

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase 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).

▶ **Attach to Form 5500 or 5500-EZ if applicable. (See instructions.)**

Official Use Only

OMB No. 1210-0110

2008

**This Form is Open to
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning _____, and ending _____,

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

E Type of plan:	(1) Multiemployer Defined Benefit	(2) Money Purchase (see instructions)
1a Enter the valuation date: Month _____ Day _____ Year _____		
b Assets:		
(1) Current value of assets		1b(1)
(2) Actuarial value of assets for funding standard account		1b(2)
c (1) Accrued liability for plan using immediate gain methods		1c(1)
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases		1c(2)(a)
(b) Accrued liability under entry age normal method		1c(2)(b)
(c) Normal cost under entry age normal method		1c(2)(c)
(3) Accrued liability under unit credit cost method		1c(3)
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)		1d(1)
(2) "RPA '94" information:		
(a) Current liability		1d(2)(a)
(b) Expected increase in current liability due to benefits accruing during the plan year		1d(2)(b)
(c) Expected release from "RPA '94" current liability for the plan year		1d(2)(c)
(3) Expected plan disbursements for the plan year		1d(3)

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	Date
Type or print name of actuary	Most recent enrollment number
Firm name	Telephone number (including area code)
Address of the firm	

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.

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions) **2a**

b "RPA '94" current liability/participant count breakdown:

	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment . . .	2b(1)	
(2) For terminated vested participants	2b(2)	
(3) For active participants:		
(a) Non-vested benefits	2b(3)(a)	
(b) Vested benefits	2b(3)(b)	
(c) Total active	2b(3)(c)	
(4) Total	2b(4)	

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage **2c** %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			3(b)	3(c)	

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5 **4a**

b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) **4b** %

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? Yes No

d If the plan is in critical status, were any adjustable benefits reduced? Yes No

e If line 4d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date **4e**

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

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** Shortfall

i Reorganization **j** Other (specify):

k If box 5h is checked, enter period of use of shortfall method **5k**

l Has a change been made in funding method for this plan year? Yes No

m If line 5l is "Yes," was the change made pursuant to Revenue Procedure 2000-40? Yes No

n If line 5l is "Yes," and line 5m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method **5n**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** %

	Pre-retirement			Post-retirement		
	Yes	No	N/A	Yes	No	N/A
b Rates specified in insurance or annuity contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Mortality table code for valuation purposes:						
(1) Males	6c(1)					
(2) Females	6c(2)					
d Valuation liability interest rate	6d			%		
e Expense loading	6e			%		
f Salary scale	6f			%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g			%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h			%		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization charge/credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**

b Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d)(1) of the Code? Yes No

d If line 8c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line 8d(2)). **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e**

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior plan year funding deficiency, if any **9a**

b Employer's normal cost for plan year as of valuation date **9b**

c Amortization charges as of valuation date:

	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended. 9c(1)		
(2) Funding waivers 9c(2)		
(3) Certain bases for which the amortization period has been extended 9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c **9d**

e Total charges. Add lines 9a through 9d **9e**

Credits to funding standard account:

f Prior year credit balance, if any **9f**

g Employer contributions. Total from column (b) of line 3. **9g**

	Outstanding balance	
h Amortization credits as of valuation date 9h		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h. 9i		
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL). 9j(1)		
(2) "RPA '94" override (90% current liability FFL). 9j(2)		
(3) FFL credit 9j(3)		
k (1) Waived funding deficiency 9k(1)		
(2) Other credits 9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) 9l		
m Credit balance: If line 9l is greater than line 9e, enter the difference 9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference 9n		

9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2008 plan year.....	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	
(3) Total as of valuation date.....	9o(3)	
10 Contribution necessary to avoid an accumulated funding deficiency (see instructions).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input type="checkbox"/> Yes <input type="checkbox"/> No

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