

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, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

Attach to Form 5500, 5500-C/R, or 5500-EZ if applicable. See separate instructions.

OMB No. 1210-0016

1993

This Form Is Open to Public Inspection (except when attached to Form 5500-EZ)

For calendar plan year 1993 or fiscal plan year beginning , 1993, 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 employer/plan sponsor as shown on line 1a of Form 5500, 5500-C/R, or 5500-EZ Employer identification number

Name of plan Three-digit plan number Yes No

- 1 Has a waiver of a funding deficiency for this plan year been approved by the IRS?
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 the IRS?
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?
5 Has a change been made in funding method for this plan year?
6 Operational information: a Enter the most recent actuarial valuation date
b Has any pre-participation service been excluded in current liability calculations?
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: (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 month day year attributable to benefits accruing during the plan year
f Expected benefit payments.
g (i) Is line 6c (current value of assets) less than 70% of line 6d(iv), column (3), (total current liability)? (ii) If 6g(i) is "Yes," enter the percentage

Table with 6 columns: (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. Includes a Total row.

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.

Signature of actuary Date
Print or type name of actuary Year certified No. Most recent enrollment number
Firm name and address Telephone number (including area code)

<b>8 Funding standard account and other information:</b>		
<b>a</b> Accrued liability as determined for funding standard account as of (enter date) ▶	.....	
<b>b</b> Value of assets as determined for funding standard account as of (enter date) ▶	.....	
<b>c</b> Unfunded liability for spread-gain methods with bases as of (enter date) ▶	.....	
<b>d</b> (i) Actuarial gains or (losses) for period ending ▶	.....	
(ii) Shortfall gains or (losses) for period ending ▶	.....	
<b>e</b> Amount of contribution certified by the actuary as necessary to reduce the funding deficiency to zero, from <b>9o</b> or <b>10h</b> (or the attachment for <b>4b</b> if required).	.....	
<b>9 Funding standard account statement for this plan year ending ▶</b>		
<b>Charges to funding standard account:</b>		
<b>a</b> Prior year funding deficiency, if any	.....	
<b>b</b> Employer's normal cost for plan year as of month ..... day ..... year .....		
<b>c</b> Amortization charges:		Balance
(i) Funding waivers (outstanding balance as of mo. .... day .... yr. .... ▶	\$ .....	
(ii) Other than waivers (outstanding balance as of mo. .... day .... yr. .... ▶	\$ .....	
<b>d</b> Interest as applicable on <b>a</b> , <b>b</b> , and <b>c</b>	.....	
<b>e</b> Additional funding charge, if applicable (see line 13, page 3)	.....	
<b>f</b> Additional interest charge due to late quarterly contributions	.....	
<b>g</b> Total charges (add <b>a</b> through <b>f</b> )	.....	
<b>Credits to funding standard account:</b>		
<b>h</b> Prior year credit balance, if any	.....	
<b>i</b> Employer contributions (total from column (b) of item 7)	.....	
<b>j</b> Amortization credits (outstanding balance as of month ..... day ..... year ..... ▶	\$ .....	
<b>k</b> Interest as applicable to end of plan year on <b>h</b> , <b>i</b> , and <b>j</b> .	.....	
<b>l</b> 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	.....	
<b>m</b> Total credits (add <b>h</b> through <b>l</b> )	.....	
<b>Balance:</b>		
<b>n</b> Credit balance: if <b>m</b> is greater than <b>g</b> , enter the difference.	.....	
<b>o</b> Funding deficiency: if <b>g</b> is greater than <b>m</b> , enter the difference	.....	
<b>Reconciliation:</b>		
<b>p</b> 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 month ..... day ..... year .....	.....	
(b) Reconciliation amount ( <b>9c(i)</b> balance minus <b>9p(iii)(a)</b> )	.....	
(iv) Total as of month ..... day ..... year .....	.....	
<b>10 Alternative minimum funding standard account (omit if not used):</b>		
<b>a</b> Was the entry age normal cost method used to determine entries in line 9, above.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," do not complete <b>b</b> through <b>h</b> .		
<b>b</b> Prior year alternate funding deficiency, if any	.....	
<b>c</b> Normal cost	.....	
<b>d</b> Excess, if any, of value of accrued benefits over market value of assets	.....	
<b>e</b> Interest on <b>b</b> , <b>c</b> , and <b>d</b> .	.....	
<b>f</b> Employer contributions (total from columns (b) of item 7)	.....	
<b>g</b> Interest on <b>f</b>	.....	
<b>h</b> Funding deficiency: if the sum of <b>b</b> through <b>e</b> is greater than the sum of <b>f</b> and <b>g</b> , 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	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>a</b> Rates specified in insurance or annuity contracts . . . . .				
<b>b</b> Mortality table code:				
<i>(i)</i> Males . . . . .				
<i>(ii)</i> Females . . . . .				
<b>c</b> Interest rate:				
<i>(i)</i> Current liability . . . . .			%	%
<i>(ii)</i> All other calculated values . . . . .			%	%
<b>d</b> Retirement age . . . . .				
<b>e</b> Expense loading . . . . .				%
<b>f</b> Annual withdrawal rate:				
<i>(i)</i> Age 25 . . . . .	Male	Female		
<i>(ii)</i> Age 40 . . . . .	%	%		
<i>(iii)</i> Age 55 . . . . .	%	%		
<b>g</b> Ratio of salary at normal retirement to salary at:				
<i>(i)</i> Age 25 . . . . .	%	%		
<i>(ii)</i> Age 40 . . . . .	%	%		
<i>(iii)</i> Age 55 . . . . .	%	%		
<b>h</b> Estimated investment return on actuarial value of plan assets for the year ending on the valuation date . . . . .				%

**13** Additional Required Funding Charge—Multiemployer plans or plans with NO unfunded current liability or plans with 100 or fewer participants, check the box at the right and do not complete **a** through **r** below

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

**14** Has this form been prepared and signed subject to the qualification under Income Tax Regulations section 301.6059-1(d)(5)? (See instructions.) . . . . .  Yes  No