

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Actuarial Information

Multiemployer DB Plans and Money Purchase 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) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

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

1a Enter the valuation date: _____

b Assets:

(1) Current value of assets

(2) Actuarial value of assets for funding standard account.....

c (1) Accrued liability for plans using spread gain methods

(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.....

(3) Accrued liability under credit cost method.....

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....

(2) "RPA '94" information:

(a) Current liability

(b) Expected increase in current liability due to benefits accruing during the plan year

(c) Expected release from "RPA '94" current liability for the plan year

(3) Expected plan disbursements for the plan year

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

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	
b "RPA '94" current liability/participant count breakdown	
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants
(2) For terminated vested participants	(2) Current liability
(3) For active participants:	
(a) Non-vested benefits	
(b) Vested benefits	
(c) Total active	
(4) Total	
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer	(c) Amount paid by employee	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer	(c) Amount paid by employee
			Total		

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If line a is "N," go to item 5.	
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	%
c Is the plan making the scheduled progress with any applicable funding improvement or rehabilitation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status, were any adjustable benefits reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply)

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Reorganization	j <input type="checkbox"/> Other (specify):		

k If box h is checked, enter period of use of shortfall method	
l Has a change been made in funding method for this plan year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
n If line l is "Yes," and line m is "No," enter the date of the ruling letter (individual or class) approving the change in funding method	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.		%												
b Rates specified in insurance or annuity contracts	<table border="1"> <tr> <th colspan="3">Pre-retirement</th> <th colspan="3">Post-retirement</th> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> N/A</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> N/A</td> </tr> </table>	Pre-retirement			Post-retirement			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Pre-retirement			Post-retirement											
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A									
c Mortality table code for valuation purposes:														
(1) Males														
(2) Females														
d Valuation liability interest rate	%	%												
e Expense loading	%	%												
f Salary scale	%													
g Estimated investment return on actuarial value of assets for year ending on the valuation date		%												
h Estimated investment return on current value of assets for year ending on the valuation date		%												

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date of the ruling letter granting the approval.....

b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) [as in effect prior to 2008] or section 431(d)(1) of the Code?..... Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... Yes No

(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended.....

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?..... Yes No

(4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....

(5) If line (3) is "Yes," enter the date of the ruling letter approving the extension.....

(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?..... Yes No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s):

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....

b Employer's normal cost for plan year as of valuation date.....

c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended		
(2) Funding waivers		
(3) Certain bases for which the amortization period has been extended		

d Interest as applicable on line 9a, 9b, and 9c

e Total charges. Add lines 9a through 9d.....

Credits to funding standard account:

f Prior year credit balance, if any

g Employer contributions. Total from column (b) of line 3

h Amortization credits as of valuation date.....

i Interest as applicable to end of plan year on lines 9f, 9g and 9h.....

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)		
(2) "RPA '94" override (90% current liability FFL)		
(3) FFL credit.....		

k **(1)** Waived funding deficiency.....

(2) Other credits

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1) and 9k(2).....

m Credit balance: If line 9l is greater than line 9e, enter the difference.....

n Funding deficiency: If line 9e is greater than 9l, enter the difference

