SCHEDULE MB Multimetployer Defined Benefit Plan and Certain Multimetployer Defined Benefit (2) multimetployer Define							
	SCHEDULE MB				OMB No. 1210-0110		
	(Form 5500)	Money Purchase Plan Actuarial Infor	matio	n	2024		
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Premember P File as an attachment to Form 5500 of 5500-SF. For cardiar plan year 2024 or fiscal plan year beginning and ending Reading plan year 2024 or fiscal plan year beginning and ending Reading plan plan plan B To reading plan plan cardiar plan year 2024 or fiscal plan year B C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D E Type of plan: () Undergo plane () Multication of the sector Mone of plan Introduction of the sector Id Enter the valuation date: Month Day Year Id Enter the valuation date: Month Day Year Id Actuarial value of assets: Introduction plane Introduction (PPA) Id Actuarial value of assets: Introduction (PPA) Introduction (PPA) Id Actuarial value of assets: Introduction (PPA) Introduction (PPA) Id Actuarial value of assets: Introduction (PPA) Introduction (PPA) Id Actuarial value of assets: Introduction (PPA) Introduction (PPA) Id Actuarial value of assets: Intromation on currentiab			6059 of	the	•		
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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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule MB (Form 5500) 2024 v. 230807

Schedule MB	(Form 5500) 2024
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4a

%

No

2 Operational information as of beginning of this plan year:	2	Operational	information	as o	f beginning	of this	plan year:
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a	Cur	rent value of assets (see instructions)		2a	
b	"RP	A '94" current liability/participant count breakdown:	(1) Number of partic	ipants	(2) Current liability
	(1)	For retired participants and beneficiaries receiving payment			
	(2)	For terminated vested participants			
	(3)	For active participants:			
		(a) Non-vested benefits			
		(b) Vested benefits			
		(c) Total active			
	(4)	Total			
С		e percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70 centage		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/YY		(b) Amount paid by employer(s)	c) /	Amount paid by employees
			Totals 🕨	3(b)		3(c)	
(d) Total withdrawal	liability amounts included ir	n line 3(b) total				3(d)	

4 Information on plan status:

а	inded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	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 or critical and declining status, does line $1(c)$ reflect any benefit reductions for the first time
	(see instructions)?

е	If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
	 If the plan is in critical status or critical and declining status, and is: Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. 	4f	
	check here		

• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."

5 Ac	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	С	Accrued benefit (unit cre	edit)	d Aggregate			
е	Frozen initial liability	f 🗌 Individual level premium	g	Individual aggregate		h Shortfall			
i	Other (specify):								
j	If box h is checked, enter period of	5j							
k	k Has a change been made in funding method for this plan year?								

		-	_	
I If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval	·	 Yes [۱	10
M If line k is "Yes," and line I is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m			-

Schedule MB (Form 5500) 2024		Page 4 -				
6 Checklist of certain actuarial assumptions:						
a Interest rate for "RPA '94" current liability.				6a		%
		Pre-retire	ement	Post-retirement		
b Rates specified in insurance or annuity contracts		Yes N	o N/A	Yes	No N/A	A
C Mortality table code for valuation purposes:						
(1) Males	6c(1)					
(2) Females	6c(2)					
d Valuation liability interest rate		%			%	
	6d 6e	0/	N/A			
e Salary scale		%				
f Withdrawal liability interest rate:		Cincle re				
(1) Type of interest rate	.,	Single ra		44Other	N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate			6f(2)			<u>%</u>
g Estimated investment return on actuarial value of assets for year	-		6g			%
h Estimated investment return on current value of assets for year	r ending on	the valuation date	6h			%
i Expense load included in normal cost reported in line 9b			6i		N/A	
(1) If expense load is described as a percentage of normal cos		1 0	6i(1)			%
(2) If expense load is a dollar amount that varies from year to y in line 9b	year, enter t	he dollar amount includ	ed 6i(2)			
(3) If neither (1) nor (2) describes the expense load, check the	box		6i(3)		\square	
7 New amortization bases established in the current plan year:						
(1) Type of base	(2) Initial b	alance	(3) An	nortization Char	ge/Credit	
8 Miscellaneous information:						
a If a waiver of a funding deficiency has been approved for this p (MM/DD/YYYY) of the ruling letter granting the approval	lan year, en	iter the date	8a			
b Demographic, benefit, and contribution information						
(1) Is the plan required to provide a projection of expected be instructions for required attachment.		nts? (See instructions)	f "Yes," see		Yes	No
(2) Is the plan required to provide a Schedule of Active Partici	pant Data?	(See instructions).			Yes	No
(3) Is the plan required to provide a projection of employer co instructions) If "Yes," attach a schedule.	ntributions a	and withdrawal liability p	ayments? (See		Yes	No
C Are any of the plan's amortization bases operating under an ex					□ Yes □	- No
prior to 2008) or section 431(d) of the Code?]
d If line c is "Yes," provide the following additional information:						1
(1) Was an extension granted automatic approval under section			04(2)		Yes	No
(2) If line 8d(1) is "Yes," enter the number of years by which the second seco		•				
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 a including the number of years in line (2))	mortization	period was extended (r	^{not} 8d(4)			
(5) If line 8d(3) is "Yes," enter the date of the ruling letter appr	ovina the ex	xtension	8d(5)			
(6) If line 8d(3) is "Yes," is the amortization base eligible for a	mortization	using interest rates			Yes	No
applicable under section 6621(b) of the Code for years be						
e If box 5h is checked or the plan received an amortization exten section 431(d), enter the difference between the amount neces funding standard for this plan year and the amount that would h the shortfall method or extending the amortization period(s).	sary to satis	sfy the plan's minimum	8e			
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:		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	
${f g}$ Employer contributions. Total from column (b) of line 3	-		9g	
		Outstanding	balance	
${f h}$ 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)	
Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		91		
${f m}$ Credit balance: If line 9I is greater than line 9e, enter the difference		9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n		
O Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year		90(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of			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 instructions.)		10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions Yes No				