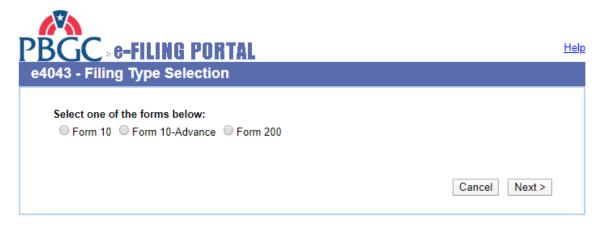
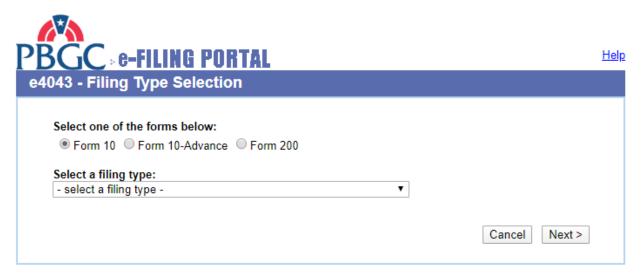


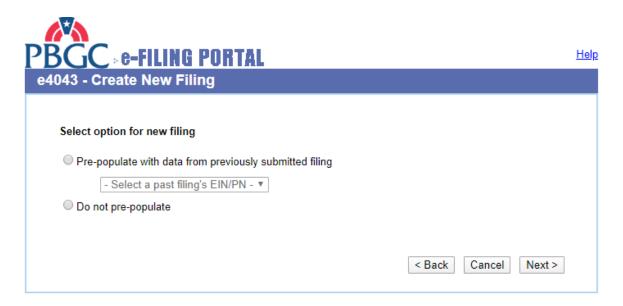
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Active Participant Reduc	ction - Form 10
- · ·	
Plan Name:	
EIN:	(ex. 33-333333) PN: (ex. 333)
Filer Information	
Company Name:	
Address:	
City:	
	- select a state - ▼
Zip Code:	(ax. 12345-1234)
Telephone:	(ax. 202-111-1111) Ext.
	Plan Administrator
	Contributing Sponsor
Authorized contact at filer	
First Name:	
Last Name:	
Title:	
Address:	
City:	
	- select a state - ▼
Zip Code:	(ex. 12345-1234)
Telephone:	(ex. 202-111-1111) Ext.
E-mail address:	(ex. aa@a.com)
BRIEF DESCRIPTION Briefly de	escribe the pertinent facts relating to the event.
Date of Event:	(MMDD/1111)
Notice Filing Date:	(MMDD/YYYY)
Notice Due Date:	(MM00/YYYY)
Filing Extension Claimed:	○ Yes ○ No
Extension Claimed or Reason for Late Filing:	//
	< Back Cancel Save & Next



Active Participant Reduction - Form 10

At

tached Documents		
Information Required	I to be Filed	
	attached to the filing. Check each box to indicate th vide an explanation in the Missing Information sec	at the applicable item is attached. If any required item is not tion below
discontinued oper Attrition event – st	ations, winding down of the company, o	on such as frozen plan, aging workforce or
	participants at the date the event occur	s and at the beginning of the plan year in which
 Description of the member 	plan's controlled group structure, include	ding the name of each controlled group
 Actuarial Informat 		
 Financial Informat 	ion (see instructions)	
Missing Information	If required information has not been sul	omitted with this notice, explain below.
Comments:		
File:	Choose File No file chosen	· · · · · · · · · · · · · · · · · · ·
Document Type:	- Select a document type -	▼
Description:		
Description.		
	Attach	ke a minute or two to attach large files.
	Please click only once. To send files	larger-than-25MB, please click on this link
	http://PBGC.leapfile.com for further in	structions.
File Name	Document Type	Description
		< Back Cancel Save & Next



Failure to Make Required Contributions (\$1M or under) - Form 10

Attached Documents

Additional Information	on Required	
	ount of the missed contribution	
	ount of the next payment due	
List of amount an filed	d date of all contributions not timely made and not reported on the last Schedule SB	
Date and amount	of any contribution(s) made related to the missed contribution(s)	
Reason contribution	ion was not made by due date	
 Description of the member 	e plan's controlled group structure, including the name of each controlled group	
 Name of each pla and EIN/PN 	an maintained by any member of the plan's controlled group, its contributing sponsor(s)	
Actuarial Information	tion (see instructions)	
Financial Informa	tion (see instructions)	
Missing Information Comments:	If required information has not been submitted with this notice, explain below.	
		<u>/</u>
File:	Choose File No file chosen	
Document Type:	- Select a document type - ▼	
Description:		
	Attach Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger-than-25MB, please click on this link http://PBGC.leapfile.com for further instructions.	
File Name	Document Type Description	
	< Back Cancel Save & Next	t



