
Attention:

- **Telephone requests for the 2005 Form 5500-series forms, schedules and instructions will not be filled until December 1, 2005.**
- **Requests for the 2005 Form 5500-series products can be made on the Internet (see below) beginning December 1, 2005. Requests made prior to that date will be filled with the 2004 version of the products.**

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Forms 5500 and 5500-EZ (and related schedules) are printed on special paper with dropout ink so they can be processed by the computerized processing system "EFAST." These forms and schedules may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Note: You can also use the Internet link <http://www.irs.gov/formspubs/index.html> to request a *limited* number of these forms and schedules. If you use this link, select "Order:" and "Forms and publications by U.S. mail."

Check the Department of Labor's website at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

**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.

Official Use Only

OMB No. 1210-0110

2005

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

For calendar plan year 2005 or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

▶ 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

Three-digit plan number input field

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

D Employer Identification Number

Employer Identification Number input field

E Type of plan:

- (1) Multiemployer (2) Single-employer (3) Multiple-employer

F 100 or fewer participants in prior plan year

100 or fewer participants input field

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

1a Enter the actuarial valuation date:

MM / DD / YYYY

b Assets:

(1) Current value of assets

Current value of assets input field

(2) Actuarial value of assets for funding standard account

Actuarial value of assets input field

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 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

SIGN HERE

Type or print

Date

MM / DD / YYYY

Name of actuary

Firm name

Address of the firm

City

State

Zip Code

G Most recent enrollment number

Most recent enrollment number input field

Telephone number (including area code)

Telephone number input field

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

Check box

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) 2005

0 7 0 5 A A 0 1 0 X



9o Credit balance: If line 9n is greater than line 9g, enter the difference

p Funding deficiency: If line 9g is greater than line 9n, enter the difference

Reconciliation account:

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

(3) 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

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

Part II Additional Information for Certain Plans Other Than Multiemployer Plans

Please see Who Must File in the Schedule B instructions to determine if you must complete Part II.

12 Additional required funding charge (see instructions):

a 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 less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0-. Otherwise, go to line 12b

b "RPA '94" current liability. Enter line 1d(2)(a)

c Adjusted value of assets (see instructions)

d Funded current liability percentage. Divide line 12c by 12b and multiply by 100

e Unfunded current liability. Subtract line 12c from line 12b

f Liability attributable to any unpredictable contingent event benefit

g Outstanding balance of unfunded old liability

h Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative

i Unfunded new liability amount (% of line 12h)

j Unfunded old liability amount

k Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b)

0 7 0 5 A A 0 6 0



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