan is prohibited from increasing benefits unless the benefit increase is funded prior to the effective date of the change.
Below 60%	Lump sum and other accelerated forms of benefit payments are prohibited and participant benefits are frozen.

The AFTAP for the Plan was 88.50% and 89.80% for 2015 and 2014, respectively, and has been certified at 84.29% for 2016. Because the Plan's AFTAP is above 80%, there are no limitations as noted above. The Plans' actuary has determined that the Plan is not at-risk for the 2015 Plan year and the at-risk assumptions do not apply.

6. 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 services employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary. The amount results from applying 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 the expected date of payment.

The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted. During 2015 and 2014, there were no amendments to the Plan, which resulted in a change in actuarial assumptions.

The actuarial present value of accumulated plan benefits as of December 31, 2015 and 2014 (as calculated by the Plan's actuary as of January 1, 2016 and 2015), is as follows:

	2015	2014
Vested benefits:		
Participants currently receiving payments	\$ 2,412,454	\$ 1,999,170
Other participants	<u>1,393,994</u>	<u>1,786,108</u>
Total vested benefits	3,806,448	3,785,278
Nonvested benefits	<u>33,320</u>	<u>35,764</u>
Total actuarial present value of accumulated benefits	<u><u>\$ 3,839,768</u></u>	<u><u>\$ 3,821,042</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the years ended December 31, 2015 and 2014 (as calculated by the Plan's actuary for the years ended January 1, 2016 and 2015), are as follows:

	2015	2014
Actuarial present value of accumulated benefits—beginning of year	<u>\$ 3,821,042</u>	<u>\$ 3,467,871</u>
Increase (decrease) during year attributable to:		
Change in Plan assumptions	(53,877)	141,889
Benefits accumulated	43,484	173,526
Additional benefits earned	5,999	-
Benefits paid	(236,090)	(198,164)
Interest due to the decrease in discount period	<u>259,210</u>	<u>235,920</u>
Net increase	<u>18,726</u>	<u>353,171</u>
Actuarial present value of accumulated benefits—end of year	<u><u>\$ 3,839,768</u></u>	<u><u>\$ 3,821,042</u></u>

The significant actuarial assumptions used in the January 1, 2016 and 2015 valuations were: life expectancy of participants and disabled mortality rates (the SOA RP-2014 Blue Collar Mortality Table with MP-2015 was used for 2016 and the SOA RP-2014 Blue Collar Mortality Table with MP -2014 was used for 2015), retirement age assumptions (the assumed average retirement age was 64 in 2016 and 2015), and investment return. The 2016 and 2015 valuations included assumed average rates of return on investments of 7%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

7. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The Plan's policy is to recognize significant transfers between levels at the actual date of the event or change in circumstances that caused the transfer.

Asset Valuation Techniques—Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Investments in CCTs are valued based upon the redemption price of units held by the Plan, which is based on the current fair value of the collective trust fund's underlying assets. Unit values are determined by the financial institution sponsoring such funds by dividing the fund's net assets at fair value by its units outstanding at the valuation dates. The net asset value ("NAV") as provided by the Trustee, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. The CCTs have no significant redemption restrictions or unfunded commitments.

As a result of ASU 2015-07, investments valued using NAV as a practical expedient are no longer leveled in accordance with ASC 820. Since all Plan investments are CCTs valued using NAV, no fair value hierarchy table is required as a result of early adoption of ASU 2015-07.

8. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

All investments are units of CCTs managed by Matrix Trust. Matrix Trust is the trustee, as defined by the Plan, and these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Fees paid by the Plan for custodial and investment management services for the years ended December 31, 2015 and 2014 were \$422 and \$800, respectively.

9. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated April 11, 2012, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt.

During the plan year, the Plan had operational issues occur, in connection with the payment of benefits to selected participants. In order to prevent the Plan from incurring a qualification defect, the Plan's sponsor will take the necessary corrective action in accordance with the correction methods of the Employee Plans Compliance Resolution System. The Plan Sponsor is in the process of taking necessary corrective steps. The Plan Sponsor believes the Plan has maintained its tax-exempt status. Accordingly, no provision for income taxes has been included in these financial statements, and participants are not subject to federal income taxes on employee pre-tax contributions or Plan earnings until withdrawn under the terms of the Plan.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the U.S. federal, state, or local tax authorities. Plan management has analyzed the tax positions taken and has concluded that as of December 31, 2015 there are no uncertain tax positions taken that would require recognition as a liability (or asset) or disclosure in the financial statements.

10. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

* * * * *

SUPPLEMENTAL SCHEDULES

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

EMPLOYER ID NO.: 06-1209796
PLAN NUMBER: 002

**FORM 5500, SCHEDULE H, PART IV, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2015**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, or Maturity Value	(d) Cost	(e) Current Value
		Fixed income—CCT Funds:		
*	Matrix Trust	Intermediate Fixed Income Portfolio	\$ 463,050	\$ 474,500
*	Matrix Trust	Short Duration Portfolio	467,136	476,413
*	Matrix Trust	Strategic Bond Portfolio	420,707	444,231
	Vanguard Prime	Money Market Portfolio	<u>204,989</u>	<u>204,989</u>
		Total CCT Funds—fixed income	<u>1,555,882</u>	<u>1,600,133</u>
		Equities—CCT Funds:		
*	Matrix Trust	S&P 500 Index Portfolio	270,202	328,940
*	Matrix Trust	Large Company Value Portfolio	274,774	326,145
*	Matrix Trust	Large Company Domestic Growth Portfolio	255,615	286,986
*	Matrix Trust	International Fundamental Value Portfolio	284,682	279,127
*	Matrix Trust	International Growth Portfolio	252,514	254,029
*	Matrix Trust	Small Company Value Portfolio	100,806	103,439
*	Matrix Trust	Mid-Cap Fundamental Value Portfolio	96,070	106,761
*	Matrix Trust	Mid-Cap Growth Portfolio	94,083	106,435
*	Matrix Trust	Small Company Growth Portfolio	<u>104,308</u>	<u>106,435</u>
		Total CCT Funds—equities	<u>1,733,054</u>	<u>1,898,297</u>
		Total investment	<u>\$ 3,288,936</u>	<u>\$ 3,498,430</u>

* Indicates party-in-interest to the Plan

See accompanying Independent Auditors' Report.

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

EMPLOYER ID NO.: 06-1209796
PLAN NUMBER: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2015

(a) Identity of Party Involved	(b) Description of Assets (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transaction**	(f) Expense Incurred with Transaction***	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS									
Vanguard Prime	Money Market Portfolio	\$ 214,512		N/A	1	-	\$ 214,512	\$ 214,512	\$ -
SERIES IN SAME SECURITY									
* Matrix Trust	Money Market Portfolio		\$ 255,047	N/A	168	-	\$ 255,047	\$ 255,047	\$ -
Vanguard Prime	Money Market Portfolio	\$ 222,333		N/A	7	-	\$ 222,333	\$ 222,333	\$ -

* Indicates party-in-interest to the Plan.

** The commissions and fees related to purchases and sales of investments are included in the cost of the investment or proceeds from the sale and are not separately defined by the Trustee.

See accompanying Independent Auditors' Report.

Plan Name: SMR Technologies, Inc. Defined Benefit Pension Plan for Union Employees
Plan Year: 01/01/2015- 12/31/2015
EIN:06-1209796
PN:002

Schedule SB LINE 22-Description of Weighted Average Retirement Age

The assumed rates of retirement listed below indicate what percentage of the surviving lives at the specified age are assumed to retire. The Weighted Average Retirement Age is determined by calculating the average age at retirement of a 100 life population retiring in accordance with the assumed rates.

(1)	(2)	(3)	(4)	(5)
Assumed Retirement Age	Lives Remaining	Assumed Rate of Retirement	Lives Retiring	Weighted Retirement Age [(1) x (4)]
62	100.00	25.00%	25.00	1550.00
63	75.00	10.00%	7.50	472.50
64	67.50	10.00%	6.75	432.00
65	60.75	100.00%	60.75	3948.75

Weighted Average Retirement Age
[sum of column (5)/100]: **64.03**

* Column (4) = Column (3) x [number of lives not yet retired]

Plan Name: SMR Technologies, Inc. Defined Benefit Pension Plan for Union Employees
Plan Year: 01/01/2015- 12/31/2015
EIN:06-1209796
PN:002

Schedule SB Part V-Summary of Plan Provisions

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Original Effective Date: January 1, 1989

Last Restatement: Effective Date January 1, 2012

Last Amendment: December 16, 2014

Eligibility: All employees of the company who are covered by the collective Bargaining Agreement with Local 874, URW.

Effective January 31, 2015, all participation into the plan is frozen.

