SCHEDULE B (Form 5500) Department of the Treasury Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

For calendar plan year 1991 or fiscal plan year beginning

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, and section 6059(a) of the Internal Revenue Code, referred to as the Code.

► Attach to Form 5500, 5500-C/R, or 5500EZ if applicable. ► See separate instructions.

1991, and ending

OMB No. 1210-0016

This Form Is Open to Public Inspection

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Nam	lame of plan sponsor as shown on line 1a of Form 5500, 5500-C/R, or 5500EZ					Employer identification number			
Name of plan					Enter three- digit plan number	▶	Yes	No	
1	Has a waiver	of a funding deficienc	y for this plan year beer	n approved by the I	RS?		///////	///////	
	If "Yes," attac	ch a copy of the IRS a	pproval letter.					<i>X///////</i>	
2			prior plan year being ar	•	•				
3	-	•	ion for charges describe	d in Code section 41	2(b)(2)(B) been exter	nded by IRS?	//////	<i>\</i>	
		ch a copy of the IRS a	• •					<i>X//////</i>	
4a			ne basis for this plan ye				7/////	<i></i>	
b	418 or ERIS	A section 4241?	which is, for this plan ye			Code section			
	If "Yes," you are required to attach the information described in the instructions.							<i>X///////</i>	
5			g method for this plan y					<u> </u>	
_			er showing IRS approval o	or state the applicable	Revenue Procedure a	uthorizing appro	val if us	sed.	
6	Operational in								
a			lation date ►						
b			ent appraisal of property	y such as real estate	e, collectibles and c	losely held sto	ck, etc	C.	
_	Date >								
	Current liability as of beginning of plan year: (1) No. of Persons (2) V								
d	Current hability as or beginning or plan year.				s (2) Vested Bene	(3) 1012	ii Dene	1113	
	(i) For retired participants and beneficiaries receiving payments . (ii) For terminated vested participants								
						- 5:4 - ///////////////////////////////////			
е			s of mo d			ents <i>////////////////////////////////////</i>	/////////		
f	Expected ber	ng the plan year							
1	Contributions	s made to the plan for	the plan year by employ	ver(s) and employee	S:				
7		made to the plan for (b)	the plan year by employ	yer(s) and employee	S: (b)		(c)		
	(a) Month Day Year	s made to the plan for (b) Amount paid by	the plan year by employ (c) Amount paid by	yer(s) and employee (a) Month Day Year	S: (b) Amount paid by	Amour	nt paid b	ру	
	(a)	made to the plan for (b)	the plan year by employ (c)	yer(s) and employee (a)	S: (b)	Amour		ру	
	(a)	s made to the plan for (b) Amount paid by	the plan year by employ (c) Amount paid by	yer(s) and employee (a)	S: (b) Amount paid by	Amour	nt paid b	ру	
	(a)	s made to the plan for (b) Amount paid by	the plan year by employ (c) Amount paid by	yer(s) and employee (a)	S: (b) Amount paid by	Amour	nt paid b	ру	
	(a)	s made to the plan for (b) Amount paid by	the plan year by employ (c) Amount paid by	yer(s) and employee (a)	S: (b) Amount paid by	Amour	nt paid b	ру	
	(a)	s made to the plan for (b) Amount paid by	the plan year by employ (c) Amount paid by	yer(s) and employee (a)	S: (b) Amount paid by	Amour	nt paid b	ру	
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	(a)	s made to the plan for (b) Amount paid by	the plan year by employ (c) Amount paid by	yer(s) and employee (a)	S: (b) Amount paid by	Amour	nt paid b	ру	
	(a)	s made to the plan for (b) Amount paid by	the plan year by employ (c) Amount paid by	yer(s) and employee (a) Month Day Year	S: (b) Amount paid by	Amour	nt paid b	ру	
	(a) Month Day Year	s made to the plan for (b) Amount paid by employer	the plan year by employ (c) Amount paid by employees	yer(s) and employee (a) Month Day Year Total	S: (b) Amount paid by	Amour	nt paid b	ру	
Stat Too plan, total of	(a) Month Day Year ement by Enr the best of my kn assumption used ir each assumption contribution equive	s made to the plan for (b) Amount paid by employer colled Actuary (see insowledge, the information sup a combination, represents my used (a) is reasonable (taking alent to that which would be	the plan year by employ (c) Amount paid by	Month Day Year Total	s: (b) Amount paid by employer ments, if any, is complete curthermore, in the case oo lee expectations) or (b) we have case of a multiemp	Amour emp	d in my	opinion mployer ult in a	
Stat Too plan, total of	(a) Month Day Year ement by Enr the best of my kn assumption used ir each assumption contribution equive	s made to the plan for (b) Amount paid by employer colled Actuary (see insowledge, the information sup a combination, represents my used (a) is reasonable (taking alent to that which would be	Amount paid by employ employees Structions before signic polied in this schedule and on best estimate of anticipated exginito account the experience determined if each such assur	Month Day Year Total	s: (b) Amount paid by employer ments, if any, is complete curthermore, in the case oo lee expectations) or (b) we have case of a multiemp	Amour emp	d in my	opinion mployer ult in a	
Stat Too plan, total of	(a) Month Day Year ement by Enr the best of my kn assumption used ir each assumption contribution equive	made to the plan for (b) Amount paid by employer colled Actuary (see insowed each of the plan for a combination, represents my used (a) is reasonable (taking into account account to that which would be asonable (taking into account to the plan for account to the plan for a combination.	Amount paid by employ employees Structions before signic polied in this schedule and on best estimate of anticipated exginito account the experience determined if each such assur	Month Day Year Total	s: (b) Amount paid by employer ments, if any, is complete curthermore, in the case oo lee expectations) or (b) we have case of a multiemp	Amour emp	d in my	opinion mployer ult in a	
Stat Too Pool plan, total ((a) Month Day Year ement by Enr the best of my kn assumption used ir each assumption contribution equive	made to the plan for (b) Amount paid by employer colled Actuary (see insolved actuary) (the plan year by employ (c) Amount paid by employees structions before signical policed in this schedule and on best estimate of anticipated expirate account the experience determined if each such assurt the experience of the plan are	Month Day Year Total	nents, if any, is complete curthermore, in the case of a multiemp ns).	and accurate, and fa plan other than a ould, in the aggreg loyer plan, the ass	d in my a multier gate, res	opinion nployer sult in a s used,	

