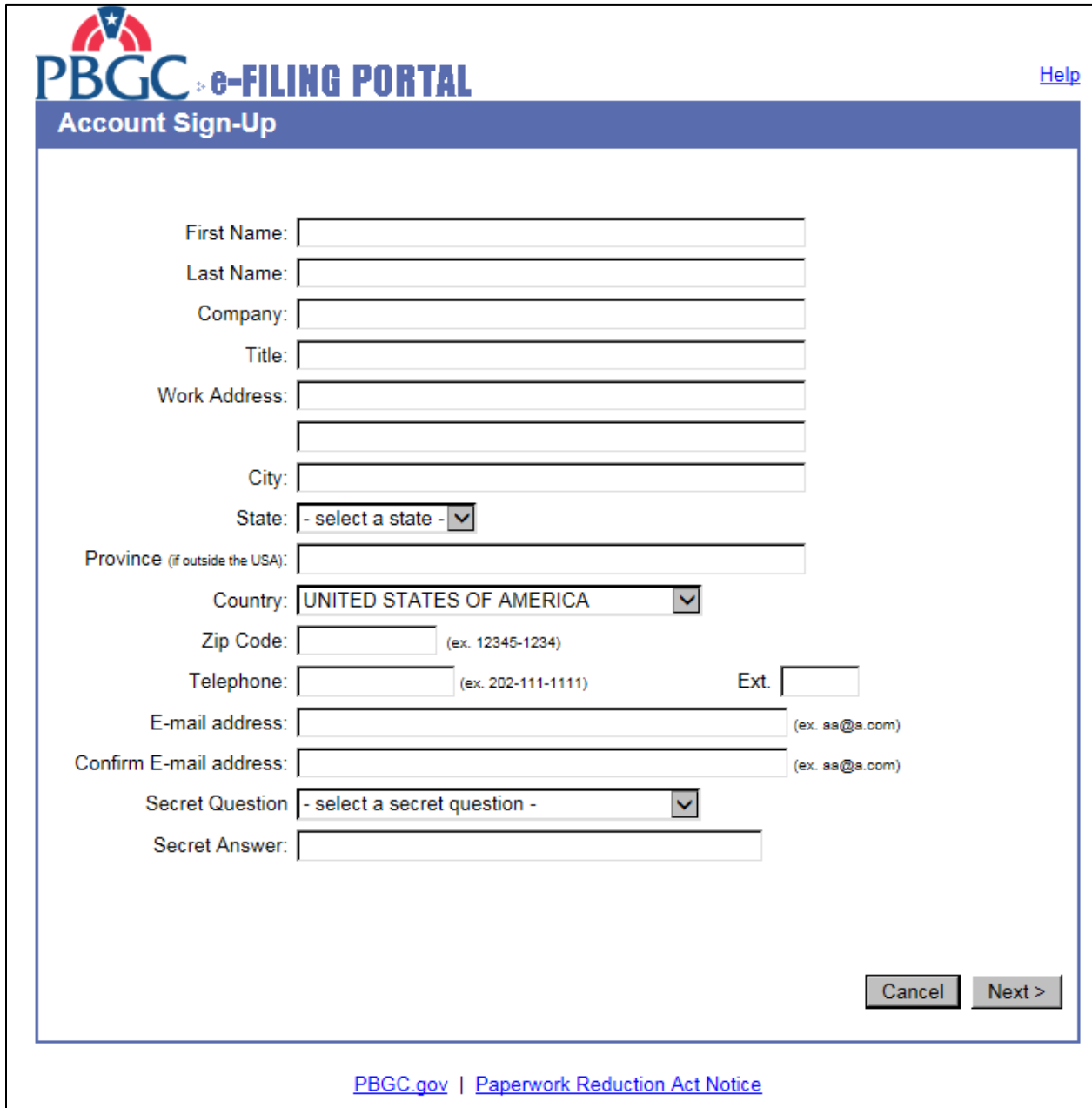


# Screenshots

## Screen 1



The screenshot shows the 'Account Sign-Up' page of the PBGC e-FILING PORTAL. The page features a blue header with the PBGC logo and the text 'PBGC e-FILING PORTAL' and 'Account Sign-Up'. A 'Help' link is located in the top right corner. The main content area contains a series of input fields for user registration, including text boxes for name, company, title, address, city, state (dropdown), province, country (dropdown), zip code, telephone, extension, email address, confirm email address, secret question (dropdown), and secret answer. At the bottom right, there are 'Cancel' and 'Next >' buttons. At the bottom center, there is a footer with the text 'PBGC.gov | Paperwork Reduction Act Notice'.

**PBGC e-FILING PORTAL** [Help](#)

### Account Sign-Up

First Name:

Last Name:

Company:

Title:

Work Address:

City:

State:

Province (if outside the USA):

Country:

Zip Code:  (ex. 12345-1234)

Telephone:  (ex. 202-111-1111) Ext.

E-mail address:  (ex. aa@s.com)

Confirm E-mail address:  (ex. aa@s.com)

Secret Question

Secret Answer:

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[Log In](#)

## SECURITY NOTICE AND WARNING

Welcome to the e-Filing Portal website. This website is a U.S. Government system and the PBGC reserves the right to monitor it for performance, stability, and security. This site, and the information on it, is protected by federal laws, including, but not limited to, federal privacy laws and any activity inconsistent with the protections provided by federal law may lead to civil and criminal sanctions. By logging into e-Filing Portal, you acknowledge that you understand that you are bound by these provisions. If you do not, please close your browser or enter another URL to leave the site entirely.

