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| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public<br/>Inspection</div> |
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|                                                                                                                       |  |            |
|-----------------------------------------------------------------------------------------------------------------------|--|------------|
| For calendar plan year 2021 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-SF | D Employer Identification Number (EIN) |  |

|                                                                                                         |          |                                                            |                                                                |
|---------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------|----------------------------------------------------------------|
| E Type of plan:                                                                                         |          | (1) <input type="checkbox"/> Multiemployer Defined Benefit | (2) <input type="checkbox"/> 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.

|                               |  |                                        |
|-------------------------------|--|----------------------------------------|
| <div>SIGN<br/>HERE</div>      |  |                                        |
| 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           |  |                                        |



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**6** Checklist of certain actuarial assumptions:

|                                                                                                              |                                                                                       |                                                                                       |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....                                                  | <b>6a</b> .....                                                                       | %                                                                                     |
|                                                                                                              | Pre-retirement                                                                        | Post-retirement                                                                       |
| <b>b</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 |
| <b>c</b> Mortality table code for valuation purposes:                                                        |                                                                                       |                                                                                       |
| <b>(1)</b> Males                                                                                             | <b>6c(1)</b>                                                                          |                                                                                       |
| <b>(2)</b> Females                                                                                           | <b>6c(2)</b>                                                                          |                                                                                       |
| <b>d</b> Valuation liability interest rate                                                                   | <b>6d</b>                                                                             | %                                                                                     |
| <b>e</b> Expense loading                                                                                     | <b>6e</b>                                                                             | %                                                                                     |
| <b>f</b> Salary scale                                                                                        | <b>6f</b>                                                                             | %                                                                                     |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date..... | <b>6g</b>                                                                             | %                                                                                     |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date.....   | <b>6h</b>                                                                             | %                                                                                     |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                       |              |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------|
| <b>a</b> 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                                                                                             | <b>8a</b>    |                                                          |
| <b>b(1)</b> Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....                                                                                                       |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.                                                                                                               |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> 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?.....                                                                          |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                            |              |                                                          |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?                                                                                                                                                           |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended                                                                                                                                            | <b>8d(2)</b> |                                                          |
| <b>(3)</b> 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?                                                                                                      |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>(4)</b> 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 (2))                                                                                                | <b>8d(4)</b> |                                                          |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension                                                                                                                                                        | <b>8d(5)</b> |                                                          |
| <b>(6)</b> 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?.....                                                          |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> 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) | <b>8e</b>    |                                                          |

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

|                                                                                                                   |                     |  |
|-------------------------------------------------------------------------------------------------------------------|---------------------|--|
| <b>a</b> Prior year funding deficiency, if any                                                                    | <b>9a</b>           |  |
| <b>b</b> Employer's normal cost for plan year as of valuation date                                                | <b>9b</b>           |  |
| <b>c</b> Amortization charges as of valuation date:                                                               | Outstanding balance |  |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended | <b>9c(1)</b>        |  |
| <b>(2)</b> Funding waivers                                                                                        | <b>9c(2)</b>        |  |
| <b>(3)</b> Certain bases for which the amortization period has been extended                                      | <b>9c(3)</b>        |  |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c                                                           | <b>9d</b>           |  |
| <b>e</b> Total charges. Add lines 9a through 9d                                                                   | <b>9e</b>           |  |

**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****9 o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the 2021 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.....☐ Yes ☐ No