Credited Service For:

a. Accrual of Benefits: Aggregate periods of employment after January 1, 1989, with 1/12 of a year credited for each month.

b. Accrual of Vesting: Service is accrued based on elapsed periods of employment (including service prior to 1989 with B.F. Goodrich)

Employees laid off between May 1, 2001 and August 31, 2002 are fully vested regardless of service.

Effective January 31, 2015 service accruals are frozen.

Contributions: Employer pays the entire cost of the plan.

Retirement Dates:

a. Normal: First Day of the month coincident with or next following the participant's 65th birthday or completion of 5 years of service if later.

b. Deferred Vested: Completed at least 5 years of credited service for accrual of vesting (Employees laid off between May 1, 2001 and August 31, 2002 are fully vested).

c. Early Retirement: Age 55 with 10 years of vesting service.

d. Disability: Completed at least 5 years of vesting service and is deemed to be totally disabled so as to prevent the ability to meet the requirements of any job in the plant. Such disability must continue for at least 5 months and be presumed by a qualified physician to be permanent and continuous for the remainder of the employee's life.

**Schedule SB Part V-Summary of Plan Provisions
(Continued)**

Retirement Benefits (and Form):

- a. Normal: The monthly normal retirement pension of an employee eligible for each year of benefit service is based on the following schedule:

<u>Date of Termination Or Retirement</u>	<u>Rate</u>
Before 05/08/1993	\$ 9.00
05/08/1993 – 05/07/1994	10.00
05/08/1994 – 05/07/1995	10.50
05/08/1995 – 05/07/1996	11.00
05/08/1996 – 05/07/1997	11.50
05/08/1997 – 05/07/1998	12.00
05/08/1998 – 05/07/1999	13.00
05/08/1999 – 05/07/2000	13.50
05/08/2000 – 05/07/2001	14.00
05/08/2001 – 05/07/2002	14.50
05/08/2002 – 05/07/2003	15.50
05/08/2003 – 05/07/2004	16.50
05/08/2004 – 05/07/2005	18.00
05/08/2005 – 05/07/2006	18.50
05/08/2006 – 05/07/2007	19.00
05/08/2007 – 05/07/2008	19.50
05/08/2008 – 05/07/2009	20.00
05/08/2009 and later	21.00

Effective January 31, 2015, all accrued benefits are frozen.

The standard form of benefit is a life annuity with 5 year certain.

- b. Deferred Vested: The accrued benefit payable at age 65, or as early as age 55 on an actuarially reduced basis from age 65 based on the UP1984 table, age set back of 2 years, with interest at 7%.
- c. Early Retirement: The amount of the benefit is the amount accrued at retirement date reduced by .4% for each month by which the early retirement date precedes age 62.
- d. Disability: An immediate monthly pension equal to the accrued benefit (unreduced for early commencement).

Accrued Benefit: The portion of normal retirement benefit, accrued at any point in time, measured as service to the date of calculation, times the applicable in-force benefit multiplier.

Pre-Retirement Death Benefit: Employer paid 50% pre-retirement surviving spouse benefit payable (to an eligible surviving spouse) if death occurs prior to retirement in the case of any vested active or terminated participant. Payable at participant's early (with reduction) or normal retirement date.

Plan Name: SMR Technologies, Inc. Defined Benefit Pension Plan for Union
 Employees EIN: 06-1209796
 PN: 002
 Plan Year: 01/01/2015- 12/31/2015

Schedule SB, Line 26 - Schedule of Active Participant Data

----- Schedule of Active Participant Data -----

Schedule of Active Participant Data
 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 & up	Total
Attained											
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	4	0	0	0	0	0	0	0	0	4
25 to 29	1	3	1	1	0	0	0	0	0	0	6
30 to 34	0	2	0	1	0	0	0	0	0	0	3
35 to 39	0	3	2	3	2	0	0	0	0	0	10
40 to 44	1	2	2	6	2	0	0	0	0	0	13
45 to 49	0	3	0	1	0	0	0	0	0	0	4
50 to 54	0	1	0	5	2	1	3	0	0	0	12
55 to 59	1	0	1	2	1	0	9	0	0	0	14
60 to 64	0	0	0	2	1	0	7	0	0	0	10
65 to 69	0	0	0	1	0	0	1	0	0	0	2
70 & up	0	0	0	0	0	0	1	0	0	0	1
Total	3	18	6	22	8	1	21	0	0	0	79