Click [here](#) to access a user manual with step-by-step instructions on how to create and manage your e-Filing Portal account.

### Note to 4010 filers

The e-4010 application has been updated to reflect the regulatory changes that first apply to information years beginning on or after January 1, 2016.

With the exception of Schedule FG\*, the updated application can also be used for earlier information years (e.g., a filing due 03/15/2017 for a 12/01/2015 – 11/30/2016 information year).

If you need to file Schedule FG for an information year beginning before January 1, 2016, please contact Ellen Itkin at 202-326-4000 ext. 3075 for assistance.

\*Schedule FG is used to satisfy [§ 4010.6\(a\)\(2\)](#), the provision requiring prior 4010 filers to notify PBGC the first year a 4010 filing is not required. Current 4010 filers do not need to submit Schedule FG.

New to e-Filing Portal? [Apply for an Account](#)

Already Have an Account? [Log in.](#)

User ID:  [Forgot your User ID?](#)

Password:  [Forgot your password?](#)

Select New User ID and Password

Passwords to government systems must meet federal security regulations, which include the following requirements to help protect your personal and business information:

**Step 1: Enter New User ID**

Your User ID:

- Can be any combination of letters and/or numbers;
- Must be between 8 and 25 characters long;
- Is not case sensitive;
- Must be different from the temporary one you were provided; and
- Can not be changed after you enter one.

**Step 2: Enter New Password**

Passwords to government systems must meet federal security regulations, which include the following requirements to help protect your personal and business information:

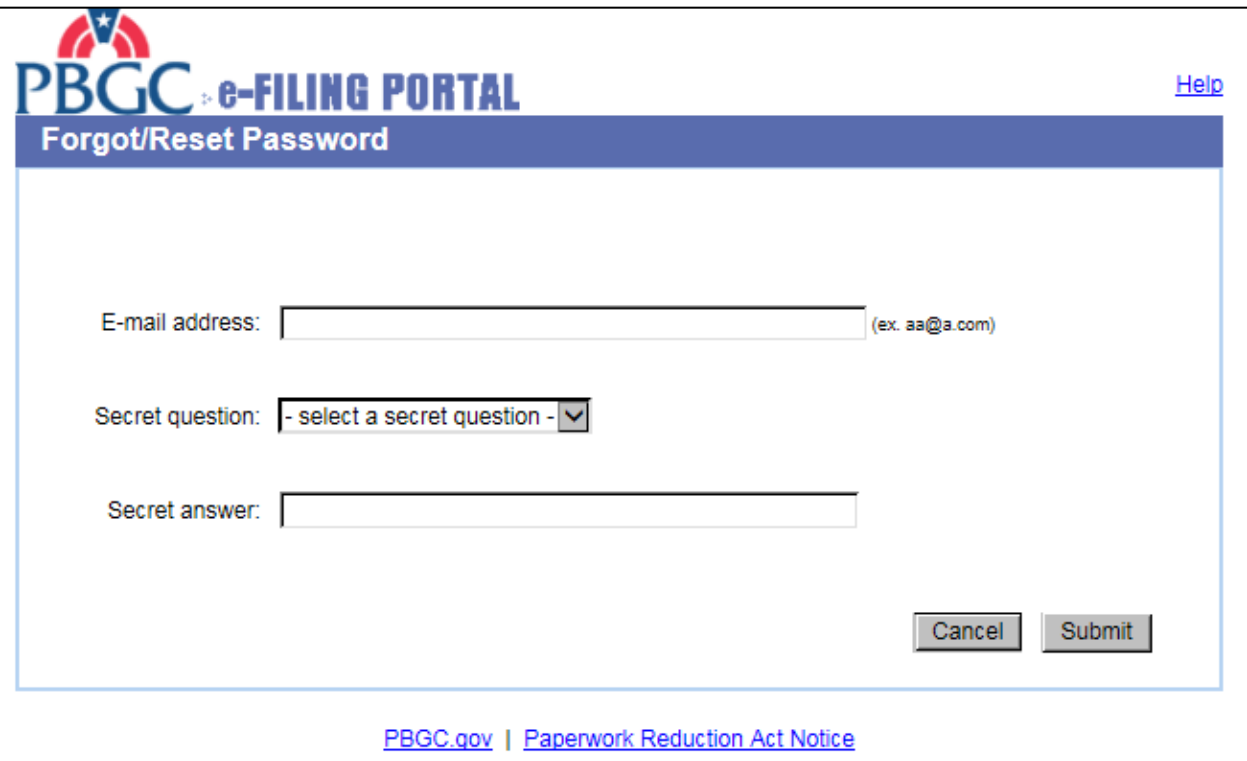
- The length of the password must be between 10 and 24 characters without any spaces.
- The password must contain at least 1 uppercase and 1 lowercase character(s) (A-Z.); (a-z).
- The password must contain at least 1 number(s) and 1 special character(s) (1, 2, 3, etc.); (\$, #, !, etc.).
- Do not include spaces or the following special characters:
  - Single Quote (') or Double Quote (") - Equal to (=) or Percent (%)
  - Asterisk (\*) or Backslash (\)                      - Plus (+) or Ampersand (&)
  - Greater than (>) or Less than (<)            - Semicolon (;) or Question mark (?)
- For password changes, at least 1 character(s) must be changed.

