SCHEDULE B (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor 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.

OMB No. 1210-0016

This Form Is Open

► Attach to Form 5500, 5500-C/R, or 5500EZ if applicable. Pension and Welfare Benefits Administration to Public Inspection ► See separate instructions. , 1990, and ending For calendar plan year 1990 or fiscal plan year beginning ▶ Read the specific instructions before attempting to complete this form. ▶ 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 Yes digit plan Nο number Has a waiver of a funding deficiency for this plan year been approved by the IRS? . . . If "Yes," attach a copy of the IRS approval letter. Is a waived funding deficiency of a prior plan year being amortized in this plan year? 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. If "Yes," attach either a copy of the letter showing IRS approval or state the applicable Revenue Procedure authorizing approval if used. Operational information: a Enter the 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: c Current value of the assets accumulated in the plan as of the beginning of this plan year. (2) Vested Benefits (3) Total Benefits (1) No. of Persons 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 . . . e Expected current liability increase as of mo. _____day ____ yr. ____ attributable to benefits accruing during the plan year f Expected benefit payments Contributions made to the plan for the plan year by employer(s) and employees: (a) (b) Amount paid (c) Amount paid (c) Amount paid Amount paid by employer Month Day Year Month Day Year by employer by employees by employees 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 Firm 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 () Actuardia gains or (losses) for period ending ▶ (ii) Shortfall gains or (losses) for period ending ▶ (iii) 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 9 or 10h (or the attachment for fab if required) 9 Funding standard accounts statement for fab if required) 9 Funding standard accounts statement for fab if period ending ▶ Charges to funding standard account: Prior year funding deficiency, if any b Employer's normal cost for plan year as of mo. day yr. ▶ \$) (ii) Other than waivers (outstanding balance as of mo. day yr. ▶ \$) (iii) Other than waivers (outstanding balance as of mo. day yr. ▶ \$) (ii) Other than waivers (outstanding balance as of mo. day yr. ▶ \$) 4 Interest as applicable on a, b, and c additional funding charge, if applicable (see line 13, page 3) 4 Additional funding charge, if applicable (see line 13, page 3) 5 Additional funding charge, if applicable (see line 13, page 3) 7 Fordits to funding standard account: h Prior year credit balance, if any. I Employer contributions (total from column (b) of item 7) J Amortization credit (soutstanding balance as of mo. day yr. ▶ \$) I Inscellancous credits: (i) Fit credit before reflecting 150% of current liability component (ii) Additional credit due to 150% of current liability component (iii) Waived funding deficiency, (iv) Total Total credits (add through 1) Balance: n Credit balance: if m 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 f	Schedule B (Form 5500) 1990	Page (
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If "No," do not complete b through h. b Prior year alternate funding deficiency, if any		☐ Yes ☐ No.
b Prior year alternate funding deficiency, if any		, , 🗀 103 🗀 110
c Normal cost		
d Excess, if any, of value of accrued benefits over market value of assets e Interest on b, c, and d		
e Interest on b, c, and d		
f Employer contributions (total from columns (b) of item 7)		i
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		
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11	Actuarial cost method used as the basis for this plan year's funding standard account co			
а	Attained age normal b Entry age normal c Accrue	•	•	
ď	Aggregate e Frozen initial liability f Individu	ual level pre	mium	
g	☐ Other (specify) ▶			
12	Checklist of certain actuarial assumptions:	Pre-ret	tirement	Post-retirement
а	Rates specified in insurance or annuity contracts	Yes	☐ No	Yes No
b	Mortality table code:			
	(i) Males			
	(ii) Females			
c	Interest rate:			
·	(i) Current liability		%	%
	(ii) All other calculated values		%	%
	Retirement age			
u			% (%
	Expense loading	Male	Female	
1	Annual withdrawal rate:	%	%	
	(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	0/	% // 0/	
	(iii) Age 55		. %	
n			Y////	%
13	Additional Required Funding Charge—Multiemployer plans or plans with NO unfunded	ed current li		
	plans with 100 or fewer participants check the box at the right and do not complete a the	rough r belo	w. ∐ <i> ////</i> //	
	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)			
е	Outstanding balance of unfunded old liability as of valuation date			
	Liability attributable to any unpredictable contingent event benefit		I .	
	Unfunded new liability (subtract e and f from d)			
	Unfunded new liability amount (% of g)			
i	Unfunded old liability amount			
i	Deficit reduction contribution (add h and i)			
k	Net amortization charge for certain bases			
	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	1	V////	
	(iv) Enter the product of lines (i), (ii), and (iii)		V////	
	(v) Amortization of all unpredictable contingent event liabilities		I .	
	(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 $I(vi)$)		1	
n	Assets needed to increase current liability percentage to 100% (line d)			
0	Lesser of m or n			
р	Interest adjustment			
q	Additional funding charge (add o and p)		• • •	
<u>r</u>	Adjustment for plans with more than 100 but less than 150 participants (% of q)			
14	Has this form been prepared and signed subject to the qualification under Income			
	301.6059-1(d)(5)? (See instructions.)			. Yes No