Plan Name: SMR Technologies, Inc. Defined Benefit Pension Plan for Union Employees
EIN: 06-1209796
PN: 002
Plan Year: 01/01/2015- 12/31/2015
Schedule SB, Line 32 - Schedule of Amortization Bases

SCHEDULE OF AMORTIZATION BASES

<u>Type of Base</u>	<u>Base Establishment Date</u>	<u>Present Value of Remaining Installment Amount</u>	<u>Remaining Installment Period</u>	<u>Amortization Installment</u>
Shortfall	1/1/2009	21,884	1	21,884
Shortfall	1/1/2010	203,432	2	104,061
Shortfall	1/1/2011	125,415	3	43,747
Shortfall	1/1/2012	(126,529)	4	(33,853)
Shortfall	1/1/2013	145,838	5	31,918
Shortfall	1/1/2014	(141,680)	6	(26,669)
Shortfall	1/1/2015	<u>227,753</u>	7	<u>37,876</u>
Total		456,113		178,964

Schedule SB Part V-Statement of Actuarial Assumptions/Methods

In accordance with the Pension Protection Act of 2006 (PPA), the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

ACTUARIAL ASSUMPTIONS

Mortality (as mandated by PPA 2006 and modified by HATFA)

Non- Disabled- IRS 2015 Combined Static Mortality Table

Disabled- IRS 2015 Combined Static Mortality Table

Interest Rate (as mandated by PPA 2006 and modified by HATFA)

Liabilities for Maximum Tax Deductible Contribution are valued using the 3 segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for November 2014:

1 st Segment Rate (0 to 4 years)	1.18%
2 nd Segment Rate (5 to 19 years)	4.08%
3 rd Segment Rate (20+ years)	5.18%
Effective Rate:	4.43%

Liabilities for Minimum Required Contributions and AFTAP are valued using adjusted 24-month Segment Rates Using 25- Year Average Segment Rate Corridors (90%/110%) under HATFA for Plan Year Beginning in 2015:

1 st Segment Rate (0 to 4 years)	4.72%
2 nd Segment Rate (5 to 19 years)	6.11%
3 rd Segment Rate (20+ years)	6.81%
Effective Rate:	6.29%

Rate of Retirement:	<u>Age</u>	<u>Rate</u>
	62	25%
	63	10%
	64	10%
	65	100%

The average retirement age was computed as age 64. This was determined as follows:

<u>Age</u>	<u>Exposure</u>	<u>Probability</u>	<u>No. of Exits</u>
62	100.00	.25	25.00
63	75.00	.10	7.50
64	67.50	.10	6.75
65	60.75	1.00	60.75

Sum of exits x age = 6403.25

Sum divided by 100 = 64.03

Schedule SB Part V-Statement of Actuarial Assumptions/Methods
ACTUARIAL METHOD AND ASSUMPTIONS
(Continued)

Employee Withdrawal Rates: Rates have been assumed which vary by attained age. These rates are illustrated for selected ages below:

<u>Age</u>	<u>Probability of Withdrawal (Table T-3)</u>
25	5.27%
30	4.83
35	4.47
40	3.84
45	3.21
50	1.52
55	0.33
60	0.00

Credit Balances: Excess contributions for the 2014 plan year in the amount of \$6,102 were elected to be added to the prefunding balance. Voluntary reduction of the carryover balance was \$0. Voluntary reduction of the prefunding balance was \$0.

Disablement Rates: 1974-78 Society of Actuaries Study on Long Term Disability.

Expense Load: "Plan related" expenses are assumed to be \$800.

Benefit Form: 5- Year Certain & Life Annuity.

Top-Heavy Plan Years: The plan is not top-heavy. Actuarial costs assume that all future plan years are not top-heavy.

Percent Married: 80% of males and 20% of females were assumed to be married.

Age of Spouse: The female spouse is assumed to be 3 years younger than the male spouse.

Asset Valuation Basis: Market Value of plan assets plus discounted contribution receivables. Asset data was supplied by the Plan Trustee.

Data: Census data were supplied by the Plan Sponsor. While a review was made for reasonableness and consistency, the valuation fully relied on the providers for the accuracy and comprehensiveness of the data.

