	Schedule MB (Form 5500) 2022 Page <b>3</b>										
k	Has a change been made in funding method for this plan year?								Yes	X No	
										☐ No	
	If line k is "Yes," and line I is "No," enter the date (MN approving the change in funding method	/I-DD-YYYY) of the rulin	g letter (indiv	/idual or	class)	5m		L	<u></u>		
<b>6</b> CI	Checklist of certain actuarial assumptions:										
а	Interest rate for "RPA '94" current liability						6a	ì	2	.22%	
			Pre-retirement				Post-retirement				
b	Rates specified in insurance or annuity contracts		Yes X No N/A				Yes X No N/A				
	Mortality table code for valuation purposes:										
	(1) Males	6c(1)				A				A	
	(2) Females	6c(2)				А				A	
d	Valuation liability interest rate	6d			6.8	30 %	6.80 %				
е	Salary scale	6e		% X N/A							
f	Withdrawal liability interest rate:			<del>,</del>	_						
	(1) Type of interest rate	6f(1)	П	Single ra	ate X ER	ISA 404	4 0	ther	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 ass		the valuation date 6g			ig	12.8 %				
	Estimated investment return on current value of asse					ih	19.0 %				
i	Expense load included in normal cost reported in line	,				3i	□ N/A				
	(1) If expense load is described as a percentage of r				(1)	<u> </u>			%		
	(2) If expense load is a dollar amount that varies from in line 9b	e dollar amou	ar amount included 6i(2)			22,476,088					
	(3) If neither (1) nor (2) describes the expense load,	check the box				(3)					
<b>7</b> N	lew amortization bases established in the current plan	year:			l .	ı					
	(1) Type of base	(2) Initial bal					(3) Amortization Charge/Credit				
	1		-104,7			-10,630,7					
	4		88,8	61,17	2				9,02	20,219	
<b>8</b> M	liscellaneous information:										
а	If a waiver of a funding deficiency has been approved for this plan year, enter the dat YYYY) of the ruling letter granting the approval					Ba					
b	Demographic, benefit, and contribution information										
	1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.										
	) Is the plan required to provide a Schedule of Active Participant Data? (See instructions)						. X Yes No				
	Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.						X Yes No				
С	Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?						X Yes No				

**d** If line c is "Yes," provide the following additional information: X Yes No (1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... 8d(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect Yes X No prior to 2008) or 431(d)(2) of the Code? If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not 8d(4) including the number of years in line (2))..... (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension ...... 8d(5) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under Yes No section 6621(b) of the Code for years beginning after 2007?.....