## SCHEDULE B (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits Administration

## 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, 5500-C/R, or 5500-EZ if applicable

This Form Is Open to **Public Inspection** (except when attached to Form 5500-EZ)

I	Pension Benefit Guaranty Corporation	► See se	eparate instructions.	structions. to Form 550					
For o	calendar plan year 1993 or fis	cal plan year beginning	, 1993, ar	nd ending	, 1	9			
		n this form. If an item does not vill be assessed for late filing of				est de	ollar.		
Name of employer/plan sponsor as shown on line 1a of Form 5500, 5500-C/R, or 5500-EZ Employer identification nu									
Name	e of plan			Three-digit plan number ►		Yes	No		
1	Has a waiver of a funding de If "Yes," attach a copy of the	eficiency for this plan year been e IRS approval letter.	approved by the IRS	?					
2	Is a waived funding deficient	deficiency of a prior plan year being amortized in this plan year?							
3	Have any of the periods of am	ortization for charges described in	Code section 412(b)(2	)(B) been extended by	the IRS?				
	If "Yes," attach a copy of the	e IRS approval letter.							
4a	Was the shortfall funding me	ethod the basis for this plan yea	r's funding standard a	account computations	s?				
b		his plan a multiemployer plan which is, for this plan year, in reorganization as described in Code section or ERISA section 4241? If "Yes," you are required to attach the information described in the instructions							
5	Has a change been made in	funding method for this plan ye	ear?						
	If "Yes," attach either a copy of the letter showing IRS approval or state the applicable Revenue Procedure authorizing approval if used.								
6 b		Enter the most recent actuaria rvice been excluded in current l					] No		
С	Current value of the assets a	accumulated in the plan as of th	e beginning of this p	an year					
d	Current liability as of beginn	ing of plan year:	(1) No. of Persons	(2) Vested Benefits	(3) Tota	Bene	fits		
		beneficiaries receiving payments							
	(ii) For terminated vested p	participants							

(iii) For active participants	
<i>(iv)</i> Total	
Expected current liability increase as of month	
accruing during the plan year	

T	EXp	ected benefit pa	ayments.					 	 				. L		
g	(i)	Is line 6c (curren	t value of a	assets)	less t	han 7								. 🗌 Yes	🗌 No
-	(ii)	If 6g(i) is "Yes," e	enter the p	ercenta	age 🕨	•					-				

7	Contributions	made to	the plan	for the	plan v	ear bv	employer(s	and (	emplovee	S:

The oblition of the plan of the plan gear by employees.									
<b>(a)</b> Month-Day-Year	<b>(b)</b> Amount paid by employer	<b>(c)</b> Amount paid by employees	<b>(a)</b> Month-Day-Year	<b>(b)</b> Amount paid by employer	(c) Amount paid by employees				
			Total						

## 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	Vear Date Certified No
Print or type name of actuary	Most recent enrollment number
Firm name and address	Telephone number (including area code)

