

Pension Benefit Guaranty Corporation

- ▶ Attach to Form 5500 or 5500-EZ if applicable.
- ▶ See separate instructions.

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

v8.2

Official Use Only

(3) Total Benefits

0 7 0 5 0 0 0 2 0 E



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

(1) 1st **(3) 3rd**

(2) 2nd **(4) 4th**

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
- b** Employer's normal cost for plan year as of valuation date
- c** Amortization charges as of valuation date: Outstanding Balance

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

(2) Funding waivers ▶ (\$) .00

d Interest as applicable on line 9a, 9b, and 9c**e** 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**Credits to funding standard account:****h** Prior year credit balance, if any**i** Employer contributions. Total from column (b) of line 3
Outstanding Balance**j** Amortization credits as of valuation date ▶ (\$) .00**k** Interest as applicable to end of plan year on lines 9h, 9i, and 9j**l** Full funding limitation (FFL) and credits

(1) ERISA FFL (accrued liability FFL)00

(2) "RPA '94" override (90% current liability FFL)00

(3) FFL credit00

m (1) Waived funding deficiency00

(2) Other credits00

n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)

0 7 0 5 0 0 0 5 0 H



