

**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

2015**This Form is Open to Public
Inspection**For calendar plan year 2015 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) Vested Funding
Target(3) Total Funding
Target**a** For retired participants and beneficiaries receiving payment **SB_RTD_PARTCP_CNT** **SB_RTD_VSTD_TGT_AMT** **SB_RTD_FNDNG_TGT_AMT****b** For terminated vested participants **SB_TERM_PARTCP_CNT** **SB_TERM_VSTD_FNDNG_TGT_AMT** **SB_TERM_FNDNG_TGT_AMT****c** For active participants **SB_ACT_PARTCP_CNT** **SB_ACT_VSTD_FNDNG_TGT_AMT** **SB_LIAB_ACT_TOTAL_FNDNG_TGT_AMT****d** Total **SB_TOT_PARTCP_CNT** **SB_TOT_VSTD_FNDNG_TGT_AMT** **SB_TOT_FNDNG_TGT_AMT****4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐ **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**

SB_SIGNATURE_DATE

Signature of actuary

SB_ACTUARY_NAME_LINE

Date

SB_ACTRY_ENRLMT_NUM

Type or print name of actuary

SB_ACTUARY_FIRM_NAME

Most recent enrollment number

SB_ACTUARY_PHONE_NUM

Firm name

Telephone number (including area code)

Refer to page 4

Address of the firm

SB_ACTUARY_NOT_REFLECT_IND

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 Numbers, see the instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2015
v. 150123**

SB_1ST_LIQUIDITY_SHORT_AMT	SB_2ND_LIQUIDITY_SHORT_AMT	B_3RD_LIQUIDITY_SHORT_AMT	B_4TH_LIQUIDITY_SHORT_AMT
----------------------------	----------------------------	---------------------------	---------------------------

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

21 Discount rate:				
a 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 Applicable month (enter code).....				21b SB_APPLICABLE_MONTH_CD
22 Weighted average retirement age				22 SB_WEIGHTED_RTM_AGE
23 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

24 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
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	SB_CHG_METHOD_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
26 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
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27 SB_ALT_FNDNG_RULES_CD

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28 SB_UNPAID_PR_YR_CONTRIB_AMT
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	SB_CONTRIB_ALLOC_PR_YR_02_AMT
30 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

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	SB_SHOR_AMOR_BASE_SCH_ELEC_IND	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
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		
42 Amount of acceleration adjustment	42	SB_ACCELERATION_ADJ_AMT	
43 Excess installment acceleration amount to be carried over to future plan years	43	SB_EXCESS_INSTALL_ACCELER_AMT	

SB_ELIGIBLE_PLAN_YEAR_1_IND	SB_ELIGIBLE_PLAN_YEAR_2_IND	SB_ELIGIBLE_PLAN_YEAR_3_IND	SB_ELIGIBLE_PLAN_YEAR_4_IND
-----------------------------	-----------------------------	-----------------------------	-----------------------------

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_PHONE_NUM_FOREIGN

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