PBGC Form 500



Standard Termination Notice Single-Employer Plan Termination

Plan Name	PAF	RT I.	IDENTIFYING INFORMATION							
(Address should include room or suite no.) 2c 9-digit employer identification number (PN) 2d 3-digit plan number (PN) 2d 3-digit plan number (PN) 2f 6-digit business code with the PBGC, also show the number(s) previously reported with the PBGC, also show the number(s) previously reported include room or suite no.) 3d Plan Administrator's name and address (if same as 2a, enter 'same') (Address should include room or suite no.) 3d Name and address of person to be contacted for more information (if same as 3a, enter 'same') (Address should include room or suite no.) 3d Name and address of person to be contacted for more information (if same as 3a, enter 'same') (Address should include room or suite no.) 3f E-mail address (optional) PART II. GENERAL PLAN INFORMATION 4a Have you filed, or will you file, with the internal Revenue Service for a determination letter on the termination of this plan? No (MMDD/YYYY) 5a Is this a multiple-employer plan? 4 Yes (Address should include room or suite no.) 6 Reason for plan termination. If more than one reason for the termination (considering (1) - (12) and c.), see instructions. 8 Plan related (1) Plan administration too costly or complicated (2) Plan benefits too certify (3) Restructuring of terimenent program (e.g. adoption of new plan, decision that defined benefit plan no longer meets employer objectives) (4) Referement/linessedarth of owner(s) 4b Business related (5) Adverse business conditions (6) Sale of company/subsidiary/division (not involving bankruptcy or similar proceeding) (7) Company/subsidiary/division closed (not involving bankruptcy or similar proceeding) (8) Merger of company (9) Contributing sponsor reorganized (in bankruptcy or similar proceeding) (10) Another business acquired by contributing sponsor (11) Contributing sponsor reorganized (in bankruptcy or similar proceeding) C Company/subsidiary/division (not involving bankruptcy or similar proceeding) A Not henge C Contributing sponsor acquired by another business 7d Anothe	1a	Plan Na	Plan Name 1b Last day of plan year							
2d 3-digit plan number (PN) 2e If you used a different EIN or PN for this contributing sponsor/plan in previous filings with the PBCC, also show the number(s) previously reported 3a Plan Administrator's name and address (if same as 2a, enter "same") (Address should include room or suite no.) 3b Plan Administrator's name and address (if same as 2a, enter "same") (Address should include room or suite no.) 3c E-mail address (optional) 3d Name and address of person to be contacted for more information (if same as 3a, enter "same") (Address should include room or suite no.) 3f E-mail address (optional) PART II. GENERAL PLAN INFORMATION 4a Have you filed, or will you file, with the internal Revenue Service for a determination letter on the termination of this plan? 5a Is this a multiple-employer plan? 4b If "Yes" to 4a, enter the filing date: (MMDDYYYY) 5a Is this a multiple-employer plan? 4b If "Yes" to 5a, attach a list of the name employer identification numbers of all contributing sponsor for plan deministration too costly or complicated (1) Plan administration too costly or complicated (2) Plan benefits too costly (3) Restructuring of retirement program (e.g. adoption of new plan, decision that defined benefit plan no longer meets employer objectives) (4) Retirement/fillness/desth of owner(s) 5b Business related (5) Adverse business conditions (6) Sale of company/subsidiary/division (not involving bankruptcy or similar proceeding) (7) Company/subsidiary/division dosed (not involving bankruptcy or similar proceeding) (6b(ii) Another business acquired by contributing sponsor (11) Contributing sponsor reorganized (in bankruptcy or similar proceeding) 5b Company/subsidiary/division (not involving bankruptcy or similar proceeding) 6 Company/subsidiary/division (not involving bankruptcy or similar proceeding) 6 Company/subsidiary/division (not involving bankruptcy or similar proceeding) 7c Company/subsidiary/division (not involving bankruptcy or similar proceeding) 6 Another business acquire	2a				2b	Sponsor's telephone nun	nber			
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a No change b Sale of company/subsidiary/division (not involving bankruptcy or similar proceeding) c Company/subsidiary/division closed (not involving bankruptcy or similar proceeding) d Merger of company e Contributing sponsor acquired by another business f Another business acquired by contributing sponsor g Contributing sponsor reorganized (in bankruptcy or similar proceeding) 7a 7b 7c 7c 7d 7d 7d 7f 7g 7f 7f 7g 7g	7	Change	s in contributing sponsor associated with plan termination (ch	neck all that apply)						
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d Merger of company e Contributing sponsor acquired by another business f Another business acquired by contributing sponsor g Contributing sponsor reorganized (in bankruptcy or similar proceeding) 7d 7f 7g	b	Sale of company/subsidiary/division (not involving bankruptcy or similar proceeding)								
e Contributing sponsor acquired by another business f Another business acquired by contributing sponsor g Contributing sponsor reorganized (in bankruptcy or similar proceeding) 7e 7f 7g	С	Company/subsidiary/division closed (not involving bankruptcy or similar proceeding)								
f Another business acquired by contributing sponsor g Contributing sponsor reorganized (in bankruptcy or similar proceeding) 7f 7g	d	Merger of company								
g Contributing sponsor reorganized (in bankruptcy or similar proceeding) 7g	е	Contributing sponsor acquired by another business								
	f	f Another business acquired by contributing sponsor								
h Contributing sponsor liquidated (in bankruptcy or similar proceeding)	g									
	h	h Contributing sponsor liquidated (in bankruptcy or similar proceeding)								

