SCHEDULE B (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
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.

Official Use Only

OMB No. 1210-0110

2004

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

(1) Current value of assets		calendar plan year 2004 scal plan year beginning	YYY	and endir	ng MM/E	DD/YY	YYY
A Name of plan C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ E Type of plan: (1)	▶ F	cound off amounts to nearest dollar.					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ E Type of plan: (1)) (g of this report un	less reaso	nable cause is estab	lished.	
Part I Basic Information (To be completed by all plans) 1a Enter the actuarial valuation date: b Assets: (1) Current value of assets for funding standard account. Statement by Enrolled Actuary (see instructions before signing): To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and account in the aggregate are reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate are reasonable (taking into account the experience of the plan and reasonable expectations). Signature of actuary SIGN HERE Type or print Date MM / DD / YYYY Film haine Addriss of this film G Most recent enrollment number (including area code) If the actuary has not fully reflected any regulation or rulling promulgated under the statute in completing this schedule,	Α	Name of plan			B Three-digit		
E Type of plan: (1) Multiemployer (2) Single-employer (3) Multiple-employer Part I Basic Information (To be completed by all plans) 1a Enter the actuarial valuation date: b Assets: (1) Current value of assets for funding standard account					•	>	
E Type of plan: (1) Multiemployer (2) Single-employer (3) Multiple-employer Fart I Basic Information (To be completed by all plans) 1a Enter the actuarial valuation date: b Assets: (1) Current value of assets for funding standard account. (2) Actuarial value of assets for funding standard account. (3) Actuarial value of assets for funding standard account. (3) Actuarial value of assets for funding standard account. (4) Actuarial value of assets for funding standard account. (5) Statement by Enrolled Actuary (see instructions before signing): To the best of the information supplied in this exheuliae and on the accompanying schedules, statements, and attachments, if any, is complete and accurat and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan and reasonable expectations) of the plan and reasonable expectations of the plan and reasonable expectations of the plan and reasonable expectations of the plan and reasonable expectations). Signature of actuary Sign HERE Type or print Date MM / DD / YYYY Firm hair end of the plan and reasonable expectations). Telephone number (including area code) If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule,	_	Plan changer's name as shown on line 2s of Form 5500 or 5500) E7		D Employer Ider	tification Numb	er
Part I Basic Information (To be completed by all plans) 1a Enter the actuarial valuation date: b Assets: (1) Current value of assets for funding standard account. (2) Actuarial value of assets for funding standard account. (3) Statement by Enrolled Actuary (see instructions before signing): To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurated in my opinion seach assumption, used in combination, represents my best setsimate of anticipated experience under the plan. Furthermore, in the case of a plan other the 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 in the assumption used in contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions use in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations). Signature of actuary Signature of actuary Signature of actuary Film haine Addrpss of the film Chy State Zip Cody Telephone number (including area code) If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule,	C	Figure Sponsor's fiame as shown on line 2a of Form 3500 of 3500	J-LZ				
Part I Basic Information (To be completed by all plans) 1a Enter the actuarial valuation date: b Assets: (1) Current value of assets for funding standard account	E	Type of plan:					
1a Enter the actuarial valuation date: b Assets: (1) Current value of assets for funding standard account		(1) Multiemployer (2) Single-employer (3)	3) Multiple-e	employer			5
b Assets: (1) Current value of assets	Pa	Basic Information (To be completed by all pl	lans)				
b Assets: (1) Current value of assets	1.0	Enter the actuaried valuation date.	YYYY				
(2) Actuarial value of assets for funding standard account							
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SIGN HERE Type or print Date MM / DD / YYYY Firm name Address of the firm City State Zip Code - G Most recent enrollment number (including area code) If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule,	and a mu resu	o the best of my knowledge, the information supplied in this schedule and on n my opinion each assumption, used in combination, represents my best es litemployer plan, each assumption used (a) is reasonable (taking into acco t in a total contribution equivalent to that which would be determined if each s	n the accompanying sch stimate of anticipated ex ount the experience of t such assumption were	rperience und he plan and i reasonable; ir	ler the plan. Furthermore, in	n the case of a plai	other that
Type or print Name of actuary Film haine Address of the film City State Zip Code G Most recent enrollment number (including area code) If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule,	Sig	nature of actuary					
Name of adtuary Firm name Address of the firm City State Zip Code — G Most recent enrollment number (including area code) If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule,	SIC	SN HERE					
Firm name Address of the firm City State Zip Code - G Most recent enrollment number (including area code) If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule,	Туре	or print		Date	MIMI / DIL	7 / Y Y Y	TY
Address of the firm City State Zip Code Telephone number (including area code) If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule,		Name of actuary					
G Most recent enrollment number (including area code) If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule,							
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enrollment number (including area code) If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule,					Zip Code -		
	G		•	e)		-	
shook the box and see instructions							

