

PBGC Form 10 Approved OMB #1212-0013 Expires 03/31/2012

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	
Name of filer	Plan name
Street address of filer	Name / title of individual to 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
☐ Inability to pay benefits when due	<ul> <li>Extraordinary dividend or stock redemption</li> </ul>
☐ 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	

## ADDITIONAL INFORMATION TO BE FILED Change in Contributing Sponsor or Controlled Group Description of the plan's old and new controlled group **Active Participant Reduction** structures, including the name of each controlled group member Statement explaining the cause of the reduction (e.g., facility shutdown or šale) Name of each plan maintained by any member of the plan's old and new controlled groups, it's contributing sponsor(s) Number of active participants at the date the event occurs, and EIN/PN at the beginning of the current plan year, and at the beginning of the prior plan year Liquidation Failure to Make Required Contributions ☐ Description of the plan's controlled group structure before and after the liquidation, including the name of each controlled group member Due date and amount of both the missed contribution and the next payment due Name of each plan maintained by any member of the plan's controlled group, its contributing sponsor(s) and EIN/PN Most recent actuarial valuation report Description of the plan's controlled group structure. including the name of each controlled group member **Extraordinary Dividend or Stock Redemption** Name of each plan maintained by any member of the plan's Name and EIN of person making the distribution controlled group, its contributing sponsor(s) and EIN/PN ☐ Date and amount of cash distribution(s) during fiscal year Inability to Pay Benefits When Due Description, fair market value, and date or dates of any non-cash distributions Date of any missed benefit payment and amount of benefits Statement whether the recipient was a member of the plan's controlled group 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 Application for Minimum Funding Waiver Amount of the plan's liquid assets at the end of the quarter, Copy of waiver application, with all attachments and the amount of its disbursements for the quarter Most recent actuarial valuation report Loan Default Name, address and phone number of plan trustee (and of ☐ Copy of the relevant loan documents (e.g., promissory any custodian) note, security agreement) Due date and amount of any missed payment **Distribution to a Substantial Owner** Copy of any written notice of default or any notice of Name, address and phone number of person receiving the acceleration from lender distribution(s) Amount, form and date of each distribution **Bankruptcy or Similar Settlement** Most recent actuarial valuation report Copy of bankruptcy petition or similar document Docket sheet or other list of documents filed Transfer of Benefit Liabilities Last date for filing claims, if known Name, contributing sponsor and EIN/PN of transferee □ Name, address and phone number of any trustee, receiver or plan(s) similar person Explanation of the actuarial assumptions used in Most recent actuarial valuation report for each plan in the determining the value of benefit liabilities (and, if controlled group appropriate, plan assets) transferred Estimate of the assets, liabilities, and number of participants ☐ Description of the plan's controlled group structure, including the name of each controlled group member whose benefits are transferred Note: To the extent this information is filed with the IRS Name of each plan maintained by any member of the plan's Form 5310A, PBGC will accept a copy of that filing. controlled group, its contributing sponsor(s) and EIN/PN