

**SCHEDULE B  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefit Programs  
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 Forms 5500, 5500-C and 5500-K if applicable.**

**1979**

**This Form is  
Open to Public  
Inspection**

For fiscal plan year beginning \_\_\_\_\_, 1979 and ending \_\_\_\_\_, 19

- Please complete every applicable item on this form. If an item does not apply, enter "N/A."
- Round off amounts to nearest dollar.

Name of plan sponsor as shown on line 1(a) of Form 5500, 5500-C or 5500-K	Employer identification number
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Name of plan	Enter three digit plan number ►				Yes	No
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|---|---|---|---|---|---|---|
| <p><b>1</b> Has a waiver of a funding deficiency for the current plan year been approved by the IRS? . . . . .</p> <p>If "Yes," attach a copy of the IRS approval letter.</p> <p><b>2</b> Is a waived funding deficiency of a prior plan year being amortized in the current year? . . . . .</p> <p><b>3</b> Have any of the periods of amortization for charges described in section 412(b)(2)(B) of the Code been extended by IRS? . . . . .</p> <p>If "Yes," attach a copy of the IRS approval letter.</p> <p><b>4 (a)</b> Has the shortfall funding method been used? . . . . .</p> <p><b>(b) (i)</b> If (a) is "Yes," has the deferral of the amortization of the shortfall gain (loss), beyond the plan year following the year in which the shortfall gain (loss) arose, been elected? . . . . .</p> <p><b>(ii)</b> If (a) is "Yes," has the deferral of the amortization of the actuarial gain (loss), beyond the first plan year after valuation, been elected? . . . . .</p> <p><b>5</b> Has a change in funding method for the current plan year been made? . . . . .</p> <p>If "Yes," attach a copy of the IRS approval letter.</p> | / | / | / | / | / | / |
|---|---|---|---|---|---|---|

**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 the plan year . . . . . \_\_\_\_\_

**(d)** Present value of vested benefits as of the beginning of plan year:

**(i)** For retired participants and beneficiaries receiving payments . . . . . \_\_\_\_\_

**(ii)** For other participants . . . . . \_\_\_\_\_

**(iii)** Total . . . . . \_\_\_\_\_

**(e)** Present value of nonvested accrued benefits as of beginning of plan year . . . . . \_\_\_\_\_

**(f)** Number of persons covered (included in the most recent actuarial valuation):

**(i)** Active participants . . . . . \_\_\_\_\_

**(ii)** Terminated participants with vested benefits . . . . . \_\_\_\_\_

**(iii)** Retired participants and beneficiaries of deceased participants . . . . . \_\_\_\_\_

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

(a)		(b)	(c)		(a)		(b)	(c)	
Month	Year	Amount paid by employer	Month	Year	Amount paid by employer	Month	Year	Amount paid by employer	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 statement, if any, is complete and accurate, and in my opinion the assumptions used in the aggregate (a) are reasonably related to the experience of the plan and to reasonable expectations, and (b) represent my best estimate of anticipated experience under the plan.

\_\_\_\_\_  
Signature of actuary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type name of actuary

\_\_\_\_\_  
Enrollment number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number (including area code)

**8 Funding standard account and other information:**

(a) Accrued liabilities 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) (i) Actuarial gains or (losses) for period ending ▶  
 (ii) Shortfall gains or (losses) for period ending ▶

(d) Accumulated funding deficiency at end of plan year (amount of contribution certified by the actuary as necessary to reduce the funding deficiency to zero), from 9(m) or 10(g)

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**9 Funding standard account statement for plan year ending ▶**

**Charges to funding standard account:**

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

(b) Employer's normal cost for plan year . . . . .

(c) Amortization charges (outstanding balance at beginning of plan year ▶ \$.....) . . . . .

(d) Interest on (a), (b) and (c) . . . . .

(e) Total charge, sum of (a) through (d) . . . . .

**Credits to funding standard account:**

(f) Prior year credit balance, if any . . . . .

(g) (i) Employer contributions (total from column (b) of item 7) . . . . .  
 (ii) Employer contributions received this plan year for prior plan years and not previously reported . . . . .

(h) Amortization credits (outstanding balance at beginning of plan year ▶ \$.....) . . . . .

(i) Interest on (f), (g) and (h) . . . . .

(j) Other (specify) ▶

(k) Total credits, sum of (f) through (j) . . . . .

**Balance:**

(l) Credit balance, excess, if any, of (k) over (e) . . . . .

(m) Funding deficiency, excess, if any, of (e) over (k) . . . . .

**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," omit (b) through (g) below.

(b) Normal cost . . . . .

(c) Excess, if any, of value of accrued benefits over market value of assets . . . . .

(d) Interest on (b) and (c) . . . . .

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

(f) Interest on (e) . . . . .

(g) Funding deficiency, excess, if any, of the sum of (b) through (d) over the sum of (e) and (f) . . . . .

**11 Checklist of actuarial cost methods:**

(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:**

	A Used for item 6(d) and (e)— value of accrued benefits				B Used for item 8, 9 or 10— funding standard account			
	Pre-retirement		Post-retirement		Pre-retirement		Post-retirement	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Rates specified in insurance or annuity contracts . . . . .								
(b) Mortality table code:								
(i) Males . . . . .								
(ii) Females . . . . .								
(c) Interest rate . . . . .		%		%		%		%
(d) Retirement age . . . . .								
(e) Expense loading . . . . .		%		%		%		%
(f) Annual withdrawal rate:	Male		Female		Male		Female	
(i) Age 25 . . . . .	%	%			%	%		
(ii) Age 40 . . . . .	%	%			%	%		
(iii) Age 55 . . . . .	%	%			%	%		
(g) Ratio of salary at normal retirement to salary at:	Male		Female		Male		Female	
(i) Age 25 . . . . .					%	%		
(ii) Age 40 . . . . .					%	%		
(iii) Age 55 . . . . .					%	%		
(h) Is a statement of actuarial assumptions, actuarial funding method, etc., attached? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No							