Confirm New Password:

**Step 3: Enter Your Security Key**

**Secret Question:** In what city were you born?

**Secret Answer:**



The image shows a web form for password recovery on the PBGC e-FILING PORTAL. The form is titled "Forgot/Reset Password" and includes three input fields: "E-mail address" with a text box and a placeholder "(ex. aa@a.com)", "Secret question" with a dropdown menu showing "- select a secret question -", and "Secret answer" with a text box. There are "Cancel" and "Submit" buttons at the bottom right. The footer contains the text "PBGC.gov | Paperwork Reduction Act Notice".

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**Forgot/Reset Password**

E-mail address:  (ex. aa@a.com)

Secret question:

Secret answer:

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### Forgot User ID

E-mail address:  (ex. aa@a.com)

Secret question:

Secret answer:

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### Change Password


Passwords to government systems must meet federal security regulations, which include the following requirements to help protect your personal and business information:

- The length of the password must be between 10 and 24 characters without any spaces.
- The password must contain at least 1 uppercase and 1 lowercase character(s) (A-Z); (a-z).
- The password must contain at least 1 number(s) and 1 special character(s) (1, 2, 3, etc.); (\$, #, !, etc.).
- Do not include spaces or the following special characters:
  - Single Quote (') or Double Quote (") - Equal to (=) or Percent (%)
  - Asterisk (\*) or Backslash (\) - Plus (+) or Ampersand (&)
  - Greater than (>) or Less than (<) - Semicolon (;) or Question mark (?)
- For password changes, at least 1 character(s) must be changed.

**Step 1: Enter New Password**  
  
**Confirm New Password:**

**Step 2: Enter Your Security Key**  
**Secret Question:** In what city were you born?  
**Secret Answer:**

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Help

## Change Temporary Password

Passwords to government systems must meet federal security regulations, which include the following requirements to help protect your personal and business information:

- The length of the password must be between 10 and 24 characters without any spaces.
- The password must contain at least 1 uppercase and 1 lowercase character(s) (A-Z.); (a-z).
- The password must contain at least 1 number(s) and 1 special character(s) (1, 2, 3, etc.); (\$, #, !, etc.).
- Do not include spaces or the following special characters:
  - Single Quote (') or Double Quote (") - Equal to (=) or Percent (%)
  - Asterisk (\*) or Backslash (\)            - Plus (+) or Ampersand (&)
  - Greater than (>) or Less than (<)    - Semicolon (;) or Question mark (?)
- For password changes, at least 1 character(s) must be changed.

**Step 1: Enter New Password**

  
**Confirm New Password:**

**Step 2: Enter Your Security Key**


**Secret Question:** In what city were you born?

**Secret Answer:**

Cancel

Save

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**Manage Account**

First Name:

Last Name:

Company:

Title:

Work Address:

City:

State:

Province (if outside the USA):

Country:

Zip Code:  (ex. 12345-1234)

Telephone:  (ex. 202-111-1111) Ext.

E-mail address:  (ex. aa@a.com)


Confirm E-mail address:  (ex. aa@a.com)

Secret question: In what city were you born?

Secret answer:

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**e-Filing Portal Home Page**

**e-4010: Controlled Group Filing Drafts**
[Create New 4010 Filing](#)

Information Year-end	Date Created	Name	
1/1/2016	11/21/2016	XYZ Holding Inc.	<a href="#">Edit Filing</a> <a href="#">Delete Filing</a> <a href="#">Reassign</a>

**e-4010: Controlled Group Filings Submitted to PBGC**

Information Year-end	Original Submission Date	Amended Submission Date	Name	
1/1/2016	11/21/2016	N/A	ABC	<a href="#">View Filing</a> <a href="#">Amend Filing</a> <a href="#">Reassign</a>
				<a href="#">View Attachment</a>

**e-4043 Reportable Events: Filing Drafts**
[Create New 4043 Filing](#)

EIN/PN	Plan Name	Type of Event	Date Created	
23-2323232/232	AAA Manufacturing Inc.,	Liquidation - Form 10-Advance	11/21/2016	<a href="#">Edit Filing</a> <a href="#">Delete Filing</a> <a href="#">Reassign</a>

**e-4043 Reportable Events: Filings Submitted to PBGC**

EIN/PN	Plan Name	Type of Event	Original Submission Date	Amended Submission Date	
23-2323232/232	ABC Manufacturing Inc.,	Liquidation - Form 10-Advance	11/21/2016	N/A	<a href="#">View Filing</a> <a href="#">Amend Filing</a> <a href="#">Reassign</a>
					<a href="#">View Attachment</a>


**Multiemployer Events: Filing Drafts**
[Create New ME Filing](#)

EIN/PN	Plan Name	Type of Event	Date Created	
34-4334344/233	Application for Financial Assistance - Recurring	Application for Financial Assistance - Recurring	11/17/2016	<a href="#">Edit Filing</a> <a href="#">Delete Filing</a> <a href="#">Reassign</a>

