

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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). <div style="border: 1px solid black; display: inline-block; padding: 2px;">ACK ID</div> ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 <div style="font-size: 1.5em; font-weight: bold;">2016</div> This Form is Open to Public Inspection
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 For calendar plan year 2016 or fiscal plan year beginning MB_PLAN_YEAR_BEGIN_DATE and ending MB_TAX_PRD
▶ **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) ▶ MB_PN
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN) MB_EIN

E Type of plan: (1) ☐ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions) MB_PLAN_TYPE_CODE
1a Enter the valuation date: Month _____ Day _____ Year MB_VALUE_DATE
b Assets

- (1) Current value of assets
- (2) Actuarial value of assets for funding standard account

- c** (1) Accrued liability for plan 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

- (3) Accrued liability under unit credit cost method

d Information 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) Expected release from "RPA '94" current liability for the plan year

- (3) Expected plan disbursements for the plan year

1b(1)	MB_CUR_VALUE_AST_01_AMT
1b(2)	MB_AST_FNDNG_STD_AMT
1c(1)	MB_ACCR_LIAB_GAIN_MTHD_AMT
1c(2)	MB_UNFND_LIAB_MTHD_BASE_AMT
1c(2)(b)	MB_ACCR_LIAB_AGE_MTHD_AMT
1c(2)	MB_NORM_COST_AGE_MTHD_AMT
1c	MB_ACC_LIA_UNIT_CRED_MTHD_AMT
1d(1)	MB_CURR_LIAB_PRE_PARTCP_AMT
1d(2)(a)	MB_RPA94_INFO_CURR_LIAB_AMT
1d(2)(b)	MB_RPA94_EXPT_INCR_LIAB_AMT
1d(2)	MB_RPA94_EXPT_RELEASE_LIAB_AMT
1d(3)	MB_EXPECT_PLAN_PAYMENT_AMT

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 MB_ACTUARY_NAME_LINE Type or print name of actuary MB_ACTUARY_FIRM_NAME Firm name MB_ACTUARY_US_ADDRESS1 MB_ACTUARY_US_ADDRESS2 MB_ACTUARY_US_CITY <div style="border: 1px solid black; display: inline-block; padding: 2px;">Refer to page 5 for remaining address fields</div> Address of the firm	<div style="border: 1px solid black; padding: 2px; text-align: center;">MB SIGNATURE DATE</div> Date <div style="border: 1px solid black; padding: 2px; text-align: center;">MB_ACTRY_ENRLMT_NUM</div> Most recent enrollment number <div style="border: 1px solid black; padding: 2px; text-align: center;">MB_ACTUARY_PHONE_NUM</div> Telephone number (including area code) <div style="border: 1px solid black; padding: 2px; text-align: center;">MB_NOT_REFLECT_IND</div>
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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) 2016
v. 160205

2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)**2a** MB_CURR_VALUE_AST_02_AMT**b** "RPA '94" current liability/participant count breakdown:**(1) Number of participants****(2) Current liability****(1)** For retired participants and beneficiaries receiving payment.....

MB_LIAB_RTD_PARTCP_CNT

MB_CURR_LIAB_RTD_AMT

(2) For terminated vested participants.....

MB_LIAB_TERM_PARTCP_CNT

MB_CURR_LIAB_TERM_AMT

(3) For active participants:**(a)** Non-vested benefits

MB_CURR_LIAB_ACT_NONVEST_AMT

(b) Vested benefits

MB_CURR_LIAB_ACT_VEST_AMT

(c) Total active

MB_LIAB_ACT_PARTCP_CNT

MB_CURR_LIAB_ACT_AMT

(4) Total.....

MB_TOT_LIAB_PARTCP_CNT

MB_TOT_CURR_LIAB_AMT

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....**2c** MB_TOT_CURR_LIAB_PRCNT**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-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
TABLE: Efast_09.F_sch_mb_part1_2009					
MB_CONTRIB_DATE					
	MB_CONTRIB_EMPLR_AMT				
		MB_CONTRIB_EMPLEE_AMT			
			Totals ▶	3(b)	3(c)

MB_TOT_EMPLR_CONTRIB_01_AMT

MB_TOT_EMPLEE_CONTRIB_AMT

4 Information on plan status:**a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....**4a** MB_PLAN_FUNDED_PRCNT %**b** 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**4b** MB_PLAN_RISK_STATUS_CD**c** Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?.....MB_FNDNG_PROGRESS_IND ☐ Yes ☐ No**d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions).....MB_REDUCED_BNFT_IND ☐ Yes ☐ No**e** 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** MB_REDUCED_BNFT_AMT**f** If the rehabilitation plan projects emergence from critical status or critical and declining 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 hereMB_REHABILITATION_PLAN_IND ☐**4f** MB_REHABILITATION_PLAN_YEAR**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** ☐ Other (specify):

Refer to page 5, part 5 (a)-(i)

j If box h is checked, enter period of use of shortfall method**5j** MB_SHORT_PRD_CNT**k** Has a change been made in funding method for this plan year?.....MB_CHG_FNDNG_MTHD_IND ☐ Yes ☐ No**l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic change?.....MB_CHG_REVENUE_PROC_IND ☐ Yes ☐ No**m** If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....**5m** MB_CHG_FNDNG_MTHD_DATE