Inability To Pay Benefits When Due - Form 10

tached Documents		
Additional Information	on Required	
Date of any misse	ed benefit payment and amount of benefits o	due
Next date on which	ch the plan is expected to be unable to pay I number of plan participants expected to be	benefits, the amount of the projected
Amount of the pla	n's liquid assets at the end of the quarter, a	nd the amount of its disbursements for the
Name, address a	nd phone number of plan trustee (and of an	y custodian)
Most recent pens	ion plan document(s)	
The Internal Reve	enue Service Determination Letter indicating	the plan is a covered plan, if applicable
 Description of the member 	plan's controlled group structure, including	the name of each controlled group
Actuarial Informat	tion (see instructions)	
Financial Information	tion (see instructions)	
Comments:		
File:	Choose File No file chosen	
Document Type:	- Select a document type -	▼
Description:		
	Attach Maximum file size is 25MB. It may take a Please click only once. To send files larghttp://PBGC.leapfile.com for further instru	ger-than-25MB, please click on this link
File Name	Document Type	Description
		< Back Cancel Save & Next



Distribution To A S	Distribution To A Substantial Owner - Form 10		
Attached Documents			
Additional Information	on Required		
Amount, form and Reason for the di Description of the member Actuarial Information	nd phone number of person receiving the distribution(s) d date of each distribution stribution e plan's controlled group structure, including the name of each controlled group tion (see instructions) tion (see instructions)		
Missing Information Comments:	If required information has not been submitted with this notice, explain below.		
File: Document Type: Description:	Choose File No file chosen - Select a document type - ▼ Attach Maximum file size is 25MB. It may take a minute or two to attach large files.		
File Name	Please click only once. To send files larger-than-25MB, please click on this link http://PBGC.leapfile.com for further instructions. Document Type Description Absolute on this link http://ebase.click.on this link https://ebase.click.on this link http		



iranster Of Beneti	t Liabilities - Form 10
Attached Documents	
Additional Information	on Required
 Name, contributing 	g sponsor, EIN/PN, and contact information of transferee plan(s)
 Description of the controlled group r 	transferor and transferee's controlled group structures, including the name of each member
	e actuarial assumptions used in determining the value of benefit liabilities (and, if assets) transferred
	ssets, liabilities, and number of participants whose benefits are transferred (liabilities should be broken down by status – active, term vested, and retirees)
Financial Informa	tion for the transferor and transferee's controlled group (see instructions)
Actuarial Informat	tion (see instructions)
Missing Information Comments:	If required information has not been submitted with this notice, explain below.
File:	Choose File No file chosen
Document Type:	- Select a document type - ▼
Description:	
	Attach Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger-than-25MB, please click on this link http://PBGC.leapfile.com for further instructions.
File Name	Document Type Description
	< Back



Change In Contrib	uting Sponsor Or Controlled Group - Form 10
Attached Documents	
Additional Information	on Required
group member	plan's old and new controlled group structures, including the name of each controlled
	n maintained by any member of the plan's old and new controlled groups, its sor(s) and EIN/PN
Financial Information	tion for the old and new controlled group (see instructions)
Actuarial Informat	ion (see instructions)
Missing Information Comments:	If required information has not been submitted with this notice, explain below.
File:	Choose File No file chosen
Document Type:	- Select a document type - ▼
Description:	Attach Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger-than-25MB, please click on this link http://PBGC.leapfile.com for further instructions.
File Name	Document Type Description
	< Back Cancel Save & Next



