## 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

20132014

This Form is Open to Public Inspection

For	calendaı	plan year <del>2013</del> 2014 or fiscal plan year beginning	an	ıd ending			
. ▶ i	Round o	ff amounts to nearest dollar.					
▶ (	Caution:	A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is esta	ablisl	hed.			
ΑN	ame of p	olan	В	Three-digit			
			_	plan numbe	er (PN)	•	
					( ,	<u> </u>	
<b>C</b> P	lan spon	sor's name as shown on line 2a of Form 5500 or 5500-SF	D	Employer Ide	entification	Number	(EIN)
E T	ype of pl	an: (1) Multiemployer Defined Benefit (2) Money Purchase (see in	struc	ctions)			
1a	Enter th	ne valuation date: Month Day Year					
b	Assets						
	<b>(1)</b> Cu	rrent value of assets		1b(1)			
	(2) Ac	tuarial value of assets for funding standard account		1b(2)			
С		crued liability for plan using immediate gain methods		1c(1)			
		ormation for plans using spread gain methods:		. ,			
	(a)	Unfunded liability for methods with bases		1c(2)(a)			
	` '	Accrued liability under entry age normal method					
		Normal cost under entry age normal method		4 (0)( )			
		crued liability under unit credit cost method		1c(3)			
لہ	` '	,		. 10(3)			
d		tion on current liabilities of the plan:					
		nount excluded from current liability attributable to pre-participation service (see instructions)		. 1d(1)			
	<b>(2)</b> "R	PA '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)			
	<b>(3)</b> Ex	pected plan disbursements for the plan year		. 1d(3)			
	ement by	y Enrolled Actuary					
а	ccordance	of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of toffer my best estimate of anticipated experience under the plan.					
S	IGN						
	ERE						
		Signature of actuary			Date		
		Signature of actuary			Date		
		Type or print name of actuary		Most rece	ent enrollme	ent numb	per
		Firm name	Telephone number (including area code)				
		Address of the firm					
	actuary l	nas not fully reflected any regulation or ruling promulgated under the statute in completing this s	chec	lule, check th	e box and s	see	

