

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

Part I	Actuary	Part II	Part III	Part IV	Parts V, VI & VII	Part VIII	Save	Save and Close	Close
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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty 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 2010 This Form is Open to Public Inspection
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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: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date:

2 Assets:

a Market value **2a**

b Actuarial value **2b**

3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	
b For terminated vested participants	3b	
c For active participants:		
(1) Non-vested benefits	3c(1)	
(2) Vested benefits	3c(2)	
(3) Total active	3c(3)	
d Total	3d	

4 If the plan is at-risk, check the box and complete items (a) and (b)

a Funding target disregarding prescribed at-risk assumptions **4a**

b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor **4b**

5 Effective interest rate **5** %

6 Target normal cost **6**

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SCHEDULE (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	2010
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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.

Date

Actuary name

Firm name

Firm address US Foreign

Address Line 1

Address Line 2

City

State

Zip Code

Telephone number (including area code) Most recent enrollment number

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

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Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9 Amount remaining (Item 7 minus item 8)		
10 Interest on item 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		
b Interest on (a) using prior year's effective rate of _____ %		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Reduction in balances due to elections or deemed elections		
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)		

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Part III Funding percentages

14 Funding target attainment percentage	14	_____ %
15 Adjusted funding target attainment percentage	15	_____ %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	_____ %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	_____ %



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Part IV Contributions and liquidity shortfalls

18 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				Totals
			+	-		18(b) <input style="width: 80%;" type="text"/>
						18(c) <input style="width: 80%;" type="text"/>

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

- a Contributions allocated toward unpaid minimum required contribution from prior years 19a
- b Contributions made to avoid restrictions adjusted to valuation date 19b
- c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c

20 Quarterly contributions and liquidity shortfalls:

- a Did the plan have a "funding shortfall" for the prior year? Yes No
- b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No
- c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	



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Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	N/A, full yield curve used
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="checkbox"/>

b Applicable month (enter code) 21b

22 Weighted average retirement age 22

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

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. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. 27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years 28

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) 29

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) 30



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Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	31	
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment		
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval <input type="text"/> and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	
35	Balances used to offset funding requirement	Carryover balance	Prefunding balance
		Total balance	
36	Additional cash requirement (item 34 minus item 35)	36	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	
38	Interest-adjusted excess contributions for current year (see instructions)	38	
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40	Unpaid minimum required contribution for all years	40	