**Multiemployer Events: Filings Submitted to PBGC**

EIN/PN	Plan Name	Type of Event	Original Submission Date	Appended Submission Date	
23-4545454/322	Application for Financial Assistance - Initial	Application for Financial Assistance - Initial	11/15/2016	11/17/2016	<a href="#">View Filing</a> <a href="#">Append Filing</a> <a href="#">Reassign</a>
					<a href="#">View Attachment</a>

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**e-4010 - Create New Filing**

**Select option for new filing:**

- Pre-populate with data from previously submitted filing
- Do not pre-populate

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**e-4010 - Create New Filing**

Select the prior filing from which data will be extracted to pre-populate the new filing:


- Select a past filing -

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## Filing Summary

Controlled Group: ABC Holdings, Inc

Schedules		
<a href="#">Schedule G</a>	<input type="button" value="Comments"/>	
<a href="#">Schedule FG</a>	<input type="button" value="Comments"/>	
<b>Schedule I</b>	<input type="button" value="Comments"/>	<input type="button" value="Attachments"/>
<a href="#">Section I (Member Information)</a>		
<a href="#">Section II (Plan Information)</a>		
<a href="#">Section III (Prior member/plan information)</a>		
<a href="#">Schedule F</a>	<input type="button" value="Comments"/>	<input type="button" value="Attachments"/>
<a href="#">Schedule P</a>		

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**Schedule G - General Information**

**Controlled Group Information**

Name:

Business Code:  (ex. 123456)

CUSIP Number:  (enter first 6 digits only)

Date current information year ends:  (ex. MM/DD/YYYY)

**Filing Contact**

General Contact Information:

**General Filing Information**

Was a 4010 filing required last year?


Yes  No

Is a 4010 filing required this year?

Yes  No  Help me determine

Check this box if §4010.6(c) exception for previously submitted materials applies (see instructions)

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**Schedule FG - Filing Gateway**


Controlled Group: ABC Holdings, Inc

1. §4010.4(a)(1) - 4010 Funding target attainment percentage

a. Did any plan sponsored by a member of the controlled group have a 4010 funding target attainment percentage below 80%?

Yes  No

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**Schedule FG - Filing Gateway**

**Controlled Group: ABC**

1. §4010.4(a)(1) - 4010 funding target attainment percentage waiver


b. Does the total amount of 4010 funding shortfall in plans (including exempt plans) maintained by the members of the contributing sponsor's controlled group exceed \$15 million (disregarding those plans with no 4010 funding shortfall)?

Yes  No

c. Does the aggregate number of participants in plans maintained by the members of the contributing sponsor's controlled group (including exempt plans) equal or exceed 500?

Yes  No

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**Schedule FG - Filing Gateway**

**Controlled Group: ABC**

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

a. 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

b. If (a) is "Yes", did the plan administrator submit a "Form 200" reporting this failure to PBGC?

Yes  No

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**Schedule FG - Filing Gateway**

**Controlled Group: ABC**

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

a. 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 plan year ending within the information year (determined in accordance with § 1.4010.4(e))?

Yes  No

b. If (a) is "Yes", did the plan administrator notify PBGC, as required under ERISA 4043, that an application for such funding waiver(s) was submitted to IRS?

Yes  No

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**e-4010 Filing is Required**

Based on the information you have provided, an e-4010 Filing is required. Click on the button below to go to the e-4010 Filing Summary Page.

[Continue to e-4010 Filing Summary Page](#)

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**e-4010 Filing Not Required (Only Schedules G and FG)**

Based on the information you have provided, an e-4010 filing is not required for the current information year. However, because a filing was required for the prior information year, you must submit Schedules G and FG that you have just completed to notify PBGC that a filing is not required for the current information year.

Click on the button below to display the Filing Summary page. From there, you can choose to submit these two schedules to PBGC or review the information entered into Schedules G and FG prior to submission.

Warning: Because you need only submit Schedules G and FG, when you click on the "Go to Filing Summary" page, any information currently entered on other schedules (i.e., Schedules I, F, or P) will be deleted. If that is not your intention, select the "Back" button to change your prior responses.

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**No e-4010 Filing is Required**

Based on the information you have entered, you do not have to submit a filing to PBGC.

[Continue to e-4010 Filing Summary Page](#)

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**Schedule I - Identifying Information**  
**Section I - Controlled Group Members - Summary**

**Controlled Group: ABC Holdings, Inc**

Member Company	EIN	
<a href="#">ABC Holdings, Inc</a>	10-7894561	<input type="button" value="Delete"/>
<a href="#">ABC Manufacturing Inc *</a>	10-7894562	<input type="button" value="Delete"/>
<a href="#">ABC Distribution, Inc</a>	10-7894563	<input type="button" value="Delete"/>

\* This member is an exempt entity that sponsors an exempt plan.

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**Schedule I - Identifying Information**  
**Section I - Controlled Group Members**

Company Name:

EIN:  (ex. 12-1234567)

Address:

City:

State:

Province (if outside the USA):

Country:


Zip Code:  (ex. 12345-1234)

Telephone:  (ex. 202-111-1111) Ext.

