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

2011

This Form is Open to Public Inspection

For clander plan year 2011 or filecal plan year beginning and ending P Round off amounts to nearest dollar. C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) E Type of plant							, incas	aii attaci	illient to Fe	71111 3300 01	3300	-01.				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN)	For calendar plan year 2011 or fiscal plan year beginning and ending															
A Name of plan B Three-digit plan number (PN)	Round off amounts to nearest dollar.															
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					,											
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) E Type of plant: Single Multiple A Multiple-B Frior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information E There the valuation date: Month Day Year 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 c For active participants. 3b c For active participants. 3c(1) (2) Vested benefits. 3c(1) (3) Total active. 3c(3) d Total. 3d f If the plan is in at-risk status, check the box and complete lines (a) and (b). 4a a Funding target disregarding prescribed at-risk assumptions. 4a b Funding target effecting at-risk assumptions, but disregarding transition rule for plans that have been in 4b 5 Effective interiest rate. 5 % 6 Target normal cost. 5 % Statement by Errolled Actuary The hase dray mandading and presented actuary Firm name Firm name Type or print name of actuary Most recent enrollment number Telephone number (including area code) If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	Α Ι	vallit	oi più	311							В					
E Type of plan:												plan num	ber (PN)	<u> </u>		
E Type of plan:																
E Type of plan:	_										_					
Part Basic Information	C	Plans	spons	or's name as s	hown on line	2a of Form	1 5500 or 5	500-SF			ט	Employer	Identificat	ion Number	(EIN)	
Part Basic Information																
Part Basic Information																
Part Basic Information	Ε.	Гуре с	of plan	: Single	Multiple-A	Multi	ple-B		F Prior year	r plan size:	10	0 or fewer	101-50	00 More	than 500	
The trib valuation date: Month Day Year					otion		<u> </u>									
Actuarial value 2a 2b 2b 2b 2b 2b 2b 2b	_ F							_								
a Market value	1	Ent	er the	valuation date	9:	Month		Day	Ye	ar						
Section Sect	2	Ass	sets:													
Funding target/participant count breakdown: a For retired participants and beneficiaries receiving payment. a For retired participants and beneficiaries receiving payment. b For terminated vested participants. c For active participants. (1) Non-vested benefits. (2) Vested benefits. (3) Total active. (3) Total active. 3 Sc(3) 4 If the plan is in at-risk status, check the box and complete lines (a) and (b). a Funding target disregarding prescribed at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fever than five consecutive years and disregarding loading factor. 5 Effective interest rate. 5 % 6 Target normal cost. 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. Or fet my best estimate of actuary Date Type or print name of actuary Address of the firm Address of the firm Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		а	Marl	ket value									2a			
Section Funding target/participants count breakdown: A		b	Actu	arial value									2b			
a For retired participants and beneficiaries receiving payment 3a b For terminated vested participants 3b c For active participants:	3	Fur											pants	(2)	Funding Tar	get
b For terminated vested participants: C For active participants: (1) Non-vested benefits (2) Vested benefits (3) Total active. 3c(3) d Total. 4 If the plan is in at-risk status, check the box and complete lines (a) and (b). a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding factor. 5 Effective interest rate 5 Effective interest rate 6 Target normal cost. 5 Estective interest rate and equations. In my opionin, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions in Signature of actuary To the bast of my invandage, the information supplies in this schedule 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. SIGN HERE Signature of actuary Date Type or print name of actuary Most recent enrollment number Telephone number (including area code)	-	_	•	•			eceiving no	vment	32	(.)		partion		(-)	, . a.i.a.iig i di	J-`
C For active participants: (1) Non-vested benefits (2) Vested benefits (3) Total active			3,4,7													
(1) Non-vested benefits (2) Vested benefits (3) Total active (3) Total active (4) Total (5) Total active (6) Total (7) Total (8) Total active (8) Total (9) Total (9) Total (10)						ııs										
(2) Vested benefits (3) Total active (3) Total active (3) Total (4) If the plan is in at-risk status, check the box and complete lines (a) and (b)		С	For	active participa	ants:					_			-			
3 Total active			(1)	Non-vested b	enefits				3c(1)						
d Total			(2)	Vested benef	its				3c(2	2)						
d Total			(3)	Total active					3c(3	3)						
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		d	Tota	al						,						
Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor											П					
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	7	11 (1	•		•			` ,	` ,		ш					
at-risk status for fewer than five consecutive years and disregarding loading factor		а	Fund	ding target disr	egarding pres	scribed at-	risk assump	ptions					4a			
5 Effective interest rate		b											4b			
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. SIGN HERE Signature of actuary Date Type or print name of actuary Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see							•									
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. Signature of actuary		Effe	ective	interest rate												%
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. Sign	6	Tar	get no	ormal cost									6			
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. Sign	Sta	teme	nt by	Enrolled Actu	ıary											
SIGN HERE Signature of actuary Date Type or print name of actuary Firm name Address of the firm Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see																
Signature of actuary Type or print name of actuary Most recent enrollment number Firm name Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see								iiption is reas	onable (taking i	nto account the	СХРСПС	ince of the plan	and reasona	bic expectations	and such other e	assumptions, in
Signature of actuary Type or print name of actuary Most recent enrollment number Firm name Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		SICI	J													
Signature of actuary Type or print name of actuary Most recent enrollment number Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see																
Type or print name of actuary Most recent enrollment number Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	ſ	TEKE														
Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	Signature of actuary Date															
Firm name Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see																
Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		Type or print name of actuary Most recent enrollment number														
Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see																
Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	Firm name Telephone numb									number (inc	luding area co	ode)				
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	(moduling disable)									,						
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see																
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see																
					Ad	dress of th	ne firm				_					
	If the	If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the hey and see														
				as not fully left	cieu any reg	uiatiOH Of f	uning promi	uiyat e u un	idei (ile stat	ute in comp	eung	uns scriedu	ie, crieck	uie nox and	366	Ш

