

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Actuarial Information

Single-employer DB Plans

This schedule is required to be filed under section 104 and 4065 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.**

OMB Nos. 1210-0110

2008

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

For calendar plan year 2008 or fiscal plan year beginning _____ and ending _____

▶ **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		B Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ		D Employer Identification Number (EIN)
E Type of plan: (1) <input type="checkbox"/> Single-employer (2) <input type="checkbox"/> Multiple-employer	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information (To be completed by all plans)

1 Enter the valuation date:		
2 Assets:		
a Market value		
b Actuarial value		
3 Funding target/participant count breakdown		
a For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Funding Target
b For terminated vested participants		
c For active participants.....		
(i) Non-vested benefits.....		
(ii) Vested benefits.....		
(iii) Total active		
d Total.....		
4 If the plan is at-risk, check box and complete items (a) and (b)	<input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at risk for fewer than five consecutive years		
5 Effective interest rate		
6 Target normal cost.....		

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	Date
	Type or print name of actuary	Most recent enrollment number
	Firm name	Telephone number (including area code)
	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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: _____ %	2nd segment: _____ %	3rd segment _____ %
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 N/A, full yield curve used

b Applicable month (enter code)

22 Weighted average retirement age

23 Mortality table (check box) Prescribed table(s) Substitute Table (see instructions)

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 re: required attachment. Yes No

25 Has a method change been made for the current plan year? If "yes", see instructions re: required attachment Yes No

26 Is the plan required to provide a Schedule of Active Participants? If "yes", see instructions re: required attachment Yes No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions re: attachment.

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years.

29 Discounted employer contributions allocated toward unpaid minimum required contribution from prior years (Item 19a)

30 Remaining amount of unpaid minimum required contributions (item 28 *minus* item 29)

Part VIII Minimum required contribution for current year

31 Target normal cost (Item 6)

32 Amortization charges	Outstanding Balance	
a Net shortfall amortization charge		
b Waiver amortization charge		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval _____ and the waived amount.

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)...

	Carryover balance	Prefunding balance
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35 Balances used to offset funding requirement

36 Additional cash requirement (item 34 *minus* item 35)

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)

38 Excess contributions for current year (excess, if any, of item 37 over item 36)

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)

40 Unpaid minimum required contribution for all years