SCHEDULE B (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Actuarial Information

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

▶ **Attach to Form 5500, 5500-C/R, or 5500EZ if applicable.**

OMB No. 1210-0016

1989

This Form Is Open to Public Inspection

For calendar plan year 1989 or fiscal plan year beginning , 1989, and ending , 19

▶ **Please complete every item on this form. If an item does not apply, enter "N/A."** ▶ **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.

Name of plan sponsor as shown on line 1a of Form 5500, 5500-C/R, or 5500EZ	**Employer identification number**
Name of plan	Enter three-digit plan number ▶

		Yes	No
1	Has a waiver of a funding deficiency for this plan been approved by the IRS? If "Yes," attach a copy of the IRS approval letter.		
2	Is a waived funding deficiency of a prior plan year being amortized in this plan year?		
3	Have any of the periods of amortization for charges described in Code section 412(b)(2)(B) been extended by IRS? If "Yes," attach a copy of the IRS approval letter.		
4a	Was the shortfall funding method the basis for this plan year's funding standard account computations?		
b	Is this plan a multiemployer plan which is, for this plan year, in reorganization as described in Code section 418 or ERISA section 4241? If "Yes," you are required to attach the information described in the instructions.		
5	Has a change been made in funding method for this plan year?		

If "Yes," attach either a copy of the letter showing IRS approval or state applicable Revenue Procedure authorizing approval if used.

6 Operational information:

a Enter most recent actuarial valuation date ▶

b Enter date(s) and amount of contributions received this plan year for prior plan years and not previously reported:
Date(s) ▶ Amount ▶

c Current value of the assets accumulated in the plan as of the beginning of this plan year

d Current liability as of beginning of plan year:	**(1) No. of Persons**	**(2) Vested Benefits**	**(3) Total Benefits**
(i) For retired participants and beneficiaries receiving payments			
(ii) For terminated vested participants			
(iii) For active participants			
(iv) Total			

e Expected current liability increase as of mo. ________ day _____ yr. _______ attributable to benefits accruing during the plan year

f Expected benefit payments

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

(a) Month Day Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month Day Year	(b) Amount paid by employer	(c) Amount paid by employees
			Total		

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying statements, if any, is complete and accurate, and in my opinion each assumption used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable. In the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

Signature of actuary — Date

Print or type name of actuary — Enrollment number

Name and address — Telephone number (including area code)

8 Funding standard account and other information:

a Accrued liability as determined for funding standard account as of (enter date) ▶ ____________

b Value of assets as determined for funding standard account as of (enter date) ▶ ____________

c Unfunded liability for spread-gain methods with bases as of (enter date) ▶ ____________

d *(i)* Actuarial gains or (losses) for period ending ▶ ____________

(ii) Shortfall gains or (losses) for period ending ▶ ____________

e Amount of contribution certified by the actuary as necessary to reduce the funding deficiency to zero, from **9o** or **10h** (or the attachment for **4b** if required) . . . .

9 Funding standard account statement for this plan year ending ▶ ____________

Charges to funding standard account:

a Prior year funding deficiency, if any . . . .

b Employer's normal cost for plan year as of mo. ______ day ______ yr. ______ . . . .

c Amortization charges: Balance

(i) Funding waivers (outstanding balance as of mo. ________ day____ yr.______▶ $ ________________)

(ii) Other than waivers (outstanding balance as of mo. _______ day____ yr.______▶ $ ________________)

d Interest as applicable on **a**, **b**, and **c** . . . .

e Additional funding charge, if applicable (see item 13, page 3) . . . .

f Additional interest charge due to late quarterly contributions . . . .

g Total charges (add **a** through **f**) . . . .

Credits to funding standard account:

h Prior year credit balance, if any . . . .

i Employer contributions (total from column (b) of item 7) . . . .

j Amortization credits (outstanding balance as of mo. ________ day____ yr.______▶ $ ________________)

k Interest as applicable to end of plan year on **h**, **i**, and **j** . . . .

l Miscellaneous credits:

(i) FFL credit before reflecting 150% of current liability component . . . .

