

Section I – General information

1. Controlled group information

a. Name _____

b. Business code _____ c. CUSIP number _____

2. Contact information

a. Name _____

b. Title _____

c. Company _____

d. Address _____

e. Phone (____) _____ - _____ ext _____ f. e-mail _____

3. Date current information year ends ____ / ____ / ____

4. Filing contact (if different from filing coordinator)

- 5. Was a 4010 filing required for the prior information year? Yes No
- 6. Is a 4010 filing required for the current information year? Yes No Help me determine
- 7. Does §4010.6(c) for previously submitted materials apply for this filing? Yes No

Section II – Comments

Section I – Gateway test

1. § 4010.4(a)(1) — \$50 million aggregate unfunded vested benefits

Does the total amount of aggregate unfunded vested benefits in plans (including exempt plans) maintained by the members of the contributing sponsor's controlled group exceed \$50 million (disregarding those plans with no unfunded vested benefits)?

Yes No

2. § 4010.4(a)(2) — Failure to make required contributions

Did any member of the controlled group:

- fail to make a required contribution to a defined benefit plan during the information year within 10 days of its due date, and
- as a result of the missed contribution, the conditions for imposition of a lien under ERISA have been met.

Yes No

3. § 4010.4(a)(3) — Large waiver granted

Have one or more minimum funding waivers been granted for a plan maintained by a member of the controlled group:

- totaling in excess of \$1 million, and
- for which there is an outstanding balance at the end of the information year (determined in accordance with § 4010.4(c))?

Yes No **Section II – Comments**

Section I — Identifying information for controlled group members

The following information must be reported with respect to each non-exempt member of the controlled group.

1. Basic information

- a. Name _____
- b. Relationship _____
- c. Street address _____
- d. City _____ e. State/Province _____
- f. Country _____ g. Zip Code _____
- h. Telephone _____ i. EIN _____

2. Information on members being reported for the first time

- a. Was this member a member of the controlled group immediately before the current information year began?

 - (i) Yes
 - (ii) No, member joined controlled group during information year on __/__/____
 - (iii) No, other

Section II — Plan information

The following information must be reported with respect to each plan (including exempt plans) sponsored by any controlled group member as of the last day of the information year

1. Information for current year

- a. Plan name _____
- b. Plan sponsor _____
- c. EIN ___ - _____ d. Plan number _____

2. Is this an exempt plan about which benefit liabilities are not required to be reported? Yes No

3. Information related to plan freezes

a. Is this plan frozen for eligibility or benefit accrual purposes? Yes No

Items 3b and 3c are required only if 3a is answered "yes".

b. Date of freeze _____/_____/_____

- c. Nature of freeze
 - (i) Plan closed to new entrants
 - (ii) Both pay and service are frozen
 - (iii) Service is frozen, pay is not
 - (iv) Other/combination (enter explanation)

Section II (continued)

4. Information on changes in EIN/PN

- a. Has the EIN or PN reported in item 1 changed since the beginning of the current plan year? Yes No N/A (new plan)

Item 4b is required only if item 4a is answered "yes"

b. Prior EIN -- - - - - c. Prior PN -- - - - -

Item 5 is required only if item 4a is answered "N/A (new plan)".

5. New plan information

a. Date plan was first maintained by controlled group -- - - / -- - - / -- - -

- b. Explanation (i) Newly-established plan
 (ii) Spun-off or transferred from plan sponsored by member outside controlled group
 (iii) Spun-off from plan sponsored by member within controlled group
 (iv) Other (enter explanation) _____

Section III — Former members/plans

1. Former controlled group members

If any entity, other than an exempt entity, ceased to be a member of the controlled group during the information year, enter required information with respect to that entity (see instructions). _____

2. Former plans

If any plan, other than an exempt plan, ceased to be maintained by a member of the controlled group during the information year, enter required information with respect to that plan (see instructions). _____

Section IV — Comments

Section V — Attachments

A list of attached files and the text entered to describe each files will appear here.

Section III is required only if item 1a or 1c is selected in Schedule F, Section I

Section III — Individual member financial information

The following information must be reported with respect to each non-exempt member of the controlled group whose financial information is not included in a consolidated statement.

1. Basic information

a. Name _____ b. EIN ___ - ___ - ____

2. Reporting method

a. What type of information is being reported? (i) Audited financial statements
 (ii) Unaudited financial statements
 (iii) Federal tax returns

b. Is financial information for this member attached to this filing? (i) Yes
 (ii) No, because it is publicly available

Items 2c and 2d are required only if item 1b of this section is answered "no".

c. Where can the publicly available information be obtained? (i) SEC
 (ii) Elsewhere (enter explanation)

d. Date information was made available to the public ___ / ___ / ____

Section IV – Comments

Section I — Basic information

1. Plan identifying information

- a. Plan name _____
- b. Plan sponsor _____
- c. EIN ___ - _____ d. Plan number ___ - _____

2. Enrolled actuary information

- a. Name _____
- b. Telephone (___) ___ - _____ c. EA Number ___ - _____
- d. Email (optional) _____

3. Enter the following information with respect to the plan year ending within the information year

- a. Plan year end ___ / ___ / _____ b. Is the plan year a short plan year? Yes No

Section II — Funded status information

1. Participant count and benefit liabilities	Number of participants	Benefit liabilities Before reflecting expense load
a. Active	_____	_____
b. Terminated vested	_____	_____
c. Receiving benefits	_____	_____
d. Total	_____	_____

2. Benefit Liabilities after reflecting expense load

- a. Expense Load per § 4044.52(e) _____
- b. Total benefit liabilities* _____

* Determined using assumptions (i.e. retirement age, interest, mortality, expense load) provided in § 4044.51-57.

- 3. Census data used to determine benefit liabilities
 - a. Projection from a date within the plan year ending within the information year
 - b. As of the end of the plan year ending within the information year or the beginning of the subsequent year

4. Interest rate used to determine benefit liabilities

- a. Period 1 ___ % for first ___ years b. Period 2 ___ % for all years thereafter

5. Fair market value of assets (excluding receivables) _____

Section III — Additional actuarial information

Which of the following five statements best describes the method under which the additional information required under §4010.8(a)(3) will be provided?

- 1. All of the information is included in one actuarial valuation report. It is my understanding that the report will be submitted:
 - a. As an attachment to with this filing
 - b. Electronically within 15 days of the Form 5500 filing deadline for the plan year ending within the information year
- 2. The actuarial valuation report does not contain all of the additional required information. Therefore, supplemental information will also be provided. It is my understanding that the report and the supplemental information will be submitted:
 - a. As an attachment to with this filing
 - b. Electronically within 15 days of the Form 5500 filing deadline for the plan year ending within the information year
 - c. A combination of (a) and (b)

Section IV – Comments

Section V – Certification

I am the actuary reported in Section I, item 2. To the best of my knowledge and belief, the actuarial information submitted above is true, correct, and complete and conforms to all applicable laws and regulations. If this certification is qualified, as permitted under 26 CFR §301.6059-1(d), I have included an explanation below:

Qualification _____

Signature _____ Date ___ / ___ / ____