

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension <input type="text" value="ACK_ID"/> anty Corporation	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 2025 This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning <input type="text" value="SB_PLAN_YEAR_BEGIN_DATE"/> and ending <input type="text" value="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) <input type="text" value="SB_PN"/>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN) <input type="text" value="SB_EIN"/>
E Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="text" value="SB_PLAN_TYPE_CODE"/>	
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information	<input type="text" value="SB_CNT_PARTCP_PR_YR_CD"/>
1	Enter the valuation date: Month _____ Day _____ Year <input type="text" value="SB_VALUE_DATE"/>	
2	Assets:	
	a Market value	2a <input type="text" value="SB_CURR_VALUE_AST_01_AMT"/>
	b Actuarial value	2b <input type="text" value="SB_ACTRL_VALUE_AST_AMT"/>
3	Funding target/participant count breakdown	
	a For retired participants and beneficiaries receiving payment..... <input type="text" value="SB_RTD_PARTCP_CNT"/> (1) Number of participants <input type="text" value="SB_RTD_VSTD_TGT_AMT"/> (2) Vested Funding Target <input type="text" value="SB_RTD_FNDNG_TGT_AMT"/> (3) Total Funding Target	
	b For terminated vested participants..... <input type="text" value="SB_TERM_PARTCP_CNT"/> <input type="text" value="SB_TERM_VSTD_FNDNG_TGT_AMT"/> <input type="text" value="SB_TERM_FNDNG_TGT_AMT"/>	
	c For active participants..... <input type="text" value="SB_ACT_PARTCP_CNT"/> <input type="text" value="SB_ACT_VSTD_FNDNG_TGT_AMT"/> <input type="text" value="SB_LIAB_ACT_TOTAL_FNDNG_TGT_AMT"/>	
	d Total..... <input type="text" value="SB_TOT_PARTCP_CNT"/> <input type="text" value="SB_TOT_VSTD_FNDNG_TGT_AMT"/> <input type="text" value="SB_TOT_FNDNG_TGT_AMT"/>	
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> <input type="text" value="SB_PLAN_AT_RISK_IND"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a <input type="text" value="SB_TGT_REFLECT_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 <input type="text" value="SB_TGT_DISREGARD_ASSUMP_AMT"/>
5	Effective interest rate	5 <input type="text" value="SB_EFF_INT_RATE_PRCNT"/> %
6	Target normal cost	
	a Present value of current plan year accruals..... <input type="text" value="SB_PRESENT_VALUE_CURRENT_PLAN_YR_ACCR_AMT"/>	
	b Expected plan-related expenses	<input type="text" value="SB_ANTICIPATED_PLAN_EXPENSES_AMT"/>
	c Target normal cost.....	6c <input type="text" value="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 <input type="text" value="SB_ACTUARY_NAME_LINE"/> type or print name of actuary <input type="text" value="SB_ACTUARY_FIRM_NAME"/> Firm name	<input type="text" value="SB_SIGNATURE_DATE"/> Date <input type="text" value="SB_ACTRY_ENRLMT_NUM"/> Most recent enrollment number <input type="text" value="SB_ACTUARY_PHONE_NUM"/> Telephone number (including area code)
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 If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule ☐

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

21 Discount rate:	SB_YIELD_CURVE_IND		
a Segment rate:	1st segment: SB_1ST_SEG_RATE_PRCNT	2nd segment: SB_2ND_SEG_RATE_PRCNT	3rd segment: SB_3RD_SEG_RATE_PRCNT
	<input type="checkbox"/> N/A, full yield curve used		
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"/> Substituted	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 Demographic and benefit information		
a 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 Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions.....	SB_EXPECTED_BNFT_PAYMENTS_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	SB_CONTRIB_ALLOC_PR_YR_02_AMT
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	SB_UNPAID_MIN_RQD_TOT_AMT
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30 SB_UNPAID_PR_YR_CONTRIB_AMT

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	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:	Outstanding Balance	Installment	
a Net shortfall amortization installment	SB_SHORT_AMORTZ_OUTSTD_AMT	SB_SHORT_AMORTZ_INST	
b Waiver amortization installment	SB_WVRS_AMORTZ_OUTSTD_AMT	SB_WVRS_AMORTZ_INST	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____) and the waived amount	33	SB_WAIVED_AMT	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	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 the American Rescue Plan Act of 2021 (See Instructions)

41 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	SB_AMORTZ_BASE_ELECT_IND
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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