2 Correctional information as of beginning of this plan year:  a Current value of assets (see instructions)  b TRPA N3* Current liability information curve breakdown:  (1) For retired participants and beneficiaries receiving payment.  (2) For terminative interchain participants.  (3) For active participants.  (4) Forward participants.  (b) Vested breaklis.  (c) Total rather.  (d) Total curve and the participants.  (e) Total rather.  (f) Total curve and the participants.  (g) Total rather.  (h) Total curve and the participants are participants.  (g) Total rather.  (g) Total rather.  (h) Total curve and the participants are participants.  (h) Total curve and the participants are participants.  (g) Total rather.  (h) Total curve and the participants are participants.  (h) Amount paid by employees and employees.  4 Information on pain status.  5 Funded percentage for monitoring plan's status (see instructions for attachment of supporting evidence of plan's status). If a consist in N° go to line is.  6 If the plan making the scheduled progress under any applicable funding interpretation plan's status. If a consist in N° go to line is.  6 If the plan is in critical status, were any adjustable benefits reduced in adjustable benefits, measured as of the evaluation date.  6 If the plan is in critical status, were any adjustable benefits reduced in adjustable benefits, measured as of the evaluation date.  6 If the plan is in critical status, each of prestating possible insolvency, enter the plan year in which it is posicient to appropriate the plan year in which it is posicient to appropriate the plan year in which it is posicient to a plan's contribute the plan's year in which it is posicient in a plan's contribute the plan's year in which it is posicient in a plan's contribute the plan's year in which it is posicient in a plan's contribute the plan's yea	Schedule MB (Form 5500) <del>2013</del> <u>2014</u>	Page <b>2 -</b>								
a Current value of assets (ase instructions)  b ***PRA** "Ast Current liability price from the plan year of participants and beneficiaries receiving payment.  (2) For instructive participants.  (3) For active participants.  (4) Non-vested benefits.  (b) Vested benefits.  (c) Total active.  (d) Total  C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.  (a) Date (b) Amount paid by (c) Amount paid by (c) Amount paid by (e) Amount paid by (e) Amount paid by (e) Payment payment (e) Pay	2 Operational information as of beginning of this plan year:					_ '				
b PRA 94" current liability/participant count breakdown:  (1) For retired participants and beneficiaries receiving payment  (2) For retired participants  (3) For active participants  (4) Novested benefits.  (b) Vested benefits.  (c) Total circle  (d) Total  C If the percentage resulting from dividing line 2a by line 2b(4), noturn (2), is less than 70%, enter such  porcertage.  (a) Date (b) Amount paid by employer(s) and employees  (b) Date (b) Amount paid by employer(s) and employees  (b) Date (c) Amount paid by employees  (c) Amount paid by employees  (d) Date (c) Amount paid by employees  (d) Date (d) Date (employer(s))  (e) Date (employer(s))  (f) Amount paid by employees  (d) Amount paid by employees  (d) Date (employer(s))  (e) Amount paid by employees  (d) Amount paid by employees  (d) Amount paid by employees  (d) Date (employer(s))  (e) Amount paid by employees  (d) Amount paid by employees  (e) Amount paid by employees  (d) Amount paid by employees  (e) Amount paid by employees  (d) Amount paid by employees  (e) Amount paid by empl					2a					
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(3) For active participants: (3) Non-vested benefits. (4) Vested benefits. (5) Total. (6) Total active. (7) Total active. (8) Total. (9) Total active. (9) Total active. (1) Total. (1) Total active. (9) Total active. (1) Total. (1) Total. (2) Total active. (3) Somethod on the plan for the plan year by employer(s) and employees: (4) Total. (5) Total active. (6) Total active. (7) Total. (8) Amount paid by (9) Amount paid by (1) Am			(1) 140	umber of partic	прапто	(2) Guilett hability				
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(a) Non-vested benefits. (b) Vested benefits. (c) Total active.  (d) Total.  C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.  3 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by (c) Amount paid by (d) Date (e) Amount paid by (employer(s)) employer(s) employer(s										
(e) Total active										
(e) Total active	• •									
(a) Date plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?   Yes   No    If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which it is projected to entered in lability f   Individual aggregate   Individ	• •									
C if the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.  3 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (b) Amount paid by (c) Amount paid by (e) Amount paid by (e) Amount paid by (mMH-DD-YYYY) (e) Employer(s) (mmH-DD-YYYY) (e) Amount paid by (e)	. ,									
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(MM-DD-YYYY)	percentage				2C	%				
(MM-DD-YYYYY) employer(s) employers (MM-DD-YYYYY) employer(s) employees    Totals   S(b)   3(c)				(b) Amount	ooid by	(a) Amount poid by				
## Information on plan status:  ## Information on plan status			Υ)							
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.  b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	(mm = 2 · · · · ) simple year (y	(******	- /		(-)					
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b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	·									
C Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?					. 4a					
d If the plan is in critical status, were any adjustable benefits reduced?	<b>b</b> Funded percentage for monitoring plan's status (line 1b(2) divided b	y line 1c(3))			. 4b	%				
d If the plan is in critical status, were any adjustable benefits reduced?	C Is the plan making the scheduled progress under any applicable funding	improvement or rehab	nilitation n	olan?		I Vas □ 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  f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge.  If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here.  the plan year in which insolvency is expected.  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 h is checked, enter period of use of shortfall method										
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If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here.	f If the rehabilitation plan projects emergence from critical status, enter	er the plan year in whi	ch it is p	rojected to						
expected and check here- the plan year in which insolvency is expected.  5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):  a		enter the plan year in	a which is	analyanay ia						
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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 Frozen initial liability f Individual level premium g Individual aggregate h Shortfall Frozen initial liability f Individual level premium g Individual aggregate h Shortfall Frozen initial liability f Individual level premium g Individual aggregate h Shortfall Frozen initial liability f Individual aggregate h Individual aggrega										
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e Frozen initial liability f Individual level premium g Individual aggregate h Shortfall i Reorganization j Other (specify):  k If box h is checked, enter period of use of shortfall method			•			d Angregate				
i Reorganization j Other (specify):  k If box h is checked, enter period of use of shortfall method		블			, art j					
k If box h is checked, enter period of use of shortfall method		' 9 ∐ "	idividuai	aggregate		II Shortian				
I Has a change been made in funding method for this plan year?	Reorganization J Uther (specify):									
m If line I is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?  n If line I 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.  6 Checklist of certain actuarial assumptions: a Interest rate for "RPA '94" current liability.  Fre-retirement  Post-retirement	k If box h is checked, enter period of use of shortfall method				. 5k					
n If line I 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	I Has a change been made in funding method for this plan year?					Yes No				
n If line I 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.  6 Checklist of certain actuarial assumptions: a Interest rate for "RPA '94" current liability.  Pre-retirement Post-retirement	m If line I is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?									
6 Checklist of certain actuarial assumptions:  a Interest rate for "RPA '94" current liability.  Pre-retirement  Post-retirement	n If line I is "Yes," and line m is "No," enter the date (MM-DD-YYYY) or	f the ruling letter (indiv	vidual or	class)						
a Interest rate for "RPA '94" current liability.  Pre-retirement Post-retirement					-1	<u> </u>				
Pre-retirement Post-retirement	·					6a 0/				
	w interestrate for the A 34 Current hability									
<b>b</b> Rates specified in insurance or annuity contracts			re-remen	ment		Post-retirement				
C Mortality table code for valuation purposes:	<b>b</b> Rates specified in insurance or annuity contracts	— — — — — — — — — — — — — — — — — — —				Post-retirement  Yes No N/A				