Relationship:

Check box if this is an exempt member of the Controlled Group that sponsors an exempt plan:

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**Schedule I - Identifying Information**  
**Section I - Controlled Group Members**

**Information on new members**

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


Yes

No, member joined controlled group during information year

No, other

Date Joined:   
(ex. MM/DD/YYYY)

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**Schedule I - Identifying Information**  
**Section II - Plans - Summary**

**Controlled Group: ABC Holdings, Inc**

Plan Name	Sponsor	EIN/PN	Schedule P requirement waived? *		
<a href="#">Plan B</a>	ABC Holdings, Inc	01-7894561/002	Yes	<input type="button" value="Delete"/>	
<a href="#">Plan A</a>	ABC Healthcare Inc	01-7894562/001	No	<input type="button" value="Delete"/>	<input type="button" value="Unassign Actuary"/>
<a href="#">Plan C</a>	XYZ Holdings, Inc	10-7894563/003	No	<input type="button" value="Delete"/>	<input type="button" value="Assign to Actuary"/>

\* A yes in this column indicated that a Schedule P (Plan Actuarial Information) does not need to be included with this filing. This is the case if the plan is an exempt plan or if the plan is a multiple employer plan and:

- Another sponsor of the multiple is providing the relevant actuarial information, and
- This filing includes information on that other sponsor in the Schedule I comment box.


Enter Plan

Modify Member Information

Back to Filing Summary

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**Schedule I - Identifying Information**  
**Section II - Plans - Summary**

**Information for current year**

Plan Name:

Plan Sponsor:


Plan Number (PN):  (ex. 333)

Is this plan a multiple employer plan?  
 Yes  No

Is the requirement to submit actuarial information waived either because the plan is an exempt plan (as defined by § 1.4010.8(c)) or because the actuarial information is being reported by another filer (in accordance with § 1.4010.8(f))?  
 Yes  No

Is this plan frozen for eligibility or benefit accrual purposes (see instructions)?  
 Yes  No

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**Schedule I - Identifying Information**  
**Section II - Plans - Summary**


**Information related to plan freezes**

Date of freeze:  (ex. MM/DD/YYYY)

Nature of freeze:

- Plan closed to new entrants
- Both pay and service are frozen
- Service is frozen, but pay is not
- Other/combination, enter explanation:

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**Schedule I - Identifying Information**  
**Section II - Plans - Summary**

**Information on changes in EIN/PN**

Has the EIN or PN changed since the beginning of the current information year?

Yes  No  N/A (new plan)

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**Schedule I - Identifying Information**  
**Section II - Plans - Summary**

**Plan Information Completed**  
The information entered for this plan is now complete. Please click on "Enter Next Plan" button below to enter information for an additional plan.

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**Schedule I - Identifying Information**  
**Section II - Plans - Summary**

Controlled Group: ABC Holdings, Inc Member: ABC Holdings, Inc


Plan: Plan B

Information on changes in EIN/PN

Prior EIN:  (ex. 11-1234567)

Prior PN:  (ex. 333)

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**Schedule I - Identifying Information**  
**Section II - Plans - Summary**

Controlled Group: ABC Holdings, Inc Member: ABC Holdings, Inc

Plan: Plan B


**New plan information**

Date plan was first maintained by controlled group:  (ex. MM/DD/YYYY)

Explanation:

- Newly established plan
- Spun-off or transferred from plan sponsored by member outside controlled group
- Spun-off from plan sponsored by member within controlled group
- Other, enter explanation:

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**Schedule I - Identifying Information**  
**Section III - Prior Members/Prior Plans**

**Controlled Group: ABC Holdings, Inc**

**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).

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

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**Schedule F - Financial Information**  
**Type of Submission**


**Controlled Group: ABC Holdings, Inc**

Which of the permissible filing alternatives is being used?

- §4010.9(a) - separate financial information (financial statements or tax returns) for each non-exempt controlled group member will be provided
- §4010.9(b) - consolidated financial information that includes combined information for all non-exempt controlled group members will be provided
- 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.

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**Schedule F - Financial Information**  
**Type of Submission**

Controlled Group: ABC Holdings, Inc

Indicate whether the financial information for the following non-exempt members will be submitted individually or consolidated:

Member Company	EIN	Consolidated	Individual
XYZ Holdings, Inc	107894563	<input checked="" type="radio"/>	<input type="radio"/>
ABC Holdings, Inc	017894561	<input checked="" type="radio"/>	<input type="radio"/>

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**Schedule F - Financial Information - Summary**

Controlled Group: ABC


**Consolidated Members**

Member Company	EIN	Complete	<input type="button" value="Edit"/>
ABC Tech, Inc.	10-7894561	No	
ABC Distribution, Inc.	10-7894564	No	

**Individually Listed Members**

Member Company	EIN	Complete	<input type="button" value="Edit"/>
ABC Manufacturing, Inc.	10-7894563	No	

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**Schedule F - Financial Information**


Controlled Group: ABC Member: ABC Manufacturing, Inc.

**Reporting Method**

What type of information is being reported?

- Audited financial statements
- Unaudited financial statements
- Federal tax returns

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**Schedule F - Financial Information**

Controlled Group: ABC


Member: ABC Manufacturing, Inc.

**Reporting Method**

Will financial information be attached to this filing?

Yes  
 No, because it's publicly available

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**Schedule F - Financial Information**

Controlled Group: ABC Member: ABC Manufacturing, Inc.

