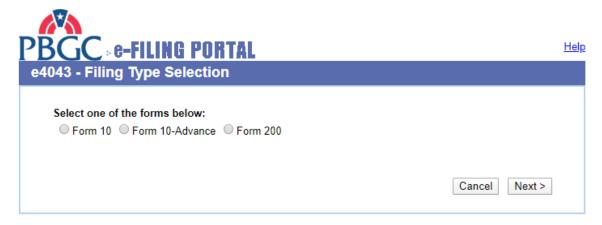
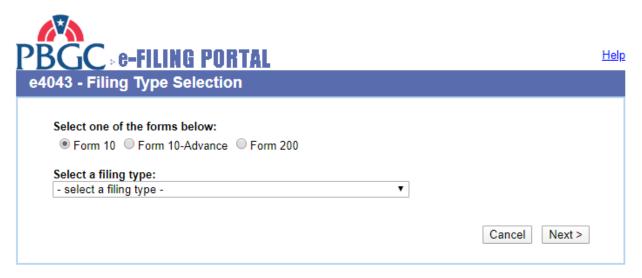


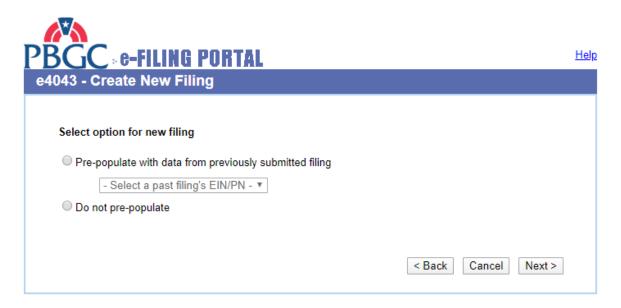
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Active Participant Reduction - Form 10		
- · ·		
Plan Name:		
EIN:	(ex. 33-333333) PN: (ex. 333)	
Filer Information		
Company Name:		
Address:		
City:		
	- select a state - ▼	
Zip Code:	(ax. 12345-1234)	
Telephone:	(ax. 202-111-1111) Ext.	
	Plan Administrator	
	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

Attached Documents

ttached Documents		
Information Required to	be Filed	
	ched to the filing. Check each box to indicate tha e an explanation in the Missing Information secti	at the applicable item is attached. If any required item is not on below
discontinued operation Attrition event – state improved operational Number of active parthe event occurred.	ons, winding down of the company, or ement of factors involved in the attrition of efficiencies that do not require repla- ticipants at the date the event occurs an's controlled group structure, includant (see instructions)	on such as frozen plan, aging workforce or
Missing Information If re	equired information has not been sub	mitted with this notice, explain below.
Comments:		
File: C	hoose File No file chosen	
Document Type: - 5	Select a document type -	▼
Description:		
Ma Ple		ke a minute or two to attach large files. larger-than-25MB, please click on this link structions.
File Name	Document Type	Description
		< Back Cancel Save & Next



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

Attached Documents

Additional Information Required

Due date and amount of the missed contribution
Due date and amount of 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)
Evidence of any amount paid related to the missed contribution (cancelled check, wire transfer, asset statement)

 Reason contrib 	Reason contribution was not made by due date				
 Description of t member 	Description of the plan's controlled group structure, including the name of each controlled group member				
 Name of each and EIN/PN 	Name of each plan maintained by any member of the plan's controlled group, its contributing sponsor(s) and EIN/PN				
Actuarial Information	nation (see instructions)				
Financial Inform	nation (see instructions)				
•	n 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				



Inability To Pay Benefits When Due - Form 10

Attached Documents

Additional Information	on Required	
	ed benefit payment and amount of benefit	
	ch the plan is expected to be unable to pa number of plan participants expected to b	
 Amount of the pla quarter 	an's liquid assets at the end of the quarter	, and the amount of its disbursements for the
Name, address a	nd phone number of plan trustee (and of	any custodian)
Most recent pens	sion plan document(s)	
The Internal Revenue	enue Service Determination Letter indicat	ing the plan is a covered plan, if applicable
 Description of the member 	e plan's controlled group structure, includi	ng the name of each controlled group
Actuarial Informa	tion (see instructions)	
Financial Informa	ition (see instructions)	
		6
File:	Choose File No file chosen	
Document Type:	- Select a document type -	▼
Description:		
	Attach	
	Maximum file size is 25MB. It may take	arger-than-25MB, please click on this link
File Name	Document Type	Description
		< Back Cancel Save & Next
		Cancel Save & Next



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 ABBC Leapfile.com for further instructions.	



