SCHEDULE B (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Actuarial Information

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.

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OMB No. 1210-0110

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

For calendar plan year 2003 or fiscal plan year beginning	YYYY and end	ing MM/DD/YYYY
 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filling 	ng of this report unless reas	onahla causa is astahlishad
A Name of plan	ng of this report diffess reas	B Three-digit plan number ▶
C Plan sponsor's name as shown on line 2a of Form 5500 or 550	0-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	olans)	
1a Enter the actuarial valuation date: b Assets: (1) Current value of assets	YYYY	
(2) Actuarial value of assets for funding standard account		
Statement by Enrolled Actuary (see instructions before sign To the best of my knowledge, the information supplied in this schedule and and in my opinion each assumption, used in combination, represents my best a multiemployer plan, each assumption used (a) is reasonable (taking into ac result in a total contribution equivalent to that which would be determined if each in the aggregate, are reasonable (taking into account the experience of the p	on the accompanying schedules, statestimate of anticipated experience ur count the experience of the plan and such assumption were reasonable;	nder the plan. Furthermore, in the case of a plan other than d reasonable expectations) or (b) would, in the aggregate,
Signature of actuary		
SIGN HERE Type or print	Date	MM/DD/YYYY
G Most recent enrollment number	Telephone number (including area code)	
If the actuary has not fully reflected any regulation or ruling promulg 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

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1c	(1)	Accrued liability for plans using immediate					
	(2)	Information for plans using spread gain m (a) Unfunded liability for methods with b					
		(b) Accrued liability under entry age nor	mal method				
		(c) Normal cost under entry age normal	method				
d	Info	mation on current liabilities of the plan:					
_	(1)	Amount excluded from current liability attr pre-participation service (see instructions)					
	(2)	"RPA '94" information: (a) Current liability					
		(a) Current liability (b) Expected increase in current liability benefits accruing during the plan year.	due to				
		(c) Current liability computed at highest interest rate (see instructions)	allowable				
		(d) Expected release from "RPA '94" cur	rrent liability for the plan year				
	(3)	"OBRA '87" information: (a) Current liability					
		(b) Expected increase in current liability		"			
		benefits accruing during the plan ye					
		(c) Expected release from "OBRA '87" c	current liability for the plan year				
	(4)	Expected plan disbursements for the plan	ı year				
		rational information as of beginning of this					
		ent value of the assets (see instructions) A '94" current liability:					
-		1) No. of Persons	(2) Vested Benefits		(3) To	tal Benefits	
	(1)	For retired participants and beneficiaries r	receiving payments				
	(2)	For terminated vested participants					
	(2)	For terminated vested participants					
	Ĺ						
	(2)	For terminated vested participants For active participants					
	(3)	For active participants					
	Ĺ						
	(3)	For active participants					
	(3)	For active participants					
С	(3)	For active participants	a by line 2b(4), column (3), is less	00 00 00 00 00 00 00 00 00 00 00 00 00	ch percentage		



(Contributions made to the plan (a) Month-Day-Year		ployer(s) and employed id by employer	ees:	(c) Amount paid	Official Use Only
	/DD/YYYY					
Totals	s					
Quart	terly contributions and liquidity slasses other than multiemployer plans,	enter funded current lial	e following amount fie	elds as applic	able:	
	e 4a is less than 100%, see instruct	Liquidity shortfall	as of end of Quarter (3) 3rd		/ear	
If line	st	Liquidity shortfall			rear	
(1) 1st	ord arial cost method used as the ba	sis for this plan year's fu	(3) 3rd (4) 4th	int computation	on:	
(1) 1st	st and		00 (3) 3rd 00 (4) 4th inding standard account	int computation	on: nefit (unit credit) (d)	Aggregate