**Reporting Method**

Where can the publicly available information be obtained?

SEC

Elsewhere, enter explanation:

Empty text box with a vertical scrollbar on the right side.

Date information was made available to the public:

(ex. MM/DD/YYYY)

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**Schedule F - Financial Information**

Controlled Group: ABC


Consolidated

**Additional Required Financial Information for each Non-Exempt Member of the Controlled Group**

ABC Tech, Inc.	
Revenues for the current information year: \$	<input type="text"/>
Operating income for the current information year: \$	<input type="text"/>
Net assets at the end of the current information year: \$	<input type="text"/>

ABC Distribution, Inc.	
Revenues for the current information year: \$	<input type="text"/>
Operating income for the current information year: \$	<input type="text"/>
Net assets at the end of the current information year: \$	<input type="text"/>




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### Schedule P - Plan Actuarial Information - Summary

Controlled Group: ABC

Plan Name	Sponsor	EIN/PN	Complete?
<a href="#">ABC Holdings, Inc</a> <input type="button" value="Comments"/> <input type="button" value="Attachments"/>	ABC Tech, Inc.	10-7894561/001	No <input type="button" value="Print Schedule P Certification"/>
<a href="#">ABC Financiacls, Inc</a> <input type="button" value="Comments"/> <input type="button" value="Attachments"/>	ABC Tech, Inc.	10-7894561/002	No <input type="button" value="Print Schedule P Certification"/>

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**Schedule P - Plan Actuarial Information**  
**Basic Plan Information**

Controlled Group: ABC Plan Sponsor: ABC Tech, Inc.

Plan: ABC Financials, Inc: 10-7894561/002

**Enrolled Actuary Information**

First Name:

Last Name:

EA Number:  (ex. 05-1111)

Telephone:  (ex. 202-111-1111) Ext.

E-mail (optional):  (ex. aa@a.com)

**Enter the following information with respect to the plan year ending within the information year**

Date plan year begins:  (ex. MM/DD/YYYY)

Date plan year ends:  (ex. MM/DD/YYYY)

Is this plan year a short plan year?

Yes  No

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**Schedule P - Plan Actuarial Information  
Funded Status Informations (§4044 basis)**

Controlled Group: ABC

Plan Sponsor: ABC Tech, Inc.

Plan: ABC Financials, Inc: 10-7894561/002


**Participant Count and Benefit Liabilities**

Participant Status	Number of Participants	Benefit Liabilities at plan year-end <small>(Before reflecting expense load)</small>
Active	<input type="text"/>	\$ <input type="text"/>
Terminated vested	<input type="text"/>	\$ <input type="text"/>
Receiving benefits	<input type="text"/>	\$ <input type="text"/>
<b>Total</b>	0	\$0

**Benefit Liabilities after reflecting expense load**

Expense Load per §4044.52(d)	\$ <input type="text"/>
<b>Total Benefit Liabilities*</b>	\$0

\* Determined using retirement age, interest, mortality, expense load provided in § 4044.51-57 and other assumptions as provided in § 4010.8(d)(2).

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**Schedule P - Plan Actuarial Information**  
**Funded Status Information (§4044 basis)**

Controlled Group: ABC Plan Sponsor: ABC Tech, Inc.

Plan: ABC Financials, Inc: 10-7894561/002

**Census Data used to determine benefit liabilities:**

Projected from a date within the plan year ending within the information year

As of the end of the plan year ending within the information year or the beginning of the subsequent year

**Interest rate used to determine Benefit Liabilities**

Period 1:  % for the first  years (ex. 4.21% for first 20 years).

Period 2:  % for all years thereafter

Fair market value of assets (excluding receivables) at plan-year end: \$

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**Schedule P - Plan Actuarial Information  
Other Information**

Controlled Group: ABC

Plan Sponsor: abc

Plan: abc: 12-1212121/123

The following items relate to the 1/1/2016 – 12/31/2016 plan year:

The first item (at-risk funding target) may be left blank. The other items are required.

Funding target (as of the valuation date) determined as if the plan has been in at-risk status for a consecutive period of at least 5 plan years: \$

4010 funding target attainment percentage (as of valuation date):  % (e.x. 92.21)


Adjusted funding target attainment percentage (as of valuation date):  % (e.x. 92.21)

Did any benefit limitations apply under ERISA 206(g) at any time during the plan year?  Yes  No

Has one or more minimum funding waivers been granted totaling in excess of \$1 million for which there is an outstanding balance at the end of the plan year?  Yes  No

The following item relates to the information year ending 1/1/2016:

Has a statutory lien arisen during the information year as the result of missed contributions in excess of \$1 million (that were not made within 10 days of the due date)?  Yes  No



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**Schedule P - Plan Actuarial Information  
Other Information**


Controlled Group: ABC Plan Sponsor: ABC Tech, Inc.

Plan: ABC Financials, Inc: 10-7894561/002

**Benefit limitations explanation**

Enter required information with respect to the benefit limitations applied under ERISA 206(g) (see instructions).

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**Schedule P - Plan Actuarial Information**  
**Additional Actuarial Information**

Controlled Group: ABC Plan Sponsor: ABC Tech, Inc.