2015 Schedule SB Part IV, item 18 Please note, the employer made an additional refund to the plan of \$2,393. The actuary did not treat this refund as an employer contribution and therefore did not include this amount on the 2015 Form 5500 Schedule SB. The auditor included this refund amount on the 2015 Form 5500 Schedule H as an employer contribution. Consequently, the total employer contribution displayed on the 2015 Form 5500 Schedule SB is \$192,337 and the total contribution displayed on the 2015 Form 5500 Schedule H is \$194,730.

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 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 SMR TECHNOLOGIES, INC. DB PENSION PLAN FOR UNION EES	<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;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF B/E AEROSPACE, INC.	D Employer Identification Number (EIN) 06-1209796		

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>1</u> Day <u>1</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	3,518,846	
b Actuarial value	2b	3,518,846	
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	74	2,063,066	2,063,066
b For terminated vested participants	21	228,542	228,542
c For active participants	79	1,639,113	1,677,249
d Total	174	3,930,721	3,968,857
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	6.29 %	
6 Target normal cost	6	7,032	

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>10/10/2016</u> Date 14-07567
Dan Shachak Type or print name of actuary USI CONSULTING GROUP Firm name 261 Madison Avenue, 5th Fl NEW YORK NY 10016 Address of the firm		Most recent enrollment number (212) 878-0448 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 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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.36%</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)		5730
	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>6.49%</u>		372
	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		6102
	d Portion of (c) to be added to prefunding balance		6102
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	6102

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.50 %
15	Adjusted funding target attainment percentage	15	88.50 %
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	89.80 %
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
04/14/2015	62,779				
07/15/2015	62,779				
10/15/2015	62,779				
12/29/2015	4,000				
Totals ▶			18(b)	192,337	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	186,078
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
0	0
(3) 3rd	(4) 4th
0	0

Part IV item 18 see attachment to Part V statement of assumptions/methods

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** 2**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****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29****30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)..... **31a** 7,032**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 456,113 Installment 178,964**b** Waiver amortization installment**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 185,996

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0

36 Additional cash requirement (line 34 minus line 35) **36** 185,996**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 186,078**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 82**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 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**

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

EMPLOYER ID NO.: 06-1209796
PLAN NUMBER: 002

**FORM 5500, SCHEDULE H, PART IV, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2015**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, or Maturity Value	(d) Cost	(e) Current Value
		Fixed income—CCT Funds:		
*	Matrix Trust	Intermediate Fixed Income Portfolio	\$ 463,050	\$ 474,500
*	Matrix Trust	Short Duration Portfolio	467,136	476,413
*	Matrix Trust	Strategic Bond Portfolio	420,707	444,231
	Vanguard Prime	Money Market Portfolio	<u>204,989</u>	<u>204,989</u>
		Total CCT Funds—fixed income	<u>1,555,882</u>	<u>1,600,133</u>
		Equities—CCT Funds:		
*	Matrix Trust	S&P 500 Index Portfolio	270,202	328,940
*	Matrix Trust	Large Company Value Portfolio	274,774	326,145
*	Matrix Trust	Large Company Domestic Growth Portfolio	255,615	286,986
*	Matrix Trust	International Fundamental Value Portfolio	284,682	279,127
*	Matrix Trust	International Growth Portfolio	252,514	254,029
*	Matrix Trust	Small Company Value Portfolio	100,806	103,439
*	Matrix Trust	Mid-Cap Fundamental Value Portfolio	96,070	106,761
*	Matrix Trust	Mid-Cap Growth Portfolio	94,083	106,435
*	Matrix Trust	Small Company Growth Portfolio	<u>104,308</u>	<u>106,435</u>
		Total CCT Funds—equities	<u>1,733,054</u>	<u>1,898,297</u>
		Total investment	<u>\$ 3,288,936</u>	<u>\$ 3,498,430</u>

* Indicates party-in-interest to the Plan

See accompanying Independent Auditors' Report.

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

EMPLOYER ID NO.: 06-1209796
PLAN NUMBER: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2015

(a) Identity of Party Involved	(b) Description of Assets (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transaction**	(f) Expense Incurred with Transaction***	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS									
Vanguard Prime	Money Market Portfolio	\$ 214,512		N/A	1	-	\$ 214,512	\$ 214,512	\$ -
SERIES IN SAME SECURITY									
* Matrix Trust	Money Market Portfolio		\$ 255,047	N/A	168	-	\$ 255,047	\$ 255,047	\$ -
Vanguard Prime	Money Market Portfolio	\$ 222,333		N/A	7	-	\$ 222,333	\$ 222,333	\$ -

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