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SCHEDULE B (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security

Administration
Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

OMB No. 1210-0110

2003

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This Form is Open to Public Inspection (except when attached to Form 5500-EZ).

For calendar plan year 2003 or fiscal plan year beginning	and ending	MM/PD/YYYY
Round off amounts to nearest dollar.		,0
▶ Caution: A penalty of \$1,000 will be assessed for late	filing of this report unless reason	able cause is established.
A Name of plan		B Three-digit plan number
C Plan sponsor's name as shown on line 2a of Form 5500 or	5500-EZ	D Employer Identification Number
E Type of plan:	7	
(1) Single-employer (2) Multiemployer	(3) Multiple-employer	F 100 or fewer participants in prior plan year
Part I Basic Information (To be completed by a	all plans)	
1a Enter the actuarial valuation date: b Assets:	I / YYXY	
(1) Current value of assets	<i>_</i>	
Statement by Enrolled Actuary (see instructions before s To the best of my knowledge, the information supplied in this schedule a and in my opinion each assumption, used in combination, represents my be a multiemployer plan, each assumption used (a) is reasonable (taking into result in a total contribution equivalent to that which would be determined if a in the aggregate, are reasonable (taking into account the experience of the	and on the accompanying schedules, staten est estimate of anticipated experience under o account the experience of the plan and r each such assumption were reasonable; in	nents, and attachments, if any, is complete and accurate r the plan. Furthermore, in the case of a plan other than easonable expectations) or (b) would, in the aggregate the case of a multiemployer plan, the assumptions used
Signature of actuary		
SIGN HERE Type or print	Date	
Name of actuary		
Fi m na ne		
Address of the find		
City		
G Most recent enrollment number	Telephone number (including area code)	
If the actuary has not fully reflected any regulation or ruling promcheck the box and see instructions		

For Paperwork Reduction Act Notice and OMB Control Nos., see the inst. for Form 5500 or 5500-EZ. Cat. No. 13507E Schedule B (Form 5500) 2003

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1c	(1)	Accrued liability for plans using immediate gain methods	
	(2)	Information for plans using spread gain methods:	
		(a) Unfunded liability for methods with bases	
		(b) Accrued liability under entry age normal method	
		(c) Normal cost under entry age normal method	
d	Info	ermation on current liabilities of the plan:	
	(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	
	(2)	"RPA '94" information:	
		(a) Current liability	
		(b) Expected increase in current liability due to benefits accruing during the plan year	
		(c) Current liability computed at highest allowable interest rate (see instructions)	
	(2)	(d) Expected release from "RPA '94" current liability for the plan year	
	(3)	"OBRA '87" information: (a) Current liability	
		(b) Expected increase in current liability due to benefits accruing during the plan year	
		(c) Expected release from "OBRA '87" current liability for the plan year	
2	(4) One	Expected plan disbursements for the plan yearerational information as of beginning of this plan year:	
		rent value of the assets (see instructions)	
b	"RP	PA '94" current liability:	
	((1) No. of Persons (2) Vested Benefits (3) Total Benefits	
	(1)	For retired participants and beneficiaries receiving payments	
	(2)	For terminated vested participants	
	(3)	For active participants	
	(4)	Total	
	16.3		
С	If the	ne percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage	
		<u>7</u> 0	



		the plan fo	r the plan year by employer(s)		(a) Amount maid to	Official Use Only
(a) Month	-Day-Year		(b) Amount paid by en	npioyer	(c) Amount paid by	employees
						72
					I,CY	
					277111	
				00		
				41000		
				00		
			13,			
			720			
Totals			Q-1			
Quarterly cont	ributions and li	quidity shor	tfall(s):			
Plans other tha	an multiemploy	er plans, er	nter funded current liability per			
If line 4a is les	s than 100%, s	see instructi	ions, and complete the following Liquidity shortfall as of en			
(1) 1st			00	(3) 3rd		
(2) 2nd		ŜŸ		(4) 4th		
	method used a	e the basis	for this plan year's funding st		ion:	
	d age normal	(b)	Entry age normal		enefit (unit credit) (d)	Aggregate
Frozen	initial liability	(f)	Individual level premium	(g) Individual	aggregate (h)	Other (specif
		.,		ш Ц		



I	Schedule B (Form 5500) 2003				Page 4	Official Use	Only
5 i	Has a change been made in funding method for the	his plan year? .			Y	es No	
j	If line i is "Yes," was the change made pursuant to	Revenue Proc	cedure 2000-40?		Y	es No)
k	If line i is "Yes," and line j is "No" enter the date o (individual or class) approving the change in fundi				ММ	/ DD / Y	
	Checklist of certain actuarial assumptions: Interest rates for: (1) "RPA '94" current liability .				11.	%	N/A
b	(2) "OBRA '87" current liability Weighted average retirement age					%	
					/L	Deat as format	
С	Rates specified in insurance or annuity contracts	Yes	Pre-retirement No	N/A	Yes	Post-retirement No	N/A
d	Mortality table code for valuation purposes: (1) Males			04			
	(2) Females		<	N/A			N/A
е	Valuation liability interest rate					%	
f	Expense loading		Male			Female	
g	Annual withdrawal rates:		GN				
	(1) Age 25	Code	%		Code	%	
	(2) Age 40	Rate Code	%		Rate Code	%	
	(3) Age 55	2	%	N/A		%	N/A
h	Salary scale	3	%			%	
i	Estimated investment return on actuarial value of assets for the year ending on the valuation date					. %	
7	New amortization bases established in the current	t plan year:					
	(1) Type of Base (2) Initial Balance			(3) Am	nortization Charg	e/Credit	