Plan: ABC Holdings, Inc: 10-7894561/001

Which of the following five statements describes the method under which the additional information required under §4010.8(a)(11) will be provided?


All of the information is included in one actuarial valuation report. It is my understanding that the report will be submitted:

- As an attachment to this filing
- Electronically within 15 days of the IRS Form 5500 filing deadline for the plan year ending within the information year

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:

- As an attachment to this filing
- Electronically within 15 days of the IRS Form 5500 filing deadline for the plan year ending within the information year
- A combination of the two above

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**Schedule P - Plan Actuarial Information**

Controlled Group: ABC Plan Sponsor: ABC Tech, Inc.

Plan: ABC Financials, Inc: 10-7894561/002

You have reached the end of this schedule.

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**Schedule P Attachments**

Controlled Group: ABC Plan Sponsor: ABC Tech, Inc.

Plan: ABC Financials, Inc


File Name	Description		
<a href="#">Chart_1.docx</a>	Chart of the Controlled group.	<input type="button" value="View"/>	<input type="button" value="Delete"/>

File:

Description:

**It may take a minute or two to attach large files. Please click only once.**

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**Schedule P Comments**


Controlled Group: ABC Plan Sponsor: ABC Tech, Inc.

Plan: ABC Financials, Inc: 10-7894561/002

Comments:

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### Reassign Filing


**Controlled Group: ABC**

Enter the e-mail address of the person you would like to assign this filing:

Email address:  (ex. as@a.com)

*Note: You may only assign a filing to someone who has an e-Filing Portal account.*

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**Assign to Actuary**

Controlled Group: ABC

Actuaries currently assigned:

Enter the e-mail address of the person you would like to assign this filing:

Email address:  (ex. as@a.com)

*Note: You may only assign an actuary who has an e-4010 account.*

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**ERISA section 4010**

The PBGC needs this information, which is required to be submitted under part 4010, to enable it (1) to detect and monitor financial problems with the contributing sponsors that maintain severely underfunded pension plans and their controlled group members, (2) to respond quickly when it learns that a controlled group with severely underfunded pension plans intends to engage in a transaction that may significantly reduce the assets available to pay plan liabilities, and (3) to take action to protect participant and premium-payer interests.

The information provided to the PBGC under part 4010 is protected from disclosure as provided in 29 CFR § 4010.12. That section provides that in accordance with 29 CFR § 4501.21(a)(3) (part of the PBGC's regulation on Examination and Copying of PBGC Records) and section 4010(c) of ERISA, any information or documentary material that is not publicly available and is submitted to the PBGC pursuant to part 4010 shall not be made public, except as may be relevant to any administrative or judicial action or proceeding or for disclosures to either body of Congress or to any duly authorized committee or subcommittee of the Congress.

The PBGC estimates that the average annual burden of this collection of information is 8.7 hours and \$13,750 per controlled group. These are estimates and the actual time will vary depending on the circumstances of a given filing. If you have any comments concerning the accuracy of these burden estimates or suggestions for making it simpler to submit the information, please send your comments to the Pension Benefit Guaranty Corporation, Office of the General Counsel, 1200 K Street, N.W., Washington, D.C. 20005-4026.

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**Reportable Events**

**Post-Event Notice of Reportable Events (Form 10)**

PBGC needs this information, which is required to be filed under Employee Retirement Income Security Act (ERISA) §4043 and 29 CFR Part 4043, Subparts A and B, so that it can take action to protect participants and the termination insurance program in appropriate cases. Information provided to PBGC pursuant to ERISA §4043 is confidential to the extent provided by the Freedom of Information Act, the Privacy Act, and ERISA §4043(f). PBGC estimates that it will take an average of 5.5 hours and \$740 to comply with these requirements. If you have any comments concerning the accuracy of this estimate or suggestions for improving this form, please send your comments to the Pension Benefit Guaranty Corporation, Regulatory Affairs Group, Office of the General Counsel, 1200 K Street, N.W., Washington, DC 20005-4026. This collection of information has been approved by the Office of Management and Budget (OMB) under control number 1212-0013. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Advance Notice of Reportable Events (Form 10-Advance)**

PBGC needs this information, which is required to be filed under ERISA §4043 and 29 CFR Part 4043, Subparts A and C, so that it can take action to protect participants and the termination insurance program in appropriate cases. Information provided to PBGC pursuant to ERISA §4043 is confidential to the extent provided by the Freedom of Information Act, the Privacy Act, and ERISA §4043(f). PBGC estimates that it will take an average of 5.5 hours and \$740 to comply with these requirements. If you have any comments concerning the accuracy of this estimate or suggestions for improving this form, please send your comments to the Pension Benefit Guaranty Corporation, Regulatory Affairs Group, Office of the General Counsel, 1200 K Street, N.W., Washington, DC 20005-4026. This collection of information has been approved by the Office of Management and Budget (OMB) under control number 1212-0013. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Notice of Failure to Make Required Contributions Over \$1 Million (Form 200)**

PBGC needs this information, which is required to be filed under ERISA §303(k)(4) and the Internal Revenue Code §430(k)(4) and 29 CFR Part 4043, Subparts A and D, to make decisions regarding enforcement of a lien imposed by ERISA §303(k)(1) and Code §430(k)(1). Information provided to PBGC is confidential to the extent provided in the Freedom of Information Act and the Privacy Act.

