

**SCHEDULE SB**  
**(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefits Corporation

ACK\_ID

**Single-Employer Defined Benefit Plan**  
**Actuarial Information**

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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2012****This Form is Open to Public Inspection**For calendar plan year 2012 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.**A** Name of plan**B** Three-digit  
plan number (PN) ▶

SB\_PN

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**D** Employer Identification Number (EIN)

SB\_EIN

**E** Type of plan: ☐ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information**

SB\_PLAN\_TYPE\_CODE

SB\_CNT\_PARTCP\_PR\_YR\_CD

**1** Enter the valuation date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **SB\_VALUE\_DATE****2** Assets:**a** Market value ..... **2a** SB\_CURR\_VALUE\_AST\_01\_AMT**b** Actuarial value ..... **2b** SB\_ACTRL\_VALUE\_AST\_AMT**3** Funding target/participant count breakdown:

(1) Number of participants

(2) Funding Target

**a** For retired participants and beneficiaries receiving payment ..... **3a** SB\_RTD\_PARTCP\_CNT SB\_RTD\_FNDNG\_TGT\_AMT**b** For terminated vested participants ..... **3b** SB\_TERM\_PARTCP\_CNT SB\_TERM\_FNDNG\_TGT\_AMT**c** For active participants:(1) Non-vested benefits ..... **3c(1)** SB\_ACT\_NONVSTD\_FNDNG\_TGT\_AMT(2) Vested benefits ..... **3c(2)** SB\_ACT\_VSTD\_FNDNG\_TGT\_AMT(3) Total active ..... **3c(3)** SB\_ACT\_PARTCP\_CNT SB\_LIAB\_ACT\_TOT\_FNDNG\_TGT\_AMT**d** Total ..... **3d** SB\_TOT\_PARTCP\_CNT SB\_TOT\_FNDNG\_TGT\_AMT**4** If the plan is in at-risk status, check the box and complete **SB\_PLAN\_AT\_RISK\_IND** ☐**a** Funding target disregarding prescribed at-risk assumptions ..... **4a** SB\_TGT\_DISREGARD\_ASSUMP\_AMT**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 ..... **4b** SB\_TGT\_REFLECT\_ASSUMP\_AMT**5** Effective interest rate ..... **5** SB\_EFF\_INT\_RATE\_PRCNT %**6** Target normal cost ..... **6** 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.

**SIGN  
HERE**

Signature of actuary

SB\_ACTUARY\_NAME\_LINE

Type or print name of actuary

SB\_ACTUARY\_FIRM\_NAME

Firm name

**Refer to page 4**

Address of the firm

SB\_SIGNATURE\_DATE

Date

SB\_ACTRY\_ENRLMT\_NUM

Most recent enrollment number

SB\_ACTUARY\_PHONE\_NUM

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing instructions **SB\_ACTUARY\_NOT\_REFLECT\_IND** ☐**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2012**  
**v. 120126**

SB_1ST_LIQUIDITY_SHORT_AMT	SB_2ND_LIQUIDITY_SHORT_AMT	SB_3RD_LIQUIDITY_SHORT_AMT	SB_4TH_LIQUIDITY_SHORT_AMT
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**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

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

**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. ....	SB_CHG_ACTRL_ASSUMP_CURR_IND	<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	SB_CHG_METHOD_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions	SB_SCH_ACTIVE_PARTCP_RQD_IND	<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> SB_ALT_FNDNG_RULES_CD

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

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>2</b> SB_UNPAID_PR_YR_CONTRIB_AMT
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	SB_CONTRIB_ALLOC_PR_YR_02_AMT
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	SB_UNPAID_MIN_RQD_TOT_AMT

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

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

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\_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