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8	Funding standard account and other information:	
а	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)	
с	Unfunded liability for spread-gain methods with bases as of (enter date)	
d	(i) Actuarial gains or (losses) for period ending ►	
	(ii) Shortfall gains or (losses) for period ending ►	
е	Amount of contribution certified by the actuary as necessary to reduce the funding deficiency to zero,	
	from 9o or 10h (or the attachment for 4b if required).	
9	Funding standard account statement for this plan year ending ▶	
	Charges to funding standard account:	
а	Prior year funding deficiency, if any	
b	Employer's normal cost for plan year as of month day year	
С	Amortization charges: Balance	
	(i) Funding waivers (outstanding balance as of mo day yr \$	
	(ii) Other than waivers (outstanding balance as of mo day yr \$	
	Interest as applicable on <b>a</b> , <b>b</b> , and <b>c</b>	
е	Additional funding charge, if applicable (see line 13, page 3)	
f	Additional interest charge due to late quarterly contributions	
g	Total charges (add <b>a</b> through <b>f</b> )	
	Credits to funding standard account:	
h	Prior year credit balance, if any	
i	Employer contributions (total from column (b) of item 7)	
j	Amortization credits (outstanding balance as of month day year ▶ \$	
k	Interest as applicable to end of plan year on <b>h</b> , <b>i</b> , and <b>j</b>	
I	Miscellaneous credits:	
	(i) FFL credit before reflecting 150% of current liability component	_
	(ii) Additional credit due to 150% of current liability component	-
	<i>(iv)</i> Total	
m	Total credits (add <b>h</b> through I)	
	Balance:	
	Credit balance: if <b>m</b> is greater than <b>g</b> , enter the difference.	
0	Funding deficiency: if <b>g</b> is greater than <b>m</b> , enter the difference	
	Reconciliation:	
р	Current year's accumulated reconciliation account:	
	<ul> <li>(i) Due to additional funding charge as of the beginning of the plan year</li> <li>(ii) Due to additional interest charges as of the beginning of the plan year</li> </ul>	-
	(iii) Due to waived funding deficiency: (a) Reconciliation outstanding balance as of month day year	
	(b) Reconciliation amount ( <b>9c(i)</b> balance minus <b>9p(iii)(a)</b> )	-
	(iv) Total as of month day year	
10	Alternative minimum funding standard account (omit if not used):	
	Was the entry age normal cost method used to determine entries in line 9, above.	🗌 Yes 🗌 No
u	If "No," do not complete <b>b</b> through <b>h</b> .	
b	Prior year alternate funding deficiency, if any	
c		
d	Excess, if any, of value of accrued benefits over market value of assets	
e	Interest on <b>b</b> , <b>c</b> , and <b>d</b> .	
f	Employer contributions (total from columns (b) of item 7)	
g		
h	Interest on <b>f</b>	

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11	Actuarial cost method used as the basis for this plan year's funding standard account computation:	
а	□ Attained age normal <b>b</b> □ Entry age normal <b>c</b> □ Accrued benefit (unit credit)	
d	□ Aggregate e □ Frozen initial liability f □ Individual level premium	
g	□ Other (specify) ►	
12	Checklist of certain actuarial assumptions: Pre-retirement	Post-retirement
а	Rates specified in insurance or annuity contracts	Yes No
b	Mortality table code:	
	(i) Males	
	(ii) Females	
с	Interest rate:	
	(i) Current liability	%
	(ii) All other calculated values	%
d	Retirement age	
e	Expense loading	%
	Annual withdrawal rate: Male Female	
	(i) Age 25	
	(ii) Age 40	
	(iii) Age 55	
q	Ratio of salary at normal retirement to salary at:	
3	(i) Age 25	
	(ii) Age 40	
	(iii) Age 55	
h	Estimated investment return on actuarial value of plan assets for the year ending on the valuation date	%
13	Additional Required Funding Charge—Multiemployer plans or plans with NO unfunded current liability or	
	plans with 100 or fewer participants, check the box at the right and do not complete <b>a</b> through <b>r</b> below $\Box$	
а	Current liability as of valuation date	
	Adjusted value of assets as of valuation date (subtract line <b>9h</b> from line <b>8b</b> )	
	Funded current liability percentage (b divided by a)	%
	Unfunded current liability as of valuation date (subtract <b>b</b> from <b>a</b> )	
	Outstanding balance of unfunded old liability as of valuation date	
	Liability attributable to any unpredictable contingent event benefit	
g	Unfunded new liability (subtract e and f from d)	
ĥ	Unfunded new liability amount (% of g)	
	Unfunded old liability amount	
j	Deficit reduction contribution (add <b>h</b> and <b>i</b> )	
k	Net amortization charge for certain bases	
I	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	
	(iv) Enter the product of lines (i), (ii), and (iii)	
	(v) Amortization of all unpredictable contingent event liabilities	
	(vi) Enter the greater of line iv or line v	
m	Additional funding charge as of valuation date (excess of <b>j</b> over <b>k</b> (if any) plus <b>I</b> ( <i>vi</i> ))	
n	Assets needed to increase current liability percentage to 100% (line d)	
ο	Smaller of <b>m</b> or <b>n</b>	
р	Interest adjustment	
q	Additional funding charge (add o and p).	
	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 Tax Regulations sect	
	301.6059-1(d)(5)? (See instructions.)	. 🗌 Yes 🗌 No