

**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 Forms 5500, 5500-C, 5500-R, or 5500EZ if applicable.**

OMB No. 1210-0016

1988

**This Form Is Open
to Public Inspection**

For calendar plan year 1988 or fiscal plan year beginning _____, 1988, 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, 5500-R, or 5500EZ	Employer identification number
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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 in funding method for this plan year been made? 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 the plan year			
d Present value of vested benefits as of the beginning of the 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 the beginning of the 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			

(a) Month Year		(b) Amount paid by employer	(c) Amount paid by employees	(a) Month 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 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
Name and 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** 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 **9m** 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
 - (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 to the end of the plan year on **a**, **b**, and **c**
 - e** Total charges (add **a** through **d**)
- Credits to funding standard account:**
- f** Prior year credit balance, if any
 - g** Employer contributions (total from column (b) of item 7)
 - h** Amortization credits (outstanding balance as of mo. _____ day _____ yr. ▶ \$ _____)
 - i** Interest as applicable to end of plan year on **f**, **g**, and **h**
 - j** Other (specify) ▶
 - k** Total credits (add **f** through **j**)
- Balance:**
- l** Credit balance: if **k** is greater than **e**, enter the difference
 - m** Funding deficiency: if **e** is greater than **k**, enter the difference

- 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) ▶

	A Used for items 6d and e— value of accrued benefits				B Used for items 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
12 Checklist of certain actuarial assumptions:								
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:	<i>Male</i>	<i>Female</i>			<i>Male</i>	<i>Female</i>		
(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 Investment return on actuarial value of plan assets for the year ending on the valuation date								
	%							