

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension <span style="border: 1px solid black; padding: 0 5px;">ACK ID</span> anty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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 For calendar plan year 2023 or fiscal plan year beginning SB\_PLAN\_YEAR\_BEGIN\_DATE and ending SB\_TAX\_PRD
► **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.

<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) <span style="border: 1px solid black; padding: 0 20px;">SB_PN</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	<b>D</b> Employer Identification Number (EIN) <span style="border: 1px solid black; padding: 0 20px;">SB_EIN</span>
<b>E</b> Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <span style="border: 1px solid black; padding: 0 20px;">SB_PLAN_TYPE_CODE</span>	
<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 <span style="border: 1px solid black; padding: 0 20px;">SB_CNT_PARTCP_PR_YR_CD</span>	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month _____ Day _____ Year <span style="border: 1px solid black; padding: 0 20px;">SB_VALUE_DATE</span>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	SB_CURR_VALUE_AST_01_AMT	
<b>b</b> Actuarial value .....	<b>2b</b>	SB_ACTRL_VALUE_AST_AMT	
<b>3</b> Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	SB_RTD_PARTCP_CNT	SB_RTD_VSTD_TGT_AMT	SB_RTD_FNDNG_TGT_AMT
<b>b</b> For terminated vested participants .....	SB_TERM_PARTCP_CNT	SB_TERM_VSTD_FNDNG_TGT_AMT	SB_TERM_FNDNG_TGT_AMT
<b>c</b> For active participants.....	SB_ACT_PARTCP_CNT	SB_ACT_VSTD_FNDNG_TGT_AMT	SB_LIAB_ACT_TOTAL_FNDNG_TGT_AMT
<b>d</b> Total .....	SB_TOT_PARTCP_CNT	SB_TOT_VSTD_FNDNG_TGT_AMT	SB_TOT_FNDNG_TGT_AMT
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> <span style="border: 1px solid black; padding: 0 20px;">SB_PLAN_AT_RISK_IND</span>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	4a SB_TGT_REFLECT_ASSUMP_AMT		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	4 SB_TGT_DISREGARD_ASSUMP_AMT		
<b>5</b> Effective interest rate .....	5 SB_EFF_INT_RATE_PRCNT %		
<b>6</b> Target normal cost	SB_PRESENT_VALUE_CURRENT_PLAN_YR_ACCR_AMT		
<b>a</b> Present value of current plan year accruals .....	6a		
<b>b</b> Expected plan-related expenses .....	SB_ANTICIPATED_PLAN_EXPENSES_AMT		
<b>c</b> Target normal cost.....	6c SB_TGT_NRML_COST_01_AMT		

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	Signature of actuary <span style="border: 1px solid black; padding: 0 20px;">SB_ACTUARY_NAME_LINE</span> Type or print name of actuary <span style="border: 1px solid black; padding: 0 20px;">SB_ACTUARY_FIRM_NAME</span> Firm name	<span style="border: 1px solid black; padding: 0 20px;">SB_SIGNATURE_DATE</span> Date <span style="border: 1px solid black; padding: 0 20px;">SB_ACTRY_ENRLMT_NUM</span> Most recent enrollment number <span style="border: 1px solid black; padding: 0 20px;">SB_ACTUARY_PHONE_NUM</span> Telephone number (including area code)
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Refer to page 4

Address of the firm

 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 SB\_ACTUARY\_NOT\_REFLECT\_IND

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
SB 1ST LIQUIDITY SHORT AMT	SB 2ND LIQUIDITY SHORT AMT	SB 3RD LIQUIDITY SHORT AMT	SB 4TH LIQUIDITY SHORT AMT

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b>	Discount rate:				
<b>a</b>	Segment rates:	1st segment:	2nd segment:	3rd segment:	<b>SB_YIELD_CURVE_IND</b> N/A, full yield curve used
		<b>SB_1ST_SEG_RATE_PRCNT</b> %	<b>SB_2ND_SEG_RATE_PRCNT</b> %	<b>SB_3RD_SEG_RATE_PRCNT</b> %	
<b>b</b>	Applicable month (enter code).....				<b>21D</b> <b>SB_APPLICABLE_MONTH_CD</b>
<b>22</b>	Weighted average retirement age .....				<b>22</b> <b>SB_WEIGHTED_RTM_AGE</b>
<b>23</b>	Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				<b>SB_MORTALITY_TBL_CD</b>