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	(1) Males		6c(1)		<u> </u>			<b>I</b>			
	(2) Females		6c(2)								
d	Valuation liability interest rate		6d				%				%
е	Expense loading		6e		%		N/A		%		N/A
f	Salary scale		6f		%		N/A		<u>'</u>		
g	Estimated investment return on actuarial val	ے ue of assets for year و	ending on	the valuation	n date		6g				%
h	Estimated investment return on current valu	e of assets for year en	nding on th	e valuation	date		6h				%
		•									
<b>7</b> Ne	ew amortization bases established in the curr	ent plan year:									
	(1) Type of base	(2)	Initial bala	ince			(3)	Amortizatio	n Charge	Credit	
<b>8</b> Mi	scellaneous information:										
-	If a waiver of a funding deficiency has been	• • • • • • • • • • • • • • • • • • • •	,	,		,		8a			
h	ruling letter granting the approval Is the plan required to provide a Schedule of							l		Yes	No
	Are any of the plan's amortization bases op-	•	`		,	•					
	2008) or section 431(d) of the Code?									Yes	∐ No
d	If line c is "Yes," provide the following addition	onal information:								_	
	(1) Was an extension granted automatic ap	proval under section 4	131(d)(1) o	of the Code?						Yes	No
	(2) If line 8d(1) is "Yes," enter the number of						8	3d(2)			
	(3) Was an extension approved by the Inter 2008) or 431(d)(2) of the Code?									Yes	No
	(4) If line 8d(3) is "Yes," enter number of ye	ars by which the amor	rtization pe	eriod was ex	tended (no	ot including	5	3d(4)			
	the number of years in line (2))							· ,			
	<ul><li>(5) If line 8d(3) is "Yes," enter the date of th</li><li>(6) If line 8d(3) is "Yes," is the amortization</li></ul>		-					d(5)		_	
	6621(b) of the Code for years beginning									Yes	No
е	If box 5h is checked or line 8c is "Yes," enteyear and the minimum that would have been amortization base(s)	n required without usin	ng the shor	rtfall method	or extend	ing the		8e			
<b>9</b> Ft	unding standard account statement for this pl	an year:									
Cł	narges to funding standard account:										
а	Prior year funding deficiency, if any			9a							
b	Employer's normal cost for plan year as of v	aluation date						9b			
C	Amortization charges as of valuation date:				Out	standing ba	lance				
	(1) All bases except funding waivers and ce amortization period has been extended.			9c(1)							
	(2) Funding waivers										
	(3) Certain bases for which the amortization	period has been exte	nded								
d											
	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											
9	,,	.,				standing ba	l l				
h	Amortization credits as of valuation date			9h							
i	Interest as applicable to end of plan year on			· ·				9i			
i	Full funding limitation (FFL) and credits:						L				
J	(1) ERISA FFL (accrued liability FFL)			9j(1)							
	(., (doordod lidbling 1 1 L)			•)(•)							

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	(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)	
I	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		91	
m	n Credit balance: If line 9I is greater than line 9e, enter the difference		9m	
n	Funding deficiency: If line 9e is greater than line 9I, enter the difference		9n	
		•		
9 o	Current year's accumulated reconciliation account:			
	(1) Due to waived funding deficiency accumulated prior to the 2013 plan year	ſ	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		90(3)	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instr	uctions.)	10	
11	Has a change been made in the actuarial assumptions for the current plan year	r? If "Yes," see instructions		☐ Yes ☐ No