

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information <p>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).</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">ACK ID</div> <p>File as an attachment to Form 5500 or 5500-SF.</p>	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <div style="border: 1px solid black; padding: 2px;">MB_PLAN_YEAR_BEGIN_DATE</div> and ending <div style="border: 1px solid black; padding: 2px;">MB_TAX_PRD</div>		
<p>▶ Round off amounts to nearest dollar.</p> <p>▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.</p>		
A Name of plan	B Three-digit plan number (PN) ▶ <div style="border: 1px solid black; padding: 2px;">MB_PN</div>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN) <div style="border: 1px solid black; padding: 2px;">MB_EIN</div>	
E Type of plan: (1) <input type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions) <div style="border: 1px solid black; padding: 2px;">MB_PLAN_TYPE_CODE</div>		
1a Enter the valuation date: Month _____ Day _____ Year _____ <div style="border: 1px solid black; padding: 2px;">MB_VALUE_DATE</div>		
b Assets		
(1) Current value of assets.....	1b(1)	MB_CUR_VALUE_AST_01_AMT
(2) Actuarial value of assets for funding standard account.....	1b(2)	MB_AST_FNDNG_STD_AMT
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	MB_ACCR_LIAB_GAIN_MTHD_AMT
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	1c(2)(a)	MB_UNFND_LIAB_MTHD_BASE_AMT
(b) Accrued liability under entry age normal method.....	1c(2)(b)	MB_ACCR_LIAB_AGE_MTHD_AMT
(c) Normal cost under entry age normal method.....	1c(2)(c)	MB_NORM_COST_AGE_MTHD_AMT
(3) Accrued liability under unit credit cost method.....	1c(3)	MB_ACC_LIA_UNIT_CRED_MTHD_AMT
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	MB_CURR_LIAB_PRE_PARTCP_AMT
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	MB_RPA94_INFO_CURR_LIAB_AMT
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	MB_RPA94_EXPT_INCR_LIAB_AMT
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	MB_RPA94_EXPT_RELEASE_LIAB_AMT
(3) Expected plan disbursements for the plan year.....	1d(3)	MB_EXPECT_PLAN_PAYMENT_AMT
Statement by Enrolled Actuary <small>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.</small>		
SIGN HERE	<div style="border: 1px solid black; padding: 2px; text-align: center;">MB_SIGNATURE_DATE</div>	
Signature of actuary <div style="border: 1px solid black; padding: 2px;">MB_ACTUARY_NAME_LINE</div>	Date <div style="border: 1px solid black; padding: 2px;">MB_ACTRY_ENRLMT_NUM</div>	
Type or print name of actuary <div style="border: 1px solid black; padding: 2px;">MB_ACTUARY_FIRM_NAME</div>	Most recent enrollment number <div style="border: 1px solid black; padding: 2px;">MB_ACTUARY_PHONE_NUM</div>	
Firm name <div style="border: 1px solid black; padding: 2px;">MB_ACTUARY_US_ADDRESS1</div> <div style="border: 1px solid black; padding: 2px;">MB_ACTUARY_US_ADDRESS2</div> <div style="border: 1px solid black; padding: 2px;">MB_ACTUARY_US_CITY</div>	Telephone number (including area code)	
<div style="border: 1px solid black; padding: 2px; color: blue;">Refer to page 5 for remaining address fields</div>		
Address of the firm		<div style="border: 1px solid black; padding: 2px;">MB_NOT_REFLECT_IND</div>

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 ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule MB (Form 5500) 2021
v. 210723

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	MB_CURR_VALUE_AST_02_AMT
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
	MB_LIAB_RTD_PARTCP_CNT	MB_CURR_LIAB_RTD_AMT
(2) For terminated vested participants	MB_LIAB_TERM_PARTCP_CNT	MB_CURR_LIAB_TERM_AMT
(3) For active participants:		
(a) Non-vested benefits		MB_CURR_LIAB_ACT_NONVEST_AMT
(b) Vested benefits		MB_CURR_LIAB_ACT_VEST_AMT
(c) Total active	MB_LIAB_ACT_PARTCP_CNT	MB_CURR_LIAB_ACT_AMT
(4) Total	MB_TOT_LIAB_PARTCP_CNT	MB_TOT_CURR_LIAB_AMT
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	MB_TOT_CURR_LIAB_PRCNT

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
TABLE: Efast_09.F_sch_mb_part1_2009					
MB_CONTRIB_DATE					
	MB_CONTRIB_EMPLR_AMT				
		MB_CONTRIB_EMPLEE_AMT			
			To	MB_TOT_EMPLR_CONTRIB_01_AM	MB_TOT_EMPLEE_CONTRIB_AMT
(d) Total withdrawal liability amounts included in line 3(b) total				MB_TOT_WITHDRAWAL_LIAB_AMT	

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	MB_PLAN_FUNDED_PRCNT
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	MB_PLAN_RISK_STATUS_CD
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	MB_FNDNG_PROGRESS_IND	Yes <input type="checkbox"/> No <input type="checkbox"/>
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?	MB_REDUCED_BNFT_IND	Yes <input type="checkbox"/> No <input type="checkbox"/>
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	MB_REDUCED_BNFT_AMT
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	MB_REHABILITATION_PLAN_YEAR
		MB_REHABILITATION_PLAN_IND

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): Refer to page 5, part 5 (a)-(i) | | | |

j If box h is checked, enter period of use of shortfall method	5j	MB_SHORT_PRD_CNT
k Has a change been made in funding method for this plan year?	MB_CHG_FNDNG_MTHD_IND	Yes <input type="checkbox"/> No <input type="checkbox"/>
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	MB_CHG_REVENUE_PROC_IND	Yes <input type="checkbox"/> No <input type="checkbox"/>
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	MB_CHG_FNDNG_MTHD_DATE

