

Pension Benefit Guaranty Corporation

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.

Official Use Only

OMB No. 1210-0110

2003

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

and ending

► 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.

A Name of plan

B Three-digit
plan number

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

D Employer Identification Number

E Type of plan:

(1)	Single-employer	(2)	Multiemployer	(3)	Multiple-employer
-----	-----------------	-----	---------------	-----	-------------------

F 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date:

b Assets:

(1) Current value of assets

(2) Actuarial value of assets for funding standard account.....

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, 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

SIGN HERE

Type or print

Date _____

G Most recent enrollment number

Telephone number
(including area code)

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 and OMB Control Nos., see the inst. for Form 5500 or 5500-EZ. Cat. No. 13507E Schedule B (Form 5500) 2003

0 7 0 3 0 0 0 1 0 B



v6.2

- 1c** (1) Accrued liability for plans using immediate gain methods
- (2) Information for plans using spread gain methods:
- (a) Unfunded liability for methods with bases
- (b) Accrued liability under entry age normal method
- (c) Normal cost under entry age normal method

d Information on current liabilities of the plan:

- (1) Amount excluded from current liability attributable to pre-participation service (see instructions)
- (2) "RPA '94" information:
 - (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)
 - (d) Expected release from "RPA '94" current liability for the plan year
- (3) "OBRA '87" information:
 - (a) Current liability
 - (b) Expected increase in current liability due to benefits accruing during the plan year
 - (c) Expected release from "OBRA '87" current liability for the plan year
- (4) Expected plan disbursements for the plan year

2 Operational information as of beginning of this plan year:

- a** Current value of the assets (see instructions)
- b** "RPA '94" current liability:

(1) No. of Persons

(2) Vested Benefits

(3) Total Benefits

- (1) For retired participants and beneficiaries receiving payments

- (2) For terminated vested participants

- (3) For active participants

- (4) Total

- c** If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage

0 7 0 3 0 0 0 2 0 C



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

(a) Month-Day-Year

(b) Amount paid by employer

(c) Amount paid by employees

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)

b If line 4a is less than 100%, see instructions, and complete the following amount fields as applicable:

Liquidity shortfall as of end of Quarter of this plan year

5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

(a)	☐	Attained age normal	(b)	☐	Entry age normal	(c)	☐	Accrued benefit (unit credit)	(d)	☐	Aggregate
(e)	☐	Frozen initial liability	(f)	☐	Individual level premium	(g)	☐	Individual aggregate	(h)	☐	Other (specify)



8 Miscellaneous information:

- a** 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
- c** Is the plan required to provide a Schedule of Active Participant Data? (see instructions)
If "Yes," attach schedule.

MM / DD / YYYY

☐☐ Yes☐ No**9** Funding standard account statement for this plan year:**Charges to funding standard account:****a** Prior year funding deficiency, if any

00

b Employer's normal cost for plan year as of valuation date

00

c Amortization charges as of valuation date: Outstanding Balance

(1) All bases except funding waivers ▶ (\$) 00

00

(2) Funding waivers ▶ (\$) 00

00

d Interest as applicable on line 9a, 9b, and 9c

00

e Additional interest charge due to late quarterly contributions, if applicable

00

f Adjusted additional funding charge from Part II, line 12q, if applicable N/A ☐

00

g Total charges. Add lines 9a through 9f

00

Credits to funding standard account:**h** Prior year credit balance, if any

00

i Employer contributions. Total from column (b) of line 3

00

Outstanding Balance

j Amortization credits as of valuation date ▶ (\$) 00

00

k Interest as applicable to end of plan year on lines 9h, 9i, and 9j

00

l Full funding limitation (FFL) and credits

(1) ERISA FFL (accrued liability FFL)

00

(2) "OBRA '87" FFL (170% current liability FFL) ..

00

(3) "RPA '94" override (90% current liability FFL) ..

00

(4) FFL credit before reflecting "OBRA '87" FFL

00

(5) Additional credit due to "OBRA '87" FFL

00

m (1) Waived funding deficiency

00

(2) Other credits

00

n Total credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1), and 9m(2)

00

0 7 0 3 0 0 0 5 0 F