PBGC estimates that it will take an average of 6 hours and \$890 to comply with the requirements described in these instructions. These figures are estimated averages that will vary depending on the nature and organizational structure of persons liable for plan contributions (in particular, whether the plan's contributing sponsor is a member of a controlled group and, if so, the size of that group) and on the funding history of the plan.

If you have any comments concerning the accuracy of these time estimates or suggestions for improving the form or these instructions, please send your comments to the Pension Benefit Guaranty Corporation, Regulatory Affairs Group, Office of the General Counsel, 1200 K Street, N.W., Washington, D.C. 20005-4026.

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**Duties of Plan Sponsor Following Mass Withdrawal**

The PBGC needs this information, which is required to be submitted under part 4281, to enable it to provide financial assistance to terminated plans in a timely manner.

The PBGC estimates that the average annual burden of this collection of information is .19 hour and \$969 per notice. These are estimates and the actual time will vary depending on the circumstances of a given filing. If you have any comments concerning the accuracy of these burden estimates or suggestions for making it simpler to submit the information, please send your comments to the Pension Benefit Guaranty Corporation, Office of the General Counsel, 1200 K Street, N.W., Washington, D.C. 20005-4026.

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**Termination of Multiemployer Plans**

The PBGC needs this information, which is required to be submitted under part 4041A, to enable it to determine whether the payment of benefits other than nonforfeitable benefits or benefits valued at more than \$1,750 in other than annuity form is permissible.

The PBGC estimates that the average annual burden of this collection of information is 1.9 hours and \$385 per plan. These are estimates and the actual time will vary depending on the circumstances of a given filing. If you have any comments concerning the accuracy of these burden estimates or suggestions for making it simpler to submit the information, please send your comments to the Pension Benefit Guaranty Corporation, Office of the General Counsel, 1200 K Street, N.W., Washington, D.C. 20005-4026.

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**Notice of Insolvency**


The PBGC needs this information, which is required to be submitted under part 4245, to enable it to estimate cash needs for financial assistance to troubled plans.

The PBGC estimates that the average annual burden of this collection of information is a small fraction of an hour and \$723 per plan. These are estimates and the actual time will vary depending on the circumstances of a given filing. If you have any comments concerning the accuracy of these burden estimates or suggestions for making it simpler to submit the information, please send your comments to the Pension Benefit Guaranty Corporation, Office of the General Counsel, 1200 K Street, N.W., Washington, D.C. 20005-4026.

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**Non-Personal Information We Collect**

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- The name of the domain from which you access the Internet;
- The type of browser and operating system used to access our site;
- The date and time you access our site;
- The Internet address of the Web site from which linked directly to our site; and,
- The pages and files you access on this site.

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In accordance with federal policy, PBGC does not use persistent cookies on its Web site.

The e-4010 application on the Web site uses session cookies to recognize you and assist you in navigating the application in the most efficient and effective manner possible. You must accept these session cookies if you wish to use the e-4010 application. As stated above, session cookies expire once you close your browser. No information about you is maintained as a result of a session cookie.

**Personal Identifying Information That You Submit**

**e-4010:** PBGC receives and stores personal identifying information submitted by you within the e-4010 application on the Web site (located at [www.pbgc.gov/e4010](http://www.pbgc.gov/e4010)). This information (name, work address, telephone number, and e-mail address) is used to establish your account, respond to your requests, and provide you with information about your interactions with PBGC. The security of the information you input for e-4010 is protected during transmission using Secure Sockets Layer (SSL) encrypting software. By providing PBGC with your email address, it will be used by PBGC to contact you regarding your account status (including confirmation of registration), and may be used to contact you for other purposes (for example, to notify you about major changes to the Web site or to request feedback on the application).

**Storage of Information:** To prevent unauthorized access, maintain data accuracy, and ensure the appropriate use of information, PBGC has put in place physical, electronic, and managerial procedures to protect the personal identifying and other information collected online. PBGC will keep a log of all transactions and data that you submit via the e-4010 application in order to (1) provide efficient customer service; (2) to provide adequate audit records, and (3) to process your data transactions or requests. Your information will be maintained and managed in accordance with the Federal Records Act.

PBGC may disclose information you submit if we are required to do so by law or we in good faith believe that such action is necessary to: (1) comply with the law or with legal process; (2) protect and defend our rights and property; (3) protect against misuse or unauthorized use of e-4010; or (4) protect the personal safety or property of our users or the public. If you provide false information, attempt to pose as someone else, or otherwise are believed to have committed any other illegal act, information about you may be disclosed as part of any investigation into your actions).

**Email:** If you contact PBGC via electronic mail rather than through the secure e-4010 application, the information you send will still be used for the purposes described at the point of collection and stored as record material. However due to the nature of the Internet and the World Wide Web, we cannot assure the security of the information during transmission by electronic mail over the public Internet. Thus, you may be uncomfortable with sending sensitive information (such as a bank account number or your home phone number and address) to PBGC other than through the secure e-4010 application. As an alternative, we suggest that you (1) contact PBGC by telephone or (2) send the information to PBGC by regular mail. See Contact Information under [www.pbgc.gov](http://www.pbgc.gov) for appropriate addresses and telephone numbers.

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