Attention:

- Telephone requests for the 2007 Form 5500-series forms, schedules, and instructions will not be filled until October 16, 2007.
- Requests for the 2007 Form 5500-series products can be made on the Internet (see below) beginning October 16, 2007. Requests made prior to that date will be filled with the 2006 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.

<u>Note</u>: You can also use the Internet link <u>Forms and Publications</u> <u>by U.S. Mail</u> to request a *limited* number of these forms and schedules.

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.

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OMB No. 1210-0110

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

or fiscal plan year beginning		and ending		DDIZMYY
Round off amounts to nearest				
► Caution: A penalty of \$1,000 w	ill be assessed for late filing of this repor	t unless reasona	ble cause is esta	blished.
A Name of plan		В	Three-digit plan number	htification Number
C Plan sponsor's name as shown or	n line 2a of Form 5500 or 5500-EZ		Employer ide	initiation Number
E Type of plan:		,0		
(1) Multiemployer (2) Single-employer (3) Multip	le-employer		ewer participants plan year
Part I Basic Information (7	o be completed by all plans)	11		
1a Enter the actuarial valuation date:	MM/DD/YYSY			
b Assets: (1) Current value of assets	1,5			
(1) Current value of assets	-5			
(2) Actuarial value of assets for	funding standard account			
and in my opinion each assumption, used in on a multiemployer plan, each assumption used result in a total contribution equivalent to that	e instructions before signing): on supplied in this schedule and on the accompanying combination, represents my best estimate of anticipate (a) is reasonable (taking into account the experience which would be determined if each such assumption w account the experience of the plan and reasonable ex	ed experience under the of the plan and reaso were reasonable: in the	ne plan. Furthermore. i	n the case of a plan other than
Signature of actuary				
SIGN HERE	.10	Date		
Type or print				
Name of actuary				
Firm name ()				
Address on the film				
Most recent enrollment number	Telephone num (including area			
	y regulation or ruling promulgated under the s			

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1c	(1) (2)	Accrued liability for plans using immediate gain methods				
	(2)	(a) Unfunded liability for methods with bases				
		(b) Accrued liability under entry age normal method				
		(c) Normal cost under entry age normal method			N.S.	
d	Info	rmation on current liabilities of the plan:		, ¢		
	<i>(</i> 1 <i>)</i>	Amount excluded from current liability attributable to pre-participation service (see instructions)" "RPA '94" information:		100		
	(2)	(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)	ا الآول			
		(d) Expected release from "RPA '94" current liability for the plan year	OD			
2	(3)	Expected plan disbursements for the plan year	9			
	•	rent value of the assets (see instructions)				
b	"RP/	A '94" current liability:				
	((1) No. of Persons (2) Vested Benefits		(3) Total Benef	its	
	(1)	For retired participants and beneficiaries receiving payments				
	(2)	For terminated vested participants				
	(3)	For active participants				
	(4)	Total				
С	If th	ne percentage resulting from dividing line 2a by line 2b(4), column (3), is less	than 70%, enter sucl	h percentage		

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3 Contributions made to the plan f (a) Month-Day-Year	or the plan year by employer(s) and employees: (b) Amount paid by employer	Official Use Only (c) Amount paid by employees
	(a) raneam paid by employe.	(c) / amount para by employees
		38
	CY	
	00	
	00	
	1	
「otals		
		applicable:
	00 (3) 3rd	
2) 1st	(3) 31d (4) 4th	
	s for this plan year's funding standard account comp	outation:
Attained age normal (b)		d benefit (unit credit) (d) Aggregate
Frozen initial liability (f)	Individual level premium (g) Individu	al aggregate (h) Other (spe
Frozen initial liability (f)	Individual level premium (g) Individu	aal aggregate (h) Other (spe



ı	Schedule B (Form 5500) 2007		Page 4	Official Use Or	nly
5 i	Has a change been made in funding method for	this plan year?	Yes	No	
j	If line i is "Yes," was the change made pursuant	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 fundamental contents.		MM /	DD/Y	
	Checklist of certain actuarial assumptions: Interest rate for "RPA '94" current liability			1.12 %	N/A
b	Weighted average retirement age				
	Rates specified in insurance or annuity contracts	Pre-retirement Yes No	N/A Yes	st-retirement No	N/A
	(2) Females	N/A	A		N/A
е	Valuation liability interest rate			%	
f	Expense loading	Male		Female	
g	Annual withdrawal rates: (1) Age 25	Male Male	Code	%	
	(2) Age 40	99 %	Rate C	%	
		N//	A	1 %	N/A
	Salary scale Estimated investment return on actuarial value of assets for year ending on the valuation date	- %			
j	Estimated investment return on current value of			%	
7	New amortization bases established in the curre (1) Type of Base (2) Initial Balance		Amortization Charge/C	redit	



	Schedule B (Form 5500) 2007 Page	e 5	
	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		
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		
С	Is the plan required to provide a Schedule of Active Participant Data? (see instructions)	Yes	No
9	Funding standard account statement for this plan year:		4
_	Charges to funding standard account: Prior year funding deficiency, if any		00
а	rifor year furtuing deficiency, if any		
	Employer's normal cost for plan year as of valuation date		2 00
	(1) All bases except		
	funding waivers	SIL	
	(2) Funding waivers \$\)		
d	Interest as applicable on line 9a, 9b, and 9c		
е	Additional interest charge due to late quarterly contributions, if applicable		
	4		
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		
I	Full funding limitation (FFL) and credits		
	(1) ERISA FFL (accrued liability FFL)		
	(2) "RPA '94" override (90% current liability FFL).		
	(3) FFL credit		
m	(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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00	Credit balance: If line 9n is greater than line 9g, enter the difference	
90	Credit balance. If line 91 is greater than line 9g, enter the difference	
р	Funding deficiency: If line 9g is greater than line 9n, enter the difference	
q	Current year's accumulated reconciliation account:	
	(1) Due to additional funding charges as of the beginning of the plan year	
	Reconciliation account: Current year's accumulated reconciliation account: (1) Due to additional funding 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.	No
	ase see Who Must File in the Schedule B instructions to determine if you must complete Part II. 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 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)	
С	Adjusted value of assets (see instructions)	
.1	Fundad august liebilitu nassantasa 200da lina 40a ku 40b and multinlu ku 400	
a	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	
g	Outstanding balance of unfunded old liability	
	,	
	Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e.	
	Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative	
i		
	Enter -0- if negative	



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12 l		charges in funding standard account used to offset the deficit reduction ribution. Enter a negative number if less than zero	
m		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% Enter the product of lines 12m(1) and 12m(2)	
	(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% instructions)	
	A -1-1	OF The state of th	
р		itional funding charge prior to adjustment: Enter the lesser of 12n or 12o	
q	I Adj	usted additional funding charge. (% of line 12p)	
		usted additional funding charge. (% of line 12p)	
		EORIV	
		40°	

