[LOGO] **POST-EVENT NOTICE** PBGC Form 10

 **OF REPORTABLE EVENTS** Approved OMB #1212-0013 Expires [ ]

This form may be used by a plan administrator or contributing sponsor of a single-employer plan when notifying the Pension Benefit Guaranty Corporation that a reportable event has occurred.

**IDENTIFYING INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Name Name of individual to contact at Filer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of filer Title of contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address of filer Email address of contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Street address of contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN of contributing sponsor Plan number City, State, Zip

Filer is: [ ] Plan administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] Contributing sponsor Telephone number of contact Ext

**REPORTABLE EVENTS** See instructions for descriptions of these events. Check all boxes that apply.

[ ] Active participant reduction [ ] Change in contributing sponsor or controlled group

[ ] Failure to make required contributions [ ] Liquidation

 under $1M

[ ] Inability to pay benefits when due [ ] Extraordinary dividend or stock redemption

[ ] Distribution to a substantial owner [ ] Application for minimum funding waiver

[ ] Transfer of benefit liabilities [ ] Loan default

 [ ] Bankruptcy or similar settlement

**BRIEF DESCRIPTION** Briefly describe the pertinent facts relating to the event.

**The next page lists additional information that must be submitted with this form, if not included above.**

 PBGC Form 10

**ADDITIONAL INFORMATION TO BE FILED** Check box to indicate the item is attached. If not attached, explain on next page.

**Active Participant Reduction**

[ ] Statement explaining the cause of the reduction (e.g.,

facility shutdown or sale, discontinued operations, winding down of the company, or reduction in force)

[ ] Number of active participants at the date the event occurs, at the beginning of the current plan year, and at the beginning of the prior plan year

**Failure to Make Required Contributions**

[ ] Due date and amount of both the missed contribution and the next payment due

[ ] List of amount and date of all contributions not timely made and not reported on the last Schedule SB filed

[ ] Date and amount of any contribution(s) made related to the missed contribution(s)

[ ] Reason contribution was not made by due date

[ ] Actuarial Information (see Form 10 instructions)

[ ] Description of the plan’s controlled group structure,

including the name of each controlled group member

[ ] Name of each plan maintained by any member of the plan’s controlled group, its contributing sponsor(s) and EIN/PN

**Inability to Pay Benefits When Due**

[ ] Date of any missed benefit payment and amount of benefits due

[ ] Next date on which the plan is expected to be unable to pay benefits, the amount of the projected shortfall, and the number of plan participants expected to be affected

[ ] Amount of the plan’s liquid assets at the end of the quarter, and the amount of its disbursements for the quarter

[ ] Actuarial Information (see Form 10 instructions)

[ ] Name, address and phone number of plan trustee (and of any custodian)

**Distribution to a Substantial Owner**

[ ] Name, address and phone number of person receiving the distribution(s)

[ ] Amount, form and date of each distribution

[ ] Actuarial Information (see Form 10 instructions)

**Transfer of Benefit Liabilities**

[ ] Name, contributing sponsor and EIN/PN of transferee

plan(s)

[ ] Explanation of the actuarial assumptions used in

determining the value of benefit liabilities (and, if

appropriate, plan assets) transferred

[ ] Estimate of the assets, liabilities, and number of participants whose benefits are transferred

Note: To the extent this information is filed with the IRS Form 5310A, PBGC will accept a copy of that filing.

**Change in Contributing Sponsor or Controlled Group**

[ ] Description of the plan’s old and new controlled group structures, including the name of each controlled group member

[ ] Name of each plan maintained by any member of the plan’s old and new controlled groups, its contributing sponsor(s) and EIN/PN

☐Most recent audited (or, if unavailable, unaudited) financial statements and interim financial statements of the plan’s contributing sponsor (both old and new in the case of a change in the contributing sponsor) and any persons that will cease to be in the plan’s controlled group

**Liquidation**

[ ] Description of the plan’s controlled group structure before and after the liquidation, including the name of each controlled group member

[ ]  Operational status of each controlled group member (in Chapter 7 proceedings, liquidating outside of bankruptcy, on-going, etc.)

[ ] Name of each plan maintained by any member of the plan’s controlled group, its contributing sponsor(s) and EIN/PN

[ ]  Actuarial Information (see Form 10 instructions)

[ ]  If the plan sponsor is expected to cease or has ceased substantially all operations also provide:

* Date on which substantially all operations are expected to cease or have ceased
* Most recent pension plan document(s)
* Address of each controlled group member
* The Internal Revenue Service Determination Letter indicating the plan is a covered plan, if applicable

**Extraordinary Dividend or Stock Redemptio**n

[ ] Name and EIN of person making the distribution

[ ] Date and amount of cash distribution(s) during fiscal year

[ ] Description, fair market value, and date or dates of any non-cash distributions

[ ] Statement whether the recipient was a member of the

plan’s controlled group

**Application for Minimum Funding Waiver**

[ ] Copy of waiver application, with all attachments

**Loan Default**

[ ] Copy of the relevant loan documents (e.g., promissory

note, security agreement, loan agreement amendments and waivers)

[ ] Due date and amount of any missed payment

[ ] Copy of any written notice of default or acceleration, any notice of forbearance, or loan agreement amendment or waiver

[ ]  Description of any cross-defaults or anticipated cross-defaults

[ ]  Actuarial Information (see Form 10 instructions)

**Bankruptcy or Similar Settlement**

[ ] Name, address and phone number of any trustee, receiver or similar person

[ ]  Docket number of court filing and location of the court where any relevant proceeding was or will be filed (if known)

[ ] Description of the plan’s controlled group structure, including the name of each controlled group member

[ ] Name of each plan maintained by any member of the plan’s controlled group, its contributing sponsor(s) and EIN/PN

[ ]  Actuarial Information (see Form 10 instructions)

**Missing Information** If required information has not been submitted with this Form 10, explain below.

**Filing Information and Certification**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notice Filing Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notice Due Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filing Extension Claimed, if any (explain below)

**Extension Claimed or Reason for Late Filing**

I certify that, to the best of my knowledge and belief, the information submitted in this filing is true, correct, and complete. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. § 1001.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual Submitting Form Name and title of Individual Submitting Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number of Individual Submitting Form Employer of Individual Submitting Form