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).

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For	For calendar plan year 2008 or fiscal plan year beginning and ending							
Round off amounts to nearest dollar.								
) (Cautio	n: A penalty of \$1,000 will be assessed for late filing of this report unless reason	onable ca	ause is	s established.			
	lame o			В	Three-digit			
	iaiiio o	, plan		5	plan number (PN)	•		
					piair riumber (i 14)	<u>, , , , , , , , , , , , , , , , , , , </u>		
C P	lan spo	onsor's name as shown on line 2a of Form 5500 or 5500-EZ		D	Employer Identificat	ion Number (EIN)	
	·				, ,	`	,	
F T	vne of r	olan: (1) Single-employer (2) Multiple-employer F Prior year pla	n size:	100	or fewer 101-50	n	nan 500	
			11 3126.	100	Torrewer 101-30	o Intole ii	1011 300	
Pa	rt I	Basic Information (To be completed by all plans)						
1	Enter	the valuation date:						
2	Asset	S:						
	a N	Market value						
	b A	Actuarial value						
3		ng target/participant count breakdown			er of participants	(2)	Funding Target	
•		For retired participants and beneficiaries receiving payment	(1)1	V UITIDO	or or participants	(2)	r unumg rarget	
	_							
		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)						
	а ғ	Funding target disregarding prescribed at-risk assumptions						
		Funding target reflecting at-risk assumptions, but disregarding transition rule fo						
		or fewer than five consecutive years	•					
5	Effect	ive interest rate						
6	Targe	et normal cost						
		by Enrolled Actuary						
		st of my knowledge, the information supplied in this schedule and accompanying schedules, statements	and attachm	nents, if	any, is complete and accur	rate. Each prescri	bed assumption was applied in	
		ce with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a on, offer my best estimate of anticipated experience under the plan.	ccount the e	experier	nce of the plan and reasona	able expectations)	and such other assumptions, in	
SIGN								
Н	ERE			_				
Signature of actuary						Date		
				_				
		Type or print name of actuary		Most recent enrollment number				
		Firm name	_	Telephone number (including area code)				
				. 5.555.16 114111661	, uning un			
				_				
	Address of the firm							
If the	actuar	y has not fully reflected any regulation or ruling promulgated under the statute	in comple	etina t	this schedule, check	the box and	see \square	
	ctions	, gromagatod andor the statute		y (son and		

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D	ant II D							
Pá	art II Beginning of your carryover and prefunding balances					ryover balance	(b) [Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)				n prior	Tyover balance		Totaliang balance
8								
9	Amount rei	maining (Item 7 minus	item 8)					
10	Interest on	item 9 using prior yea	r's actual retu	rn of%				
11	Prior year's	s excess contributions	to be added to	prefunding balance				
	a Excess	contributions (Item 38	from prior yea	ar)				
	b Interest	t on (a) using prior yea	r's effective ra	ate of%				
	c Total av	vailable at beginning of	current plan yea	ar to add to prefunding balance	e			
	d Portion	of (c) to be added to p	refunding bala	ance				
12	Voluntary	reduction						
13	Balance at	beginning of current y	ear (item 9 + i	tem 10 + item 11d – item 12)				
P	art III	Funding percent	ages					
14	Funding ta	rget attainment percer	tage					
15	Adjusted fu	unding target attainme	nt percentage.					
16				f determining whether carryov				
17				ess than 70 percent of the fu				
P	Part IV Contributions and liquidity shortfalls							
18	Contributio	ons made to the plan fo	r the plan yea	r by employer(s) and employ	ees:			
/1	(a) Date	(b) Amoun		(c) Amount paid by	(a) Date	(b) Amount pa	,	(c) Amount paid by
(1	MM/DD/YYY	Y) emplo) yei	employee	(MM/DD/YYYY)	employe	1	employee
					Total			
19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year							
	a Contributions allocated toward unpaid minimum required contribution from prior years							
	b Contributions made to avoid restrictions adjusted to valuation date							
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date							
20								
	a Did the p	olan have a "funding sl	nortfall" for the	prior year?				Yes No
	b If 20a is yes, were required quarterly installments for the current year made in timely manner?							
	1 1 200 10	, 00, 110.0 .0 quil ou qu		ients for the current year mad	ac in uniony marinor			
			-	hents for the current year mad the following table as applicat	-			
		yes, see instructions a	-	-	ole:	ear		(4) 4th

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Pa	rt V Assumption	ons used to determine	funding target and target r	ormal cost					
21	Discount rate:								
	a Segment rates:			3rd segment %	N/A, full yield curve used				
	b Applicable month	(enter code)							
22	· ·	· ·							
23	Mortality table (check		_	e (see instructions)					
Pa	rt VI Miscellane	<u> </u>		, , , , , , , , , , , , , , , , , , , ,					
24			tuarial assumptions for the current	olan year? If "yes" see					
					☐ Yes ☐ No				
25	Has a method chang	ge been made for the current p	lan year? If "yes", see instructions	e: required attachment	Yes No				
26	Is the plan required t	to provide a Schedule of Active	e Participants? If "yes", see instruct	ons re: required attachment	Yes No				
27		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	inding rules, enter applicable code a						
Do			um required contributions						
28		•	•	•	1				
			/ears.						
29			d unpaid minimum required contribu						
30		<u> </u>	ntributions (item 28 <i>minus</i> item 29)						
	Part VIII Minimum required contribution for current year								
31	<u>`</u>	<u> </u>		Outstanding Balance					
32	Amortization charges								
	a Net shortfall amor								
	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					
35	Balances used to off	set funding requirement							
36	Additional cash requirement (item 34 minus item 35)								
37	Contributions allocat	ed toward minimum required o	contribution for current year adjusted	I to valuation date (Item 19c)					
38	Excess contributions	for current year (excess, if an	y, 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								