SCHEDULE B (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits 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, 5500-C/R, or 5500-EZ if applicable. ► See separate instructions. OMB No. 1210-0016

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

For calendar plan year 1994 or fiscal plan year beginning , 1994, and ending ▶ Please complete every item on this form. If an item does not apply, enter "N/A." ▶ 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. Name of employer/plan sponsor as shown on line 1a of Form 5500, 5500-C/R, or 5500-EZ **Employer identification number** Name of plan Three-digit Yes No plan number > Has a waiver of a funding deficiency for this plan year been approved by the IRS? . . . If "Yes," attach a copy of the IRS approval letter. Is a waived funding deficiency of a prior plan year being amortized in this plan year? Have any of the periods of amortization for charges described in Code section 412(b)(2)(B) been extended by the IRS? If "Yes," attach a copy of the IRS approval letter. 4a Was the shortfall funding method the basis for this plan year's funding standard account computations?. . . **b** Is this plan a multiemployer plan which is, for this plan year, in reorganization as described in Code section 418 or ERISA section 4241? If "Yes," you are required to attach the information described in the instructions Has a change been made in funding method for this plan year? If "Yes," attach either a copy of the letter showing the IRS approval or state the applicable Revenue Procedure authorizing approval if used. Year Has any pre-participation service been excluded in current liability calculations? Current value of the assets accumulated in the plan as of the beginning of this plan year. (1) No. of Persons (3) Total Benefits (2) Vested Benefits **d** Current liability as of beginning of plan year: (i) For retired participants and beneficiaries receiving payments (iii) For active participants e Expected current liability increase as of: Month Day Year attributable to benefits (i) Is line 6c (current value of assets) less than 70% of the total current liability on line 6d(iv), column (3)?. l No (ii) If line 6q(i) is "Yes," enter the percentage ▶ Contributions made to the plan for the plan year by employer(s) and employees: (b) (b) (c) (c) (a) Month-Day-Year Amount paid by Amount paid by Amount paid by Amount paid by Month-Day-Year employees employees employer employer 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 Date Year certified No. Most recent enrollment number Print or type name of actuary 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: Month Day Year | 8a | |
| b | Value of assets as determined for funding standard account as of: Month Day Year | 8b | |
| С | Unfunded liability for spread-gain methods with bases as of: Month Day Year | 8c | |
| d | (i) Actuarial gains or (losses) for period ending: Month Day Year | d(i) | |
| | (ii) Shortfall gains or (losses) for period ending: Month Day Year | d(ii) | |
| е | Amount of contribution certified by the actuary as necessary to reduce the funding deficiency | | |
| | to zero, from line 90 or line 10h (or the attachment for line 4b if required) | 8e | |
| 9 | Funding standard account statement for this plan year ending: Month DayYear | | |
| | Charges to funding standard account: | | |
| а | Prior year funding deficiency, if any | 9a | |
| b | Employer's normal cost for plan year as of: Month Day Year | 9b | |
| С | Amortization charges: Balance | | |
| | (i) Funding waivers (outstanding balance as of: Mo Day Yr > \$ | c(i) | |
| | (ii) Other than waivers (outstanding balance as of: Mo Day Yr ▶ \$ | c(ii) | |
| d | Interest as applicable on lines 9a, 9b, and 9c | 9d | |
| е | Additional funding charge, if applicable. See line 13, page 3 | 9e | |
| f | Additional interest charge due to late quarterly contributions | 9f | |
| g | Total charges. Add lines 9a through 9f | 9g | |
| _ | Credits to funding standard account: | Oh | |
| h | Prior year credit balance, if any | 9h | |
| į. | Employer contributions. Total from column (b) of line 7 | 9i 9j | |
| J | Amortization credits (outstanding balance as of: Month Day Year▶ \$) | 9k | |
| k | Interest as applicable to end of plan year on lines 9h, 9i, and 9j | 9K | |
| ı | Miscellaneous credits: (i) FEL credit before reflecting 150% of current liability component 1(i) | | |
| | (7) The drawn porter removing to 70 or during maximal derivations | _ | |
| | (ii) Maditional creat due to 100% of current liability component | | |
| | (iii) Waived funding deficiency | 9l(iv) | |
| m | | 9m | |
| m | Total credits. Add lines 9h through 9l | 7111 | |
| n | Credit balance: if line 9m is greater than line 9g, enter the difference | 9n | |
| n o | Funding deficiency: if line 9g is greater than line 9m, enter the difference | 90 | |
| U | Reconciliation: | 7.0 | |
| р | Current year's accumulated reconciliation account: | | |
| Р | (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 p(ii) | | |
| | (iii) Due to waived funding deficiency: | | |
| | (a) Reconciliation outstanding balance as of: Month Day Year (iii)(a) | | |
| | (b) Reconciliation amount. Line 9c(i) balance minus line 9p(iii)(a) . (iii)(b) | | |
| | (iv) Total as of: Month Day Year | p(iv) | |
| 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 lines 10b through 10h. | 1 | ı |
| b | Prior year alternate funding deficiency, if any | 10b | |
| С | Normal cost | 10c | |
| d | Excess, if any, of value of accrued benefits over market value of assets | 10d | |
| е | Interest on lines 10b, 10c, and 10d | 10e | |
| f | Employer contributions. Total from columns (b) of line 7 | 10f | |
| g | Interest on line 10f | 10g | |
| h | Funding deficiency: if the sum of lines 10b through 10e is greater than the sum of lines 10f and | | |
| | 10g enter difference | 10h | |

Schedule B (Form 5500) 1994 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 Aggregate **f** Individual level premium d g □ Other (specify) ► Pre-retirement Post-retirement Checklist of certain actuarial assumptions: 12 Yes □ No ☐ Yes 12a ☐ No **a** Rates specified in insurance or annuity contracts **b** Mortality table code: b(i) b(ii) c Interest rate: c(i) (i) Current liability % |% c(ii) 1.1 (ii) All other calculated values 12d % |% 12e e Expense loading Male Female Annual withdrawal rate: |% % f(i) f(ii) |% % % % f(iii) g Ratio of salary at normal retirement to salary at: |% % g(i) % % g(ii) g(iii) |% 1% (iii) Age 55. h Estimated investment return on actuarial value of plan assets for the year ending on the valuation date. 12h 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 13a 13b Adjusted value of assets as of valuation date. Subtract line 9h from line 8b 13c 1% Funded current liability percentage. Divide line 13b by 13a and multiply by 100. . . . 13d Unfunded current liability as of valuation date. Subtract line 13b from line 13a 13e Outstanding balance of unfunded old liability as of valuation date 13f Liability attributable to any unpredictable contingent event benefit f Unfunded new liability. Subtract the total of lines 13e and 13f from 13d 13h 13i 13j 13k I Unpredictable contingent event amount: (i) Benefits paid during year attributable to unpredictable contingent l(i) (ii) Unfunded current liability percentage. Subtract the percentage l(ii) 1% l(iii) l(iv) (iv) Enter the product of lines 13I(i), 13I(ii), and 13I(iii). I(v) (v) Amortization of all unpredictable contingent event liabilities . . . m Additional funding charge as of valuation date (excess of line 13j over line 13k (if any) plus line 13m 13n Assets needed to increase current liability percentage to 100% (line 13d) 13o Interest adjustment 13p Additional funding charge. Add lines 13o and 13p. 13q Adjustment for plans with more than 100 but less than 150 participants (Has this form been prepared and signed subject to the qualification under Income Tax Regulations section ► ☐ Yes ☐ No