## 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.

Attach to Form 5500 or 5500-EZ if applicable.

► See separate instructions.

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OMB No. 1210-0110

2007

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

For calendar plan year 2007 or fiscal plan year beginning	D / YYYYY and endir	ng MM/QD/YI	
► Round off amounts to nearest dollar.		1,0	
▶ Caution: A penalty of \$1,000 will be assessed for	r late filing of this report unless reasc	onable cause is established.	
A Name of plan		B Three-digit plan number ▶ D Employer Identification Num	hor
C Plan sponsor's name as shown on line 2a of Form 556	00 or 5500-EZ	S Elliployer Identification Number	Dei
E Type of plan:			
(1) Multiemployer (2) Single-emp	ployer (3) Multiple-employer	F 100 or fewer participant in prior plan year	s
Part I Basic Information (To be completed	by all plans)		
1a Enter the actuarial valuation date:  b Assets:  (1) Current value of assets			
(2) Actuarial value of assets for funding standard acc	count		
Statement by Enrolled Actuary (see instructions before To the best of my knowledge, the information supplied in this sche and in my opinion each assumption, used in combination, represents a multiemployer plan, each assumption used (a) is reasonable (taking result in a total contribution equivalent to that which would be determined in the aggregate, are reasonable (taking into account the experience).	edule and on the accompanying schedules, stater my best estimate of anticipated experience und- go into account the experience of the plan and re med if each such assumption were reasonable; in	er the plan. Furthermore, in the case of a pla	n other than
Signature of actuary			
SIGN HERE Type or print	Date		
Name of actuary			
Firm name			
Address of the film			
City D			
G Most recent enrollment number	Telephone number (including area code)		
If the actuary has not fully reflected any regulation or ruling check the box and see instructions			

For Paperwork Reduction Act Notice and OMB Control Nos., see the inst. for Form 5500 or 5500-EZ. Cat. No. 13507E Schedule B (Form 5500) 2007

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1c	(1)	Accrued liability for plans using immediate gain methods			1,81	
	(2)	Information for plans using spread gain methods:  (a) Unfunded liability for methods with bases				
		(b) Accrued liability under entry age normal method				
		(c) Normal cost under entry age normal method		CY		
d	Info	mation on current liabilities of the plan:				
	(1) (2)	Amount excluded from current liability attributable to pre-participation service (see instructions)				
	( /	(a) Current liability				
		(b) Expected increase in current liability due to benefits accruing during the plan year				
		(c) Current liability computed at highest allowable interest rate (see instructions)				
		(d) Expected release from "RPA '94" current liability for the plan year	O'LL			
	(3)	Expected plan disbursements for the plan year	h. 1			
а	Curi	rational information as of beginning of this plan year: ent value of the assets (see instructions)				
	(1) No. of Persons (2) Vested Benefits (3) Total Benefits					
	(1)	For retired participants and beneficiaries receiving payments				
	(2)	For terminated vested participants				
	(3)	For active participants				
	(4)	Total				
С	If th	e percentage resulting from dividing line 2a by line 2b(4), column (3), is less	than 70%, enter such	percentage		



3 Contributions made to the plan for the plan year by employer(s) and empl (a) Month-Day-Year (b) Amount paid by employer				o .
(a) Month-Day-Year (b) Amount paid by employer	oyees:	(-) ( )	Official Use	
		(c) Amount	paid by employees	<b>A</b>
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M/DD/YYYY	h 00			
M/DID/YYYY LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL				
M/DD/YYYY III III III III III III III III II				
M/DD/VVVVV				
otals				
Quarterly contributions and liquidity shortfall(s):  Plans other than multiemployer plans, enter funded current liability percentage fo f line 4a is less than 100%, see instructions, and complete the following amount Liquidity shortfall as of end of Quarte ) 1st  (3) 3i	t fields as app er of this plan	icable:	ns)	
2) 2nd 00 (4) 4	th			