(ii) Additional credit due to 150% of current liability component . . . .

(iii) Waived funding deficiency . . . .

(iv) Total . . . .

m Total credits (add **h** through **l**) . . . .

Balance:

n Credit balance: if **m** is greater than **g**, enter the difference . . . .

o Funding deficiency: if **g** is greater than **m**, enter the difference. . . . .

Reconciliation:

p Current year's accumulated reconciliation account:

(i) Due to additional funding charge as of the beginning of the plan year . . . . .

(ii) Due to additional interest charges as of the beginning of the plan year . . . . .

(iii) Due to waived funding deficiency:

(a) Reconciliation outstanding balance as of mo. ______ day ______ yr. ______ .

(b) Reconciliation amount (**9c(i)** balance minus **9p(iii)(a)**) . . . .

(iv) Total as of mo. ______ day ______ yr. ______ . . . .

10 Alternative minimum funding standard account (omit if not used):

a Was the entry age normal cost method used to determine entries in item 9, above . . . . ☐ Yes ☐ No

If "No," do not complete **b** through **h**.

b Prior year alternate funding deficiency, if any . . . .

c Normal cost . . . .

d Excess, if any, of value of accrued benefits over market value of assets . . . .

e Interest on **b**, **c**, and **d** . . . .

f Employer contributions (total from column (b) of item 7) . . . .

g Interest on **f** . . . .

h Funding deficiency: if the sum of **b** through **e** is greater than the sum of **f** and **g**, enter difference . . . .

11 Actuarial cost method used as the basis for this plan year's funding standard account computation:

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☐ Accrued benefit (unit credit)
d ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium
g ☐ Other (specify) ▶

12 Checklist of certain actuarial assumptions:	Pre-retirement		Post-retirement	
	☐ Yes	☐ No	☐ Yes	☐ No
a Rates specified in insurance or annuity contracts				
b Mortality table code:				
(i) Males				
(ii) Females				
c Interest rate:				
(i) Current liability	%		%	
(ii) All other calculated values	%		%	
d Retirement age				
e Expense loading	%		%	
f Annual withdrawal rate:	Male	Female		
(i) Age 25	%	%		
(ii) Age 40	%	%		
(iii) Age 55	%	%		
g Ratio of salary at normal retirement to salary at:				
(i) Age 25	%	%		
(ii) Age 40	%	%		
(iii) Age 55	%	%		

h Estimated investment return on actuarial value of plan assets for the year ending on the valuation date %

13 Additional Required Funding Charge—Plans with NO unfunded current liability or plans with 100 or fewer participants check the box at the right and do not complete the rest of this item ☐

a Current liability as of valuation date
b Adjusted value of assets as of valuation date (subtract line **9h** from line **8b**)
c Funded current liability percentage (**b** divided by **a**) %
d Unfunded current liability as of valuation date (subtract **b** from **a**)
e Outstanding balance of unfunded old liability as of valuation date
f Liability attributable to any unpredictable contingent event benefit
g Unfunded new liability (subtract **e** and **f** from **d**)
h Unfunded new liability amount (_____ % of **g**)
i Unfunded old liability amount
j Deficit reduction contribution (add **h** and **i**)
k Net amortization charge for certain bases
l Unpredictable contingent event amount:
(i) Benefits paid during year attributable to unpredictable contingent event
(ii) Unfunded current liability percentage (subtract the percentage on **13c** from 100%) %
(iii) Transition percentage %
(iv) Enter the product of lines ***(i)*, *(ii)*,** and ***(iii)***
(v) Amortization of all unpredictable contingent event liabilities
(vi) Enter the greater of line iv or line v
m Additional funding charge as of valuation date (excess of **j** over **k** (if any) plus **l**(vi))
n Assets needed to increase current liability percentage to 100%
o Lesser of **m** or **n**
p Interest adjustment
q Additional funding charge (add **o** and **p**)
r Adjustment for plans with more than 100 but less than 150 participants (_____ % of **q**)