_iquidation - Form	110	
Attached Documents		
Information Require	d to be Filed	
	attached to the filing. Check each box to indicate the ovide an explanation in the Missing Information sec	nat the applicable item is attached. If any required item is not tion below
 Description of the of each controlled 		e and after the liquidation, including the name
 Operational status bankruptcy, on-go 		Chapter 7 proceedings, liquidating outside of
 Name of each pla and EIN/PN 	n maintained by any member of the pla	in's controlled group, its contributing sponsor(s)
_	ion (see instructions)	
_	tion (see instructions)	
its assets, or othe resolution was ma	rwise effect or implement its complete I ade, 2)Most recent pension plan docum	ting business operations, sell substantially all iquidation also provide: 1)Date on which such ent(s), 3)Address of each controlled group Letter indicating the plan is a covered plan, if
Missing Information	If required information has not been sul	bmitted with this notice, explain below.
Comments:		
File:	Choose File No file chosen	
Document Type:	- Select a document type -	▼
Description:		
		ke a minute or two to attach large files. larger-than-25MB, please click on this link
	napari boolieapine.com for futiller in	ou ucuviio.
File Name	Document Type	Description
		< Back Cancel Save & Next



Extraordinary Dividend Or Stock Redemption - Form 10

ched Documents	
Additional Information	ion Dogwirod
Additional information	ion Required
Name and EIN of	of person making the distribution
Date and amount	nt of cash distribution(s) during fiscal year
Description, fair r	market value, and date or dates of any non-cash distributions
 Statement wheth 	ner the recipient was a member of the plan's controlled group
 Description of the member 	e plan's controlled group structure, including the name of each controlled group
Actuarial Informa	ation (see instructions)
Financial Informa	ation (see instructions)
File:	Choose File No file chosen
Document Type:	- Select a document type - ▼
Description:	
Description.	
	Attach Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger-than-25MB, please click on this link http://PBGC.leapfile.com for further instructions.
	Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger-than-25MB, please click on this link
	Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger-than-25MB, please click on this link http://PBGC.leapfile.com for further instructions.
File Name	Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger-than-25MB, please click on this link
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File Name	Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger-than-25MB, please click on this link http://PBGC.leapfile.com for further instructions.



	inimum Funding Waiver - Form 10
Attached Documents	
Additional Information	on Required
Copy of waiver ap	oplication, with all attachments
	projections for the next 5 years (with and without the waiver) including all details lculations and all assumptions, to the extent not included in the waiver application
Missing Information	If required information has not been submitted with this notice, explain below.
Comments:	
File:	Choose File No file chosen
Document Type:	- Select a document type - ▼
Description:	
	Attach Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger-than-25MB, please click on this link http://PBGC.leapfile.com for further instructions.
File Name	Document Type Description
	< Back Cancel Save & Next



Loan Default - For	m 10	
Attached Documents		
Additional Information	on Required	
Copy of the relev amendments and	ant loan documents (e.g., promissory not I waivers)	te, security agreement, loan agreement
Due date and am	ount of any missed payment	
 Copy of any writted agreement amen 		ender, any notice of forbearance, or loan
 Description of an 	y cross-defaults or anticipated cross-defa	aults
 Description of the member 	e plan's controlled group structure, includ	ing the name of each controlled group
Actuarial Informa	tion (see instructions)	
Financial Informa	tion (see instructions)	
Comments:	If required information has not been sub	
File:	Choose File No file chosen	
Document Type: Description:	- Select a document type -	
		te a minute or two to attach large files. larger-than-25MB, please click on this link structions.
File Name	Document Type	Description
		< Back



Insolvency Or Similar Settlement - Form 10

ched Documents						
Additional Informatio	n Required					
 Name, address ar 	nd phone number	r of any trustee, r	eceiver or sim	ilar person		
 Docket number of filed (if known) 	court filing and I	ocation of the co	urt where any	relevant proce	eeding was	or will be
 Description of the member 	plan's controlled	group structure,	including the I	name of each	controlled	group
Name of each plan and EIN/PN	n maintained by	any member of th	ne plan's contr	olled group, it	s contributi	ng sponsor(s)
Actuarial Information	ion (<u>see instructi</u>	ons)				
Financial Informat	ion (<u>see instructi</u>	ons)				
Missing Information	f required inform	ation has not bee	n submitted w	vith this notice	, explain b	elow.
Comments:						
File:	Choose File	No file chosen				
Document Type:	- Select a docu	ment type -		•		
Description:						
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	Attach					
		ize is 25MB. It m	ay take a mir	nute or two to	attach lai	ge files.
	Please click on	ly once. To send	files larger-t	han-25MB, p		
	nttp://PBGC.leap	ofile.com for furtl	ier instructio	ns.		
File Name	Do	cument Type		Description		
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