

**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 I — Type of Submission**

- 1. Which of the permissible filing alternatives is being used?
  - a. §4010.9(a) – separate financial information (financial statements or tax returns) for each non-exempt controlled group member will be provided
  - b. §4010.9(b) – consolidated financial information that includes combined information for **all** non-exempt controlled group members will be provided
  - c. Consolidated financial information that includes combined information for **some, but not all** controlled group members will be provided, along with separate financial information for those non-exempt members whose information is not included in the consolidated information.

*Section II is required only if item 1b or 1c is selected above (Schedule F, Section I).*

**Section II — Consolidated financial information**

- 1. Reporting method
  - a. What type of information is being reported?
    - (i) Audited financial statements
    - (ii) Unaudited financial statements
    - (iii) Federal tax returns
  - b. Is consolidated financial information attached to this filing?
    - (i) Yes
    - (ii) No, because it is publicly available

*Items 1c and 1d 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 \_ \_ / \_ \_ / \_ \_ \_ \_

2. Additional required financial information for each non-exempt member of the controlled group included in the consolidated financial information

- a. Name \_\_\_\_\_
- b. EIN \_\_\_ - \_ \_ \_ \_ \_ \_
- c. Revenues for the current information year \_\_\_\_\_
- d. Operating income for the current information year \_\_\_\_\_
- e. Net assets at the end of the current information year \_\_\_\_\_

*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 \_\_\_ / \_\_\_ / \_\_\_\_