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1c	(1)	• • •	ediate gain methods					.00
	(2)	Information for plans using spread ga (a) Unfunded liability for methods v	ain methods: vith bases					.00
		(b) Accrued liability under entry age	e normal method					00
		(c) Normal cost under entry age no	ormal method					.00
d	Infor	mation on current liabilities of the pla	n:					
	(1) (2)	Amount excluded from current liability pre-participation service (see instructions "RPA" information:	y attributable to tions)	. []				.00
		(a) Current liability						.00
		(b) Expected increase in current lia benefits accruing during the pla	bility due to n year					.00
		(c) Current liability computed at hig interest rate (see instructions)	hest allowable					.00
		(d) Expected release from "RPA '94	1" current liability for the plan year					.00
	(3)	, ,	plan year					.00
	•	rational information as of beginning or ent value of the assets (see instruction	f this plan year: ons)					.00
b	"RPA	A '94" current liability:						
	(1) No. of Persons	(2) Vested Benefits		(3) To	tal Benefit	S	
	(1)	For retired participants and beneficia	ries receiving payments					
	(2)	For terminated vested participants						
	(3)	For active participants						
	(4)	Total						
				_00				.00
С	If the	e percentage resulting from dividing li	ne 2a by line 2b(4), column (3), is less	than 70%, enter such p	ercentage	e		

	<u>Scriedule i</u>	3 (FUII	m 55	00) 2004								Page 3	-				
	Contribution Month-Day		le to	the plan f	or the p	olan yea	r by em	nployer(s) aid by em	and en	ploye	es:	(6)	Amour	nt naid	Office by empl	cial Use On	nly
(a)) WOTH -Day	- real	V	aп		(b) AIII	ount pa	iid by en	ipioyei			(6)	Amour	ii paiu	ву епірі	loyees	
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	DD/1	/ Y	Y	Y													
	DD/Y	/Y	Y	7													
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Totals			•								00						
Plans	erly contribution ther than must also less that	nultiem	ploye	er plans, e	enter fur ctions, a	nded cui and com	plete th	e followi	ng amound of Qu	ınt field		able:	struction	ns)			
(1) 130								00									
		<u> </u>			4					4th							
(2) 2nd	:_!		ea as	ine basi		is pian y intry age			andard a		Accrued be		it credit) (d)	П	Aggro	
Actuari	ial cost meth		nal	(b)	E	IIII y aye	· HOHHa	.1					it Cicuit	, (4)		Aqqıe	gate
Actuari	ial cost meth Attained ago Frozen initia	e norm		(b) (f)		ndividual			(g)		Individual a			, (d) (h)		Aggre Other	

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i	Has a change been made in funding method for	this plan year?			Yes	No	
j	If line i is "Yes," was the change made pursuant	to Revenue Proce	dure 2000-40?		Yes	No	
k	If line i is "Yes," and line j is "No" enter the date of (individual or class) approving the change in fund				MM /	DD/Y	YYY
	Checklist of certain actuarial assumptions: Interest rate for "RPA '94" current liability					%	N/A
b	Weighted average retirement age						
С	Rates specified in insurance		Pre-retirement		Pos	t-retirement	
	or annuity contracts	Yes	No	N/A	Yes	No	N/A
	(2) Females			N/A			N/A
9	Valuation liability interest rate		 %			%	
f	Expense loading		%			%	
g	Annual withdrawal rates:		Male			Female	
	(1) Age 25	Rate Code	1 1 %		Rate Code	4	
	(2) Age 40	Rate	1.1 %		Rate	4 %	
	(3) Age 55		%	N/A		%	N/A
	Salary scale Estimated investment return on actuarial value of		%			%	
	assets for the year ending on the valuation date					%	
	New amortization bases established in the currer (1) Type of Base (2) Initial Balance	nt plan year:		(3) Am	ortization Charge/Cre	dit	
			00				
			_00				
			.00				
			_00				
			00				