Firm name and address

Telephone number (including area code)

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8	Funding standard account and other information:	
a	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 mo day yr Balance	
С	č	
	(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 ${\bf a}, {\bf b},$ and ${\bf c}$	
	Additional funding charge, if applicable (see line 13, page 3)	
f	Additional interest charge due to late quarterly contributions	
g	Total charges (add a through f)	
	Credits to funding standard account:	
h	Prior year credit balance, if any	
!	Employer contributions (total from column (b) of item 7)	
J	Amortization credits (outstanding balance as of mo day yr ▶ \$	
K	Interest as applicable to end of plan year on h , i , and j	
ı	Miscellaneous credits:	
	(i) FFL credit before reflecting 150% of current liability component	- {////////////////////////////////////
	(ii) Additional credit due to 150% of current liability component	- \////////////////////////////////////
	(iii) Waived funding deficiency	
	<i>(iv)</i> Total	
"	Balance:	
n	Credit balance: if m is greater than g , enter the difference	
	Funding deficiency: if g is greater than m , enter the difference	
Ū	Reconciliation:	
p	Current year's accumulated reconciliation account:	
-	(i) Due to additional funding charge as of the beginning of the plan year	
	(ii) Due to additional interest charges as of the beginning of the plan year	
	(iii) Due to waived funding deficiency:	
	(a) Reconciliation outstanding balance as of mo day yr	
	(b) Reconciliation amount (9c(i) balance minus 9p(iii)(a))	
	(iv) Total as of mo day yr , , , , , , , , , , , , , , ,	
10	Alternative minimum funding standard account (omit if not used):	
а	Was the entry age normal cost method used to determine entries in line 9, above	☐ Yes ☐ No
	If "No," do not complete b through h .	1
b	Prior year alternate funding deficiency, if any	
С	Normal cost	
d	Excess, if any, of value of accrued benefits over market value of assets	
е	Interest on b , c , and d	
f	Employer contributions (total from columns (b) of item 7)	
g	Interest on \mathbf{f}	
n	runding deficiency: If the Sum of b through e is greater than the Sum of r and g , enter difference	

Schedule B (Form 5500) 1991 Page 3 Actuarial cost method used as the basis for this plan year's funding standard account computation: **b** Entry age normal **c** Accrued benefit (unit credit) **a** Attained age normal e Frozen initial liability **d** Aggregate **f** Individual level premium g □ Other (specify) ► Pre-retirement Post-retirement Checklist of certain actuarial assumptions: 12 □ No Yes a Rates specified in insurance or annuity contracts. . . **b** Mortality table code: (i) Males c Interest rate: (i) Current liability (ii) All other calculated values . . . d Retirement age e Expense loading . . . Male Female f Annual withdrawal rate: % % (i) Age 25 % % % % g Ratio of salary at normal retirement to salary at: % % % (ii) Age 40 . . Age 55 h Estimated investment return on actuarial value of plan assets for the year ending on the valuation date 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 a through r below \Box **b** Adjusted value of assets as of valuation date (subtract line **9h** from line **8b**) **d** Unfunded current liability as of valuation date (subtract **b** from **a**) . . . e Outstanding balance of unfunded old liability as of valuation date f Liability attributable to any unpredictable contingent event benefit g Unfunded new liability (subtract e and f from d) **h** Unfunded new liability amount (______ % of **g**). 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 (v) Amortization of all unpredictable contingent event liabilities m Additional funding charge as of valuation date (excess of j over k (if any) plus I(vi)) **n** Assets needed to increase current liability percentage to 100% (line **d**) . . . o Lesser of m or n. . . Interest adjustment . . . Adjustment for plans with more than 100 but less than 150 participants (______% of q).

Has this form been prepared and signed subject to the qualification under Income Tax Regulations section