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5 i	Has a change been made in funding method for	this plan ye	ear?				Yes		No		
j	If line i is "Yes," was the change made pursuant	to Revenue	e Procedure	2000-40?			Yes		No		
k	If line i is "Yes," and line j is "No" enter the date (individual or class) approving the change in fund										
a	Checklist of certain actuarial assumptions: Interest rates for: (1) "RPA '94" current liability						[N/A	A
	(2) "OBRA '87" current liability										
b	Weighted average retirement age										
c	Rates specified in insurance		Pre	e-retiremen	nt		F	Post-retiremer	nt		
·	or annuity contracts		Yes	No		N/A	Yes	No		N/	/A
d	Mortality table code for valuation purposes:										
	(1) Males										
	(2) Females				N/A	Δ				N/A	
	(2)				14/7	`				14// (
е	Valuation liability interest rate			+							
f	Expense loading			Male				Female			
g	Annual withdrawal rates:			iviale				remale			
	(1) Age 25	ope		<u> </u>			Code	 			
	(2) Age 40	Rate Code					Rate C				
	(3) Age 55				% N/		"ШЦ			N/A	
h	Salary scale										
i	Estimated investment return on actuarial value of assets for the year ending on the valuation date							TTI			
7	New amortization bases established in the currer (1) Type of Base (2) Initial Balance				(3)		ation Charge/0	- Credit			
						_					
		7 O IBBII BBIB	3 0 ■	0 0	4 0 ∎ ∎ ■	E EIEIE III I					_
										_	
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	8 Miscellaneous information:		Official Use Only
а	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	MM_/	
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	•	
С	Is the plan required to provide a Schedule of Active Participant Data? (see instructions)	Yes	No
9	Funding standard account statement for this plan year:		
-	Charges to funding standard account: Prior year funding deficiency, if any		
а	Filor year furturing deficiency, if any		
	Employer's normal cost for plan year as of valuation date		
	(1) All bases except funding waivers (S)		
	(2) Funding waivers ▶ (\$		
d	Interest as applicable on line 9a, 9b, and 9c		
е	Additional interest charge due to late quarterly contributions, if applicable		
f	Adjusted additional funding charge from Part II, line 12q, if applicable N/A		
g	Total charges. Add lines 9a through 9f		
h	Credits to funding standard account: Prior year credit balance, if any		
i	Employer contributions. Total from column (b) of line 3		
j	Amortization credits as of valuation date		
	Interest as applicable to end of plan year on lines 9h, 9i, and 9j		
,	Full funding limitation (FFL) and credits (1) ERISA FFL (accrued liability FFL)		
	(2) "OBRA '87" FFL (170% current liability FFL)		
	(3) "RPA '94" override (90% current liability FFL).		
	(4) FFL credit before reflecting "OBRA '87" FFL		
	(5) Additional credit due to "OBRA '87" FFL		
m	n (1) Waived funding deficiency		
	(2) Other credits		
n	Total credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1), and 9m(2)		



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90	Credit balance: If line 9n is greater than line 9g, enter the difference		
	p Funding deficiency: If line 9g is greater than line 9n, enter the difference		
q	Reconciliation account: q Current year's accumulated reconciliation account:		
	(1) Due to additional funding charges as of the beginning of the plan year		
	 (2) Due to additional interest charges as of the beginning of the plan year		
	(a) Reconciliation outstanding balance as of valuation date		
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)		
	(4) Total as of valuation date		
10	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable		
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	Yes	No
	ease see Who Must File in the Schedule B instructions to determine if you must complete Part II.		
Plea 12	ease see Who Must File in the Schedule B instructions to determine if you must complete Part II. Additional required funding charge (see instructions): a Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0 Otherwise, go to line 12b		%
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Plea 12 a b c d e f g h	Additional required funding charge (see instructions): a Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0 Otherwise, go to line 12b		%



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12 l		charges in funding standard account used to offset the deficit reduction tribution. Enter a negative number if less than zero				
m	Unp (1)	redictable contingent event amount: Benefits paid during year attributable to unpredictable contingent event				
	(2)	Unfunded current liability percentage. Subtract the percentage on line 12d from 100%				
	(3)	Enter the product of lines 12m(1) and 12m(2)				
	(4)	Amortization of all unpredictable contingent event liabilities				
	(5)	"RPA '94" additional amount (see instructions)				
	(6)	Enter the greatest of lines 12m(3), 12m(4), or 12m(5)				
n		iminary additional funding charge: Enter the excess of line 12k over 12l (if any), plus line 12m(6), adjusted to end of year with interest				
0		tributions needed to increase current liability percentage to 100% instructions)				
n	Add	itional funding charge prior to adjustment: Enter the lesser of				
•		12n or 12o				
	¶ ∧di	usted additional funding charge. (0 % of line 12p)				
•	· Auj	osted additional ranging charge. (• 70 of life 12p)				