Page 2 -			
-----------------	--	--	--

Schedule SB (Form 5500) 2011

7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)												
year)	unding balance											
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	- · · · · · · · · · · · · · · · · · · ·											
9 Amount remaining (line 7 minus line 8)												
10 Interest on line 9 using prior year's actual return of%												
1 Prior year's excess contributions to be added to prefunding balance:												
Present value of excess contributions (line 38 from prior year)												
b Interest on (a) using prior year's effective rate of% except as otherwise provided (see instructions)												
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 Other reductions in balances due to elections or deemed elections												
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												
Part III Funding percentages												
14 Funding target attainment percentage	4 %											
15 Adjusted funding target attainment percentage	5 %											
6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement												
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	7 %											
Part IV Contributions and liquidity shortfalls												
18 Contributions made to the plan for the plan year by employer(s) and employees:												
	mount paid by mployees											
Totals ▶ 18(b) 18(c)												
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 contributions from prior years												
a Contributions allocated toward unpaid minimum required contributions from prior years	b Contributions made to avoid restrictions adjusted to valuation date											
b Contributions made to avoid restrictions adjusted to valuation date												
b Contributions made to avoid restrictions adjusted to valuation date	Yes No											
b Contributions made to avoid restrictions adjusted to valuation date	Yes No No No No											
b Contributions made to avoid restrictions adjusted to valuation date												
b Contributions made to avoid restrictions adjusted to valuation date												

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get r	normal cost				
21	21 Discount rate:										
	a Se	egment rates:	1st segment: %		2nd segment: 3rd seg		3rd segment:		N/A, full yield curve used		
	b Ai	policable month	(enter code)	21b							
22	b Applicable month (enter code)										
23		ality table(s) (see		-	scribed - combined		scribed - separate	Substitu	to.		
		1	, <u> </u>	110	Scribed - combined	1 10	scribed - separate	Substitu			
		Miscellane									
24		•	•		uarial assumptions for the cu		•		· · · · · · ·		
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes No		
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes No		
27			•		nding rules, enter applicable			27			
	rt VII				m required contribut						
				•	years			28			
29					unpaid minimum required c		•	29			
30	Rema	aining amount of	funpaid minimum requir	ed con	tributions (line 28 minus line	29)		30			
Pa	rt VIII	Minimum	required contribut	tion f	or current year						
31	31 Target normal cost and excess assets (see instructions):										
	a Target normal cost (line 6)										
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b			
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment		
	a Ne	et shortfall amort	ization installment								
	b W	aiver amortizatio	on installment								
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount										
34					r/prefunding balances (lines			34			
		<u> </u>			Carryover balance		Prefunding balar	nce	Total balance		
35	Ralan	nces elected for i	use to offset funding		,		3				
00											
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35)				36			
37	· · · · · · · · · · · · · · · · · · ·										
38	•		ess contributions for curr					L			
								38a			
		•						38b			
39											
40											
Pa	Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)										
41	41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:										
	a Schedule elected										
	b Elig	gible plan year(s) for which the election in	n line 4	11a was made			200	8 2009 2010 2011		
42	Amount of acceleration adjustment										
			celeration amount to be		43						