

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2012</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning 04/01/2012 and ending 03/31/2013			
A	This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information —enter all requested information			
1a	Name of plan BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN RETIREMENT PLAN	1b	Three-digit plan number (PN) ► 004
		1c	Effective date of plan 01/01/1989
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN 1370 ONTARIO STREET CLEVELAND, OH 44113-1702	2b	Employer Identification Number (EIN) 34-6000349
		2c	Sponsor's telephone number 216-241-2630
		2d	Business code (see instructions) 488210
3a	Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN 1370 ONTARIO STREET CLEVELAND, OH 44113-1702	3b	Administrator's EIN 34-6000349
		3c	Administrator's telephone number 216-241-2630
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.		4b EIN
a	Sponsor's name		4c PN
5a	Total number of participants at the beginning of the plan year		5a 82
b	Total number of participants at the end of the plan year		5b 83
c	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		5c
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		☒ Yes ☐ No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		☒ Yes ☐ No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	12/20/2013	WILLIAM WALPERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/19/2013	EDGAR PRUITT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information			
7	Plan Assets and Liabilities		
		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a 5213987	6032762
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 5213987	6032762
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	8a(1) 750000	
	(2) Participants	8a(2)	
	(3) Others (including rollovers)	8a(3)	
b	Other income (loss)	8b 255039	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1005039
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 144481	
e	Certain deemed and/or corrective distributions (see instructions)	8e	
f	Administrative service providers (salaries, fees, commissions)	8f 41783	
g	Other expenses	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	186264
i	Net income (loss) (subtract line 8h from line 8c)	8i	818775
j	Transfers to (from) the plan (see instructions)	8j	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10	During the plan year:	Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	X	1300000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No	
11a	Enter the amount from Schedule SB line 39	11a 0	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	☐ Yes ☒ No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b	

c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐ Yes ☒ No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

<div>SCHEDULE SB (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Single-Employer Defined Benefit 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>2012</div> <div>This Form is Open to Public Inspection</div>	
For calendar plan year 2012 or fiscal plan year beginning 04/01/2012 and ending 03/31/2013					
<div>Round off amounts to nearest dollar.</div> <div>Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.</div>					
A Name of plan BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN RETIREMENT PLAN			B Three-digit plan number (PN)		004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN			D Employer Identification Number (EIN) 34-6000349		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		
Part I Basic Information					
1 Enter the valuation date: Month 04 Day 01 Year 2012					
2 Assets:					
a Market value				2a	5211327
b Actuarial value				2b	5211327
3 Funding target/participant count breakdown:					
				(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment				3a	18
b For terminated vested participants				3b	16
c For active participants:					
(1) Non-vested benefits				3c(1)	121955
(2) Vested benefits				3c(2)	2854487
(3) Total active				3c(3)	49
d Total				3d	83
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				4a	
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				4b	
5 Effective interest rate				5	6.91 %
6 Target normal cost				6	322003
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		12/19/2013			
JEFFREY A. SCHAPPEL, EA, MAAA		Date			
Type or print name of actuary		11-07786			
CBIZ BENEFITS & INSURANCE, INC.		Most recent enrollment number			
Firm name		216-447-9000			
6050 OAK TREE BLVD. SUITE 500 CLEVELAND, OH 44131		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 instructions ☐					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2012 v. 120126					

Part II Beginning of Year Carryover Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>5.20</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		207068
b Interest on (a) using prior year's effective interest rate of <u>6.06</u> % except as otherwise provided (see instructions)		12548
c Total available at beginning of current plan year to add to prefunding balance		219616
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	110.24 %
15 Adjusted funding target attainment percentage	15	110.24 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.69 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 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
10/22/2012	140000				
04/12/2013	80000				
07/01/2013	530000				
			Totals ►	18(b)	750000
				18(c)	0

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.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	697101
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0		0
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 1
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	322003	
b Excess assets, if applicable, but not greater than line 31a	31b	322003	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
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	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	697101	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	697101	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

**Schedule SB, line 26 –
Schedule of Active Participant Data**

	Years of credited service:										
	< 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained											
Age											
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	1	0	0	0	0	0	0	0	0	1
30 to 34	0	1	0	0	0	0	0	0	0	0	1
35 to 39	0	1	2	3	1	0	0	0	0	0	7
40 to 44	1	0	1	1	0	0	0	0	0	0	3
45 to 49	0	0	1	0	2	0	1	0	0	0	4
50 to 54	0	3	2	3	0	0	1	0	0	0	9
55 to 59	0	3	2	3	3	1	1	0	0	0	13
60 to 64	0	4	0	3	2	1	0	0	0	0	10
65 to 69	0	0	0	0	1	0	0	0	0	0	1
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	1	13	8	13	9	2	3	0	0	0	49

**Schedule SB, Part V –
Statement of Actuarial Assumptions and Methods**

Interest Rate	Segment Rates utilizing the Map 21 rates for 2012 valuations				
	For Minimum Funding:				
	5.54% 1 st Segment Rate				
	6.85% 2 nd Segment Rate				
	7.52% 3 rd Segment Rate				
	For Maximum Non-Taxable Contribution:				
	1.99% 1 st Segment Rate				
	5.12% 2 nd Segment Rate				
	6.24% 3 rd Segment Rate				
Mortality Rates	2012 Combined Mortality for healthy lives				
	Disability Mortality per IRS Rev. Ruling 96-7 for Disabled				
Salary Scale	4.50% per annum				
Retirement Rates	<u>Age</u>	<u>Rate</u>			
	60	10%			
	61	10%			
	62	30%			
	63	30%			
	64	40%			
	65	100%			
	Completed Years of Service				
Withdrawal Rates:	<u>Age</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3+</u>
	25	33.2%	23.0%	13.4%	12.0%
	30	28.6%	19.7%	11.5%	8.0%
	35	24.0%	16.5%	9.5%	6.5%
	40	19.3%	13.2%	7.5%	5.0%
	45	14.7%	9.9%	5.5%	3.5%
	50	10.1%	6.6%	3.6%	2.0%
	55	5.5%	3.3%	1.6%	1.3%