Transfer Of Benefit Liabilities - Form 10		
Attached Documents		
Additional Information	on Required	
 Name, contributir 	ng sponsor, EIN/PN, and contact informa	tion of transferee plan(s)
 Description of the controlled group 		roup structures, including the name of each
	e actuarial assumptions used in determir assets) transferred	ing the value of benefit liabilities (and, if
	ssets, liabilities, and number of participa should be broken down by status – active	nts whose benefits are transferred (liabilities e, term vested, and retirees)
Financial Informa	tion for the transferor and transferee's co	ontrolled group (see instructions)
Actuarial Informa	tion (see instructions)	
Comments:	If required information has not been sub	milited with this floude, explain below.
File:	Choose File No file chosen	
Document Type:	- Select a document type -	▼
Description:		//
		te a minute or two to attach large files. larger-than-25MB, please click on this link structions.
File Name	Document Type	Description
		C Park Court Court
		< Back Cancel Save & Next



Change In Contrib	uting Sponsor Or Controlled Group - Form 10
Attached Documents	
Additional Information	n Required
Description of the group member	plan's old and new controlled group structures, including the name of each controlled
 Name of each pla contributing spons 	n maintained by any member of the plan's old and new controlled groups, its sor(s) and EIN/PN
Financial Informat	ion for the old and new controlled group (see instructions)
Actuarial Informat	ion (see instructions)
Missing Information Comments:	f 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	10			
Attached Documents				
Information Required	to be Filed			
	attached to the filing. Check each box to indicate th ovide an explanation in the Missing Information sect		ched. If any re	quired item is not
 Description of the of each controlled 	plan's controlled group structure before group member	and after the liquidati	ion, includi	ng the name
 Operational status bankruptcy, on-go 	s of each controlled group member (in C oing, etc.)	chapter 7 proceedings	, liquidating	g outside of
 Name of each pla and EIN/PN 	n maintained by any member of the pla	n's controlled group, it	s contribut	ing sponsor(s)
 Actuarial Informat 	tion (see instructions)			
	tion (see instructions)			
its assets, or othe resolution was ma member, 4)The In applicable	or resolves to cease all revenue generat prwise effect or implement its complete li ade, 2)Most recent pension plan docum aternal Revenue Service Determination li If required information has not been sub-	quidation also provide ent(s), 3)Address of ea Letter indicating the pl	e: 1)Date or ach control an is a cov	n which such led group ered plan, if
Comments:	in required information has not been suc	milited with this notice	s, explain b	elow.
File:	Choose File No file chosen - Select a document type -	▼		//
•	- Select a document type -	•		
Description:			//	
	Attach Maximum file size is 25MB. It may ta Please click only once. To send files http://PBGC.leapfile.com for further in	larger-than-25MB, p		
File Name	Document Type	Description		
		< Back	Cancel	Save & Next



Extraordinary Dividend Or Stock Redemption - Form 10

ched Documents		
Additional Information	on Required	
Name and EIN of	person making the distribution	
_	of cash distribution(s) during fiscal	vear
_	narket value, and date or dates of a	•
	er the recipient was a member of the	
_	·	ncluding the name of each controlled group
Actuarial Information	tion (see instructions)	
Financial Informa	tion (see instructions)	
- "	Character No. Character	
File:	Choose File No file chosen	
Document Type:	- Select a document type -	▼
Description:		10
		y take a minute or two to attach large files. files larger-than-25MB, please click on this link er instructions.
File Name	Document Type	Description
	,,	•



Application For Mi	inimum Funding Waiver - Form 10
Attached Documents	
Minimum funding	on Required 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	
amendments and	,	urity agreement, loan agreement
	ount of any missed payment en notice of default or acceleration from lender, dment or waiver	any notice of forbearance, or loan
 Description of any 	y cross-defaults or anticipated cross-defaults	
 Description of the member 	plan's controlled group structure, including the	name of each controlled group
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.
File:	Choose File No file chosen	
Document Type:	- Select a document type -	▼
Description:	Attach Maximum file size is 25MB. It may take a mi Please click only once. To send files larger- http://PBGC.leapfile.com for further instruction	than-25MB, please click on this link
File Name	Document Type	Description
		< Back Cancel Save & Next



Insolvency Or Similar Settlement - Form 10

isolitono, el em	mar vottomont - rom ro
ttached Documents	
Additional Information	on Required
Name, address a	nd phone number of any trustee, receiver or similar person
 Docket number of filed (if known) 	f court filing and location of the court where any relevant proceeding was or will be
 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	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.
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