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability..... MB_CURR_LIAB_RPA_PRCNT **6a** %
- b** Rates specified in insurance or annuity contracts.....
- | Pre-retirement | Post-retirement |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| MB_RATE_SPEC_INS_PRE_IND | MB_RATE_SPEC_INS_POST_IND |
- c** Mortality table code for valuation purposes:
- (1) Males **6c(1)** MB_MORTALITY_MALE_PRE_CODE MB_MORTALITY_MALE_POST_CODE
- (2) Females **6c(2)** MB_MORTALITY_FEM_PRE_CODE MB_MORTALITY_FEM_POST_CODE
- d** Valuation liability interest rate MB_VALUATION_INT_PRE_PRCNT % MB_VALUATION_INT_POST_PRCNT %
- e** Expense loading MB_EXPENSE_LOAD_PRE_PRCNT MB_EXPENSE_LOAD_PRE_NA_IND MB_EXPENSE_LOAD_POST_PRCNT MB_EXPENSE_LOAD_POST_NA_IND
- f** Salary scale MB_SAL_SCALE_PRE_PRCNT % MB_SAL_SCALE_PRE_NA_IND MB_SAL_SCALE_POST_PRCNT MB_SAL_SCALE_POST_NA_IND
- g** Estimated investment return on actuarial value of assets for year ending on the valuation date **6g** MB_INVST_RETURN_PRCNT %
- h** Estimated investment return on current value of assets for year ending on the valuation date **6h** MB_INVST_RET_CURR_VALUE_PRCNT %

7 New amortization bases established in the current plan TABLE: Efast_09.F_sch_mb_part2_2009

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
MB_AMORTZ_BASE_CODE	MB_AMORTZ_INIT_BAL_AMT	MB_AMORTIZATION_AMT

8 Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval..... **8a** MB_FNDNG_DEFN_WVR_DATE
- b(1)** Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule..... MB_EXP_BENEFIT_PAYMENTS_IND ☐ Yes ☐ No
- b(2)** Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule..... MB_SCH_ACTIVE_PARTCP_RQD_IND
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(c)(5)(B) (as in effect prior to 2008) or section 431(d) of the Code? MB_AMORTZ_BASE_EXT_IND ☐ Yes ☐ No
- d** If line c is "Yes," provide the following additional information:
- (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? MB_AMORTZ_EXT_AUTO_IND ☐ Yes ☐ No
- (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended **8d(2)** MB_431D1_EXT_YRS_CNT
- (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? MB_AMORTZ_EXT_IRS_APPROVED_IND ☐ Yes ☐ No
- (4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)** MB_431D2_EXT_YRS_CNT
- (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension MB_AMORTZ_ELIG_6621B_IND ER_DATE
- (6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No
- e** If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e** MB_DIFF_MIN_CONTRIB_AMT

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

- a** Prior year funding deficiency, if any **9a** MB_PR_YR_FNDNG_DEFN_AMT
- b** Employer's normal cost for plan year as of valuation date..... **9b** MB_NORMAL_COST_AMT
- c** Amortization charges as of valuation date:
- | | Outstanding balance |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended | 9c(1) MB_NOT_WVRS_OUTSTD_AMT MB_NOT_WVRS_AMT |
| (2) Funding waivers | 9c(2) MB_FNDNG_WVRS_OUTSTD_AMT MB_FNDNG_WVRS_AMT |
| (3) Certain bases for which the amortization period has been extended | 9c(3) MB_CERTAIN_BASES_OUTSTD_AMT MB_CERTAIN_BASES_AMT |
- d** Interest as applicable on lines 9a, 9b, and 9c..... **9d** MB_FNDNG_CHRG_INT_AMT
- e** Total charges. Add lines 9a through 9d..... **9e** MB_TOT_CHARGES_AMT

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	MB_PR_YR_CREDIT_BALANCE_AMT
g Employer contributions. Total from column (b) of line 3.....	9g	MB_TOT_EMPLR_CONTRIB_02_AMT
		Outstanding balance MB_AMORTZ_CR_OUTSTD_BAL_AMT
h Amortization credits as of valuation date.....	9h	MB_AMORTZ_CREDITS_AMT
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	MB_INT_APPLICABLE_AMT
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	MB_ERISA_FFL_ACCR_LIAB_OUTSTD_BAL_AMT
(2) "RPA '94" override (90% current liability FFL)	9j(2)	MB_RPA94_OVRIDE_CURR_OUTSTD_BAL_AMT
(3) FFL credit	9j(3)	MB_FFL_CREDIT_AMT
k (1) Waived funding deficiency	9k(1)	MB_WAIVED_FNDNG_DEFN_AMT
(2) Other credits	9k(2)	MB_OTHER_CREDITS_AMT
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	MB_TOT_CREDITS_AMT
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	MB_CREDIT_BAL_AMT
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	MB_CURR_FNDNG_DEFN_AMT
9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2021 plan year.....	9o(1)	MB_RECNCN_WAIVED_PR_DEFN_AMT
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	MB_RECNCN_OUTSD_BAL_AMT
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	MB_RECONCILIATION_AMT
(3) Total as of valuation date	9o(3)	MB_TOT_RECONCILIATION_AMT
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	MB_REQ_CONTRIB_AMT
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
		MB_CHG_ACTRL_ASSUMP_CURR_IND