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5 i	Has a change been made in funding method for t	this plan year?	Yes	No	<b>)</b>
j	If line i is "Yes," was the change made pursuant to	to Revenue Procedure 2000-40?	Yes	No	
k	If line i is "Yes," and line j is "No" enter the date (individual or class) approving the change in fund		MM /	DD/Y	
	Checklist of certain actuarial assumptions: Interest rate for "RPA '94" current liability		(8	% 11.11%	N/A
b	Weighted average retirement age		5° [		
	Dates are alfeed in income	Pre-retirement	Pe	ost-retirement	
С	Rates specified in insurance or annuity contracts	Yes No N/A	Yes	No	N/A
d	Mortality table code for valuation purposes: (1) Males				
	(2) Females	N/A			N/A
е	Valuation liability interest rate			%	
f	Expense loading	Male		Female	
g	Annual withdrawal rates:				
	(1) Age 25	Code	Code	<b></b> %	
	(2) Age 40	Rate C	Rate C	%	
	(3) Age 55	% N/A		%	N/A
	Salary scale	<b>5</b> * LL-LL% L		%	
i	Estimated investment return on actuarial value of assets for year ending on the valuation date			%	
j	Estimated investment return on current value of assets for year ending on the valuation date			%	
7	New amortization bases established in the currer (1) Type of Base (2) Initial Balance		ortization Charge/C	redit	
	487				



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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	M M /	DD/XYY	
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	<b>&gt;</b>		
С	Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule.	Yes	No	
9	Funding standard account statement for this plan year:			
	Charges to funding standard account:			
а	Prior year funding deficiency, if any			
	Employer's normal cost for plan year as of valuation date			
	(1) All bases except funding waivers ► (\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	(2) Funding waivers ► (\$	<u>Oill</u>		
d	Interest as applicable on line 9a, 9b, and 9c			
е	Additional interest charge due to late quarterly contributions, if applicable			
f	Adjusted additional funding charge from Part II, line 12q, if applicable N/A			
g	Total charges. Add lines 9a through 9f			
	Credits to funding standard account:			
h	Prior year credit balance, if any			
i	Employer contributions. Total from column (b) of line 3			
	Outstanding Balance			
j	Amortization credits as of valuation date			
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)			
	(2) "RPA '94" override (90% current liability FFL).			
	(3) FFL credit			
m	n (1) Waived funding deficiency			



(2) Other credits ....

n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2).....

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90	Credit balance: If line 9n is greater than line 9g, enter the difference	1,59	
р	Funding deficiency: If line 9g is greater than line 9n, enter the difference	X	
q	Current year's accumulated reconciliation account:		
	(1) Due to additional funding charges as of the beginning of the plan year		
	(2) Due to additional interest charges as of the beginning of the plan year		
	(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		
10	Contribution necessary to avoid an accumulated funding deficiency.  Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable		
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	Yes	No
	art II Additional Information for Certain Plans Other Than Multiemployer Plans		
12	Additional required funding charge (see instructions):  Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.  If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is least 80% (but less than 90%), see instructions and, if applicable,		
	go to line 12q and enter -0 Otherwise, go to line 12b		
	"RPA '94" current liability. Enter line 1d(2)(a)		
	Adjusted value of assets (see instructions)		
	Funded current liability percentage. Divide line 12c by 12b and multiply by 100		
е	Unfunded current liability. Subtract line 12c from line 12b		
f	Liability attributable to any unpredictable contingent event benefit		
_	Outstanding balance of unfunded old liability		
	Enter -0- if negative		
i	Unfunded new liability amount ( % of line 12h)		
j	Unfunded old liability amount		
	Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b)		



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12 I		charges in funding standard account used to offset the deficit reduction in the control of the c	
m	Unp	redictable contingent event amount:  Benefits paid during year attributable to  unpredictable contingent event	
	(2)	Unfunded current liability percentage. Subtract the percentage on line 12d from 100%	
	(3)	Enter the product of lines 12m(1) and 12m(2)	
	(4)	Amortization of all unpredictable contingent event liabilities	
	(5)	"RPA '94" additional amount (see instructions)	
	(6)	Enter the greatest of lines 12m(3), 12m(4), or 12m(5)	
n		iminary additional funding charge: Enter the excess of line 12k over 12l (if any), plus line 12m(6), adjusted to end of year with interest	
0		tributions needed to increase current liability percentage to 100%	
	line	usted additional funding charge. ( of line 12p)	
4		usted additional funding charge. (	
J			
L			