6 Checklist of certain actuarial assumptions:

		MB_CURR_LIAB_RPA_PRCNT	
a Interest rate for "RPA '94" current liability	6a	%	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		MB_RATE_SPEC_INS_PRE_IND	MB_RATE_SPEC_INS_POST_IND
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	MB_MORTALITY_MALE_PRE_CODE	MB_MORTALITY_MALE_POST_CODE
(2) Females	6c(2)	MB_MORTALITY_FEM_PRE_CODE	MB_MORTALITY_FEM_POST_CODE
d Valuation liability interest rate	6d	MB_VALUATION_INT_PRE_PRCNT	MB_VALUATION_INT_POST_PRCNT
e Expense loading	6e	MB_EXPENSE_LOAD_PRE_PRCNT	MB_EXPENSE_LOAD_POST_PRCNT
f Salary scale	6f	MB_SAL_SCALE_PRE_PRCNT	N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	MB_INVST_RETURN_PRCNT	%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	MB_INVST_RET_CURR_VALUE_PRCNT	

7 New amortization bases established in the current plan **TABLE: Efast_09.F_sch_mb_part2_2009**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
MB_AMORTZ_BASE_CODE	MB_AMORTZ_INIT_BAL_AMT	MB_AMORTIZATION_AMT

8 Miscellaneous information:

a 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	8a	MB_FNDNG_DEFN_WVR_DATE
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.	MB_EXP_BENEFIT_PAYMENTS_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.	MB_SCH_ACTIVE_PARTCP_RQD_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) prior to 2008) or section 431(d) of the Code?	MB_AMORTZ_BASE_EXT_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	MB_AMORTZ_EXT_AUTO_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	MB_431D1_EXT_YRS_CNT
(3) 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?	MB_AMORTZ_EXT_IRS_APPROVED_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) 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))	8d(4)	MB_431D2_EXT_YRS_CNT
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	MB_EXT_LETTER_DATE
(6) 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?	MB_AMORTZ_ELIG_6621B_IND	<input type="checkbox"/> Yes <input type="checkbox"/> No
e 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)	8e	MB_DIFF_MIN_CONTRIB_AMT

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

a Prior year funding deficiency, if any	9a	MB_PR_YR_FNDNG_DEFN_AMT
b Employer's normal cost for plan year as of valuation date	9b	MB_NORMAL_COST_AMT
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	MB_NOT_WVRS_OUTSTD_AMT
(2) Funding waivers	9c(2)	MB_FNDNG_WVRS_OUTSTD_AMT
(3) Certain bases for which the amortization period has been extended	9c(3)	MB_CERTAIN_BASES_OUTSTD_AMT
d Interest as applicable on lines 9a, 9b, and 9c	9d	MB_FNDNG_CHRG_INT_AMT
e Total charges. Add lines 9a through 9d	9e	MB_TOT_CHARGES_AMT

Credits to funding standard account:

f	Prior year credit balance, if any	9f	MB_PR_YR_CREDIT_BALANCE_AMT
g	Employer contributions. Total from column (b) of line 3	9g	MB_TOT_EMPLR_CONTRIB_02_AMT
	Outstanding balance		MB_AMORTZ_CR_OUTSTD_BAL_AMT
h	Amortization credits as of valuation date	9h	MB_AMORTZ_CREDITS_AMT
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	MB_INT_APPLICABLE_AMT
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL)	9j(1)	MB_ERISA_FFL_ACCR_LIAB_OUTSTD_BAL_AMT
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	MB_RPA94_OVRIDE_CURR_OUTSTD_BAL_AMT
(3)	FFL credit	9j(3)	MB_FFL_CREDIT_AMT
k	(1) Waived funding deficiency	9k(1)	MB_WAIVED_FNDNG_DEFN_AMT
	(2) Other credits	9k(2)	MB_OTHER_CREDITS_AMT
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	MB_TOT_CREDITS_AMT
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	MB_CREDIT_BAL_AMT
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	MB_CURR_FNDNG_DEFN_AMT
9o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2016 plan year	9o(1)	MB_RECNCNCL_WAIVED_PR_DEFN_AMT
(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)	MB_RECNCNCL_OUTSTD_BAL_AMT
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	MB_RECONCILIATION_AMT
(3)	Total as of valuation date	9o(3)	MB_TOT_RECONCILIATION_AMT
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	MB_REQ_CONTRIB_AMT
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input type="checkbox"/> Yes <input type="checkbox"/> No
			MB_CHG_ACTRL_ASSUMP_CURR_IND

Page one under "Address of the Firm"

MB_ACTUARY_US_ZIP
MB_ACTUARY_US_STATE
MB_ACTUARY_FOREIGN_ADDRESS1
MB_ACTUARY_FOREIGN_ADDRESS2
MB_ACTUARY_FOREIGN_CITY
MB_ACTUARY_FOREIGN_PROV_STATE
MB_ACTUARY_FOREIGN_CNTRY
MB_ACTUARY_FOREIGN_POSTAL_CD

5) Actuarial cost method used...

a MB_ATT_AGE_NRML_MTHD_IND
b MB_ENTRY_AGE_NRML_MTHD_IND
c MB_ACCR_BNFT_MTHD_IND
d MB_AGGREG_MTHD_IND
e MB_FRZN_INIT_LIAB_MTHD_IND
f MB_INDIV_LVL_PREM_MTHD_IND
g MB_INDIV_AGGREG_MTHD_IND
h MB_SHORT_MTHD_IND
i MB_OTH_COST_MTHD_IND
MB_OTH_COST_MTHD_TEXT