**Part VI Miscellaneous Items**

<b>24</b>	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<b>SB_CHG_ACTRL_ASSUMP_CURR_IND</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b>	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<b>SB_CHG_METHOD_IND</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>26</b>	Demographic and benefit information	
<b>a</b>	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<b>SB_SCH_ACTIVE_PARTCP_RQD_IND</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.....	<b>SB_EXPECTED_BNFT_PAYMENTS_IND</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b>	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b> <b>SB_ALT_FNDNG_RULES_CD</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b>	Unpaid minimum required contributions for all prior years .....	<b>SB_CONTRIB_ALLOC_PR_YR_02_AMT</b>
<b>29</b>	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>SB_UNPAID_MIN_RQD_TOT_AMT</b>
<b>30</b>	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>3</b> <b>SB_UNPAID_PR_YR_CONTRIB_AMT</b>

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b>	Target normal cost and excess assets (see instructions):		
<b>a</b>	Target normal cost (line 6c).....	<b>31a</b>	<b>SB_TGT_NRML_COST_02_AMT</b>
<b>b</b>	Excess assets, if applicable, but not greater than line 31a .....		<b>SB_MIN_REQ_CONT_EXCESS_AST_AMT</b>
<b>32</b>	Amortization installments:	Outstanding Balance	Installment
<b>a</b>	Net shortfall amortization installment .....	<b>SB_SHORT_AMORTZ_OUTSTD_AMT</b>	<b>SB_SHORT_AMORTZ_INST</b>
<b>b</b>	Waiver amortization installment .....	<b>SB_WVRS_AMORTZ_OUTSTD_AMT</b>	<b>SB_WVRS_AMORTZ_INST</b>
<b>33</b>	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount .....	<b>33</b>	<b>SB_WAIVED_AMT</b>
<b>34</b>	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	<b>SB_FNDNG_RQMT_TOT_AMT</b>
	Carryover balance	Prefunding balance	Total balance
<b>35</b>	Balances elected for use to offset funding requirement .....	<b>SB_OFFSET_CARRYOVER_AMT</b>	<b>B_OFFSET_PRE_FNDNG_AMT</b> <b>SB_OFFSET_BAL</b>
<b>36</b>	Additional cash requirement (line 34 minus line 35).....	<b>36</b>	<b>SB_ADDL_CASH_TOT_AMT</b>
<b>37</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		<b>SB_CONTR_ALLOC_CURR_YR_02_AMT</b>
<b>38</b>	Present value of excess contributions for current year (see instructions)		
<b>a</b>	Total (excess, if any, of line 37 over line 36).....		<b>SB_PRESENT_VAL_EXCES_CONT_AMT</b>
<b>b</b>	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>SB_PORT_PREFNDNG_FNDNG_CAR_AMT</b>
<b>39</b>	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		<b>SB_UNP_MIN_CONT_CUR_YR_TOT_AMT</b>
<b>40</b>	Unpaid minimum required contributions for all years .....		<b>SB_UNP_MIN_CONTRIB_ALL_YR_AMT</b>

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b>	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021	<b>SB_AMORTZ_BASE_ELECT_IND</b>
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ROW\_ORDER

These are contained on the first page label "Address of the Firm", bottom pg 1

SB\_ACTUARY\_US\_ADDRESS1

SB ACTUARY US ADDRESS2

SB\_ACTUARY\_US\_CITY

SB\_ACTUARY\_PHONE\_NUM\_FOREIGN

SB\_ACTUARY\_US\_STATE

SB\_ACTUARY\_US\_ZIP

SB ACTUARY FOREIGN ADDRESS1

SB ACTUARY FOREIGN ADDRESS2

SB\_ACTUARY\_FOREIGN\_CITY

SB\_ACTUARY\_FOREIGN\_PROV\_STATE

SB\_ACTUARY\_FOREIGN\_CNTRY

SB\_ACTUARY\_FOREIGN\_POSTAL\_CD