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	8 Miscellaneous information:		Official Use Only
а	If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval	MM / D	D / Y Y Y Y
b	If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions		
С	Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule.	Yes	No
)	Funding standard account statement for this plan year:		
а	Charges to funding standard account: Prior year funding deficiency, if any		
u	This year fariang denoterby, if any		
	Employer's normal cost for plan year as of valuation date		.00
С	Amortization charges as of valuation date: Outstanding Balance (1) All bases except		
	funding waivers • \$		_00
	(2) Funding waivers ► (\$ 00)		00
d	Interest as applicable on line 9a, 9b, and 9c		.00
е	Additional interest charge due to late quarterly contributions, if applicable		00
f	Adjusted additional funding charge from Part II, line 12q, if applicable N/A		.00
g	Total charges. Add lines 9a through 9f		
	Credits to funding standard account:		
h	Prior year credit balance, if any		.00
i	Employer contributions. Total from column (b) of line 3		
	Outstanding Balance		
j	Amortization credits as of valuation date (\$ 00)		.00
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j		
	Full funding limitation (FFL) and credits		
	(1) ERISA FFL (accrued liability FFL)	.00	
	(2) "RPA '94" override (90% current liability FFL) .	00	
	(3) FFL credit		.00
m	(1) Waived funding deficiency		_00
	(2) Other credits		00
n	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)		.00



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90	Cred	dit balance: If line 9n is greater than line 9g, enter the difference	
•	0.00	at balance. If the off is greater than the og, offer the difference	
р		ding deficiency: If line 9g is greater than line 9n, enter the difference	00
q	Curr	ent year's accumulated reconciliation account:	
	(1)	Due to additional funding charges as of the beginning of the plan year	
	(2) (3)	Due to additional interest charges as of the beginning of the plan year Due to waived funding deficiencies:	
		(a) Reconciliation outstanding balance as of valuation date	
		(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	
	(4)	Total as of valuation date	.00
10	Ente	tribution necessary to avoid an accumulated funding deficiency. In the amount in line 9p or the amount required under the alternative In standard account if applicable	_00
11	Has	a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	No
Pa	rt II	Additional Information for Certain Plans Other Than Multiemployer Plans	
12 a	Ente If lin If lin	tional required funding charge (see instructions): or "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. e 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b.	
b		e 12a is at least 80% (but less than 90%), see instructions and, if applicable, o line 12q and enter -0 Otherwise, go to line 12b	
	"RPA		%] _{.00}
С		o line 12q and enter -0 Otherwise, go to line 12b	%].00].00
	Adju	o line 12q and enter -0 Otherwise, go to line 12b	4
d	Adju	a '94" current liability. Enter line 1d(2)(a)	00
d e	Adju Fund Unfu	a '94" current liability. Enter line 1d(2)(a)	
d e f	Adju Fund Unfu Liab	a '94" current liability. Enter line 1d(2)(a)	
d e f	Adju Fund Unfu Liab Outs Unfu	a '94" current liability. Enter line 1d(2)(a)].00].00
d e f g h	Adju Fund Unfu Liab Outs Unfu Ente	a '94" current liability. Enter line 1d(2)(a)	.00 .00 .00
d e f g h	Adju Fund Unfu Liab Outs Unfu Ente	a line 12q and enter -0 Otherwise, go to line 12b	
d e f g h	Adju Fund Unfu Liab Outs Unfu Ente	a '94" current liability. Enter line 1d(2)(a)	



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	et charges in funding standard account used to offset the deficit reduction ntribution. Enter a negative number if less than zero			_00
m Un	predictable contingent event amount: Benefits paid during year attributable to unpredictable contingent event	00		
(2)	Unfunded current liability percentage. Subtract the percentage on line 12d from 100%			
(3)	Enter the product of lines 12m(1) and 12m(2)	00		
(4)	Amortization of all unpredictable contingent event liabilities	00		
(5)	"RPA '94" additional amount (see instructions)	00		
(6)	Enter the greatest of lines 12m(3), 12m(4), or 12m(5)			00
	eliminary additional funding charge: Enter the excess of line 12k over e 12l (if any), plus line 12m(6), adjusted to end of year with interest			_00
	ontributions needed to increase current liability percentage to 100% ee instructions)			_00
p Ad	ditional funding charge prior to adjustment: Enter the lesser of			
-	e 12n or 12o			00
q Ac	ljusted additional funding charge. (0 % of line 12p)			00