ſ	_	
I	Schedule B (Form 5500) 2003 Page 5	
	8 Miscellaneous information:	Official Use Only
а	If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval	DD/YXYY
b	If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions	
С	Is the plan required to provide a Schedule of Active Participant Data? (see instructions)	No
)	Funding standard account statement for this plan year:	
_	Charges to funding standard account: Prior year funding deficiency, if any	00
а	Filor year furturing deficiency, if any	
b	Employer's normal cost for plan year as of valuation date	
С	Amortization charges as of valuation date: Outstanding Balance	
	(1) All bases except funding waivers (5)	
	(2) Funding waivers (\$ 00)	
d	Interest as applicable on line 9a, 9b, and 9c	
е	Additional interest charge due to late quarterly contributions, if applicable	
f	Adjusted additional funding charge from Part II, line 12q, if applicable N/A	
g	Total charges. Add lines 9a through 9f	
	Credits to funding standard account:	
h	Prior year credit balance, if any	
i	Employer contributions. Total from column (b) of line 3	
	Outstanding Balance	
J	Amortization credits as of valuation date	
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j	
	Full funding limitation (FFL) and credits	
	(1) ERISA FFL (accrued liability FFL)	
	(2) "OBRA '87" FFL (170% current liability FFL)	
	(3) "RPA '94" override (90% current liability FFL).	
	(4) FFL credit before reflecting "OBRA '87" FFL	
	(5) Additional credit due to "OBRA '87" FFL	



m (1) Waived funding deficiency

(2) Other credits

 \boldsymbol{n} Total credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1), and 9m(2)

Schedule	В	(Form	5500)	2003
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Page 6

Official Use Only

90	Cred	lit balance: If line 9n is greater than line 9g, enter the difference	افكي	
р		ling deficiency: If line 9g is greater than line 9n, enter the difference		
q		onciliation account: ent year's accumulated reconciliation account:	(
	. ,	Due to additional funding charges as of the beginning of the plan year		
	,	Due to additional interest charges as of the beginning of the plan year Due to waived funding deficiencies:		
		(a) Reconciliation outstanding balance as of valuation date		
		(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)		
	(4)	Total as of valuation date		
10	Ente	ribution necessary to avoid an accumulated funding deficiency. r the amount in line 9p or the amount required under the alternative ing standard account if applicable		
11	Has	a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	Yes	No
	rt II	Additional Information for Certain Plans Other Than Multiemployer Plans		
12	Addit Ente	the Who Must File in the Schedule B instructions to determine if you must complete Part II. tional required funding charge (see instructions): r "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. to 12a is at least 90%, go to line 12q and enter -0 If line 12a is less than 80%, go to line 12b.		
	If line			
		e 12a is at least 80% (but less than 90%), see instructions and, if applicable, b line 12q and enter -0 Otherwise, go to line 12b		
b	go to	e 12a is at least 80% (but less than 90%), see instructions and, if applicable,		
	go to	e 12a is at least 80% (but less than 90%), see instructions and, if applicable, bline 12q and enter -0 Otherwise, go to line 12b		
С	go to "RPA Adjus	e 12a is at least 80% (but less than 90%), see instructions and, if applicable, bline 12q and enter -0 Otherwise, go to line 12b		
c d	go to "RPA Adjus Fund	e 12a is at least 80% (but less than 90%), see instructions and, if applicable, bline 12q and enter -0 Otherwise, go to line 12b		
c d	go to "RPA Adjus Fund Unfu	e 12a is at least 80% (but less than 90%), see instructions and, if applicable, be line 12q and enter -0 Otherwise, go to line 12b		
c d e f	go to "RPA Adjus Fund Unfu Liabi Outs	e 12a is at least 80% (but less than 90%), see instructions and, if applicable, bline 12q and enter -0 Otherwise, go to line 12b		
c d e f	go to "RPA Adjus Fund Unfu Liabi Outs Unfu	e 12a is at least 80% (but less than 90%), see instructions and, if applicable, be line 12q and enter -0 Otherwise, go to line 12b		
c d e f g h	go to "RPA Adjus Fund Unfu Liabi Outs Unfu Enter	e 12a is at least 80% (but less than 90%), see instructions and, if applicable, o line 12q and enter -0 Otherwise, go to line 12b		
c d e f g h	go to "RPA Adjus Fund Unfu Liabi Outs Unfu Entel	e 12a is at least 80% (but less than 90%), see instructions and, if applicable, bline 12q and enter -0 Otherwise, go to line 12b		



Schedule B	(Form	5500	2003

Page 7

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12 I		charges in funding standard account used to offset the deficit reduction tribution. Enter a negative number if less than zero	
m		redictable contingent event amount: Benefits paid during year attributable to unpredictable contingent event	
	(2)	Unfunded current liability percentage. Subtract the percentage on line 12d from 100%	
	(3)	Enter the product of lines 12m(1) and 12m(2)	
	(4)	Amortization of all unpredictable contingent event liabilities	
	(5)	"RPA '94" additional amount (see instructions)	
	(6)	Enter the greatest of lines 12m(3), 12m(4), or 12m(5)	
n		iminary additional funding charge: Enter the excess of line 12k over 12l (if any), plus line 12m(6), adjusted to end of year with interest	
0		tributions needed to increase current liability percentage to 100%	
q		usted additional funding charge. (
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