**Schedule SB, Part V –
Statement of Actuarial Assumptions and Methods**

Disability Rates:	75% of the Table S-110 of the 11 th Railroad Retirement Board Valuation (modified).
Form of payment	10% assumed to elect Normal Form 90% assumed to elect Lump Sum Payment
Employees excluded	Those not eligible to participate.
Marriage	85% of males and 85% of females are assumed to be married. Wives are assumed to be three years younger than their husbands.
Actuarial Value of Assets	The Actuarial Value of Assets (AVA) is equal to the Market Value of Assets.
Administrative Expenses	Last Year's actual expenses paid of \$35,841 was included this year.
Changes since prior year	The mortality table and interest rates were changed to comply with the Pension Protection Act of 2006 for a 2012 valuation.

**Schedule SB, Part V –
Summary of Plan Provisions**

1. Anniversary Date April 1
2. Commencement of Participation

All salaried employees or an officer who participates during his term(s) in office.

Building Association employees can commence upon completion of six months of service and attainment of 20 ½ years of age.
3. Final Average Monthly Pay

The monthly average of an employee's earnings (excluding overtime and bonuses) during the five consecutive years within the last 10 years of employment which produce the highest average.
4. Eligibility for Benefits
 - a) Normal Retirement Age 65.
 - b) Early Retirement Age 55 with 10 Years of Credited Service for all participants.
No later than age 62 for all salaried employees of the BLET and officers.
 - c) Deferred Vested Five years of vesting service.
 - d) Spouse's Pension Available upon death of participant.
 - e) Disability Ten years of vesting service.
5. Benefit Amounts
 - a) Normal Retirement

The greater of (1) and (2):

 1. 1.25% (1.00% for Building Association employees) of Average Monthly for each year of Credited Service.
 2. Credited Service multiplied by \$6 (\$8 for Building Association employees).

For participants of the Officer's Plan, the monthly amount cannot exceed \$1,500, indexed annually every January 1 beginning in 2008 by the cost of living adjustments applicable to Tier 1 Railroad Retirement Benefits.

**Schedule SB, Part V –
Summary of Plan Provisions**

- | | |
|---------------------|---|
| b) Early Retirement | An actuarially equivalent benefit payable immediately reduced from age 65 or unreduced as of age 62 for non-Building Association employees. |
| c) Deferred Vested | The vested accrued benefit deferred to normal or early retirement age. |
| d) Spouse's Pension | 50% of the participant's Accrued Benefit reduced for both the 50% J & S form and early receipt and payable at earliest retirement age. |

The normal form of payment for single participants is a monthly life annuity with a 10-year period certain. The automatic form of payment for married participants is an actuarially reduced 50% J & S form with a 50% continuation after the participant's death to his or her spouse, if surviving.

A participant may elect one of the following forms of payment of equivalent value:

- Life Annuity
- Joint and 50%, 66-2/3%, 75% or 100% to contingent annuitant option.
- A lump sum

6. Credited Service

Before April 1, 1976, a year was credited for each plan year in accordance with the applicable Employees or Officers Plan. Credits for plan years after April 1, 1976 are earned if the employee works 1,000 hours. Credit for the plan year in which retirement occurs is earned if 173 hours are worked.

**Schedule SB, line 22 –
Description of Weighted Average Retirement Age**

Age	Qr	Paa	Qr x Paa	Qr x Paa x Age
60	0.10	1.0000	0.1000	6.0000
61	0.10	0.9000	0.0900	5.4900
62	0.30	0.8100	0.2430	15.0660
63	0.30	0.5670	0.1701	10.7163
64	0.40	0.3969	0.1588	10.1606
65	1.00	0.2381	0.2381	15.4765
			1.00	62.91
				avg ret age

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 04/01/2012 and ending 03/31/2013

► **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 <u>Brotherhood of Locomotive Engineers and Trainmen Retirement Plan</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Brotherhood of Locomotive Engineers and Trainmen</u>	D Employer Identification Number (EIN) <u>34-6000349</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>4</u> Day <u>1</u> Year <u>2012</u>			
2 Assets:			
a Market value	2a		5,211,327
b Actuarial value	2b		5,211,327
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	18	922,474
b For terminated vested participants.....	3b	16	828,023
c For active participants:			
(1) Non-vested benefits	3c(1)		121,955
(2) Vested benefits	3c(2)		2,854,487
(3) Total active.....	3c(3)	49	2,976,442
d Total.....	3d	83	4,726,939
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	4a		
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	4b		
5 Effective interest rate	5		6.91
6 Target normal cost	6		322,003

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	<u>12/19/2013</u> Date
<u>Jeffrey A. Schapel, EA, MAAA</u> Type or print name of actuary		<u>11-07786</u> Most recent enrollment number
<u>CBIZ Benefits & Insurance, Inc.</u> Firm name		<u>(216) 447-9000</u> Telephone number (including area code)
<u>6050 Oak Tree Blvd.</u> <u>Suite 500</u> <u>Cleveland OH 44131</u> 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 instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2012
v. 120126