

A-1	Actuary	2-3	4-5	6-7	8	9-11	Save	Save and Close	Close
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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). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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-SF	D Employer Identification Number (EIN)

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1 a Enter the valuation date: _____

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)	_____
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(2) Information for plan 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)	_____



Valid values for this datatype include strings up to 36 characters. Allowed characters are letters, numbers, apostrophes, hyphens, commas, periods, or single space. Other symbols, leading space, trailing space, or multiple adjacent spaces are invalid.

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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.

Actuary name	<input type="text"/>	Date	<input type="text"/>
Firm name	<input type="text"/>	Most recent enrollment number	<input type="text"/>
Telephone number (including area code)	<input type="text"/>		
Firm Address	<input checked="" type="radio"/> US <input type="radio"/> Foreign		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>		
Zip Code	<input type="text"/>		

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



Valid values for this datatype include signed integers up to a maximum of 15 digits.

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**SCHEDULE MB
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**Multiemployer Defined Benefit Plan and
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2 Operational information as of beginning of this plan year:

a Current value of the 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	<input type="text"/>	<input type="text"/>
(2) For terminated vested participants	<input type="text"/>	<input type="text"/>
(3) For active participants:		
(a) Non-vested benefits	<input type="text"/>	<input type="text"/>
(b) Vested benefits	<input type="text"/>	<input type="text"/>
(c) Total active	<input type="text"/>	<input type="text"/>
(4) Total	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	+ -	Totals
				3(b) <input type="text"/>
				3(c) <input type="text"/>



Valid values for this datatype include E (endangered), S (seriously endangered), C (critical), or N (none of the above).

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**SCHEDULE MB
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**Multiemployer Defined Benefit Plan and
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4 Informations 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 item 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 with 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 d 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
- g Individual aggregate
- h Shortfall
- i Reorganization
- j Other (specify):

- k If box h 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 l is "Yes," was the change made pursuant to Revenue Procedure 2000-40? Yes No
- n If line l is "Yes," and line m is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method. **5n**



Valid values for this datatype include 2-digit decimal in range 0.00 to 999.99.

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**SCHEDULE MB
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6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	<input type="text"/>	%
		Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	<input type="text"/>	<input type="text"/>	
(2) Females	6c(2)	<input type="text"/>	<input type="text"/>	
d Valuation liability interest rate	6d	<input type="text"/>	%	<input type="text"/>
e Expense loading	6e	<input type="text"/>	%	<input type="text"/>
f Salary scale	6f	<input type="text"/>	%	<input type="text"/>
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	<input type="text"/>	%	<input type="text"/>
h Estimated investment return on current value of assets for year ending on the valuation date	6h	<input type="text"/>	%	<input type="text"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/>	<input type="button" value="-"/>



Valid values for this datatype include valid calendar dates in the format MM/DD/YYYY.

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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 the 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) of the Code? Yes No

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

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

(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 8621(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**



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9 Funding standard account statement for this plan year:

Charges to funding standard account:

a	Prior 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:		
	(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	Outstanding balance
	(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 9l, enter the difference	9n	
o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2009 plan year	9o(1)	
	(2) Due to amortization bases extended and amortized using the interest rate under section 8621(b) of the Code:		
	(a) Reconciliation outstanding balance as of the 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 Yes No