8	Number of plan participants and beneficiaries as of proposed termination date:					
а	Active participants					
b	Retirees or beneficiaries receiving benefits					
С	Separated vested participants entitled to benefits					
d	Separated non-vested participants					
е	Total		8e			
9	Estimated percent of currently employed participants that are covered under the terminated plan that you expect to be covered under:					
а	No plan		9a	%		
b	New or existing traditional defined benefit plan		9b	%		
С	New or existing hybrid defined benefit plan, other than cash balance plan		9с	%		
d	New or existing cash balance plan		9d	%		
е	New or existing profit sharing plan		9e	%		
f	New or existing 401(k) plan		9f	%		
g	New or existing simplified employee plan		9g	%		
h	Other new or existing defined contribution plan (specify)		9h	%		
10	If the percent entered for item 9b, 9c or 9d is greater than zero, will the types of benefits under the new or existing defined benefit plan be substantially the same as under the terminating plan for all affected participants (currently employed participants that you expect will be covered under the new or existing defined benefit plan.)					
11	Proposed termination date	(MM/DD/YYYY)				
111	11b Proposed termination date stated in notice of intent to terminate (if different from 11a) Attach copy of notice of intent to terminate. (MM/DD/YYYY)					
12a Earliest date notices of intent to terminate issued to affected parties (MM/DD/YYYY)						
121	Latest date notices of intent to terminate issued to affected parties	(MM/DD/YYYY)				
13	13 Latest date notices of plan benefits issued to participants or beneficiaries Attach copies of sample notices of plan benefits; see instructions. (MM/DD/YYYY)					
14	14a Has a formal challenge to the termination been initiated under an existing collective bar - gaining agreement?					
141	If "Yes" to 14a, attach a copy of the formal challenge and a statement describing the					
15	challenge. Have all PBGC premiums been paid to date?	V	No			
		Yes	NO			
	RT III. RESIDUAL PLAN ASSETS N Will residual assets be returned to the employer as a result of this termination?	V	No			
100	Will residual assets be retarried to the employer as a result of this termination:	Yes	N/A			
16	If "No" or "N/A" to 16a, do not complete the rest of Part III; go to Part IV.					
	If "Yes," enter the estimated amount:	\$				
	I Is there a plan provision permitting a reversion of residual assets to the employer	Yes, go to 17b	No, go to 18a			
) If "Yes" to 17a, was the provision adopted prior to 12/18/1988?	Yes, go to 18a	No, go to 17c			
17c If "No" to 17b, enter:						
) Adoption date:	(MM/DD/YYYY)				
	(2) Effective date of plan: (MM/DD/YYYY)					
18a Has the plan been involved in a spin-off/termination transaction? Yes, go to 18b				No, go to Part IV No, go to 18d		
	18b If "Yes" to 18a, have the requirements of the Guidelines been satisfied? Yes, go to 18c					
	If "Yes" to 18b, enter the dates for (1) and (2) and go to Part IV:					
plan.		(MM/DD/YYYY)				
(2) latest date notices of plan benefits were issued to participants in the ongoing plan.	(MM/DD/YYYY)				
40	•					

18d If you checked "No" or "N/A" in 18b, attach a statement that describes the transaction(s) and explains why the Guidelines were not, or need not have been, followed.

PART IV. PLAN ADMINISTRATOR CERTIFICATION

I, the Plan Administrator, certify that, to the best of my knowledge and belief: (1) I am implementing the termination of the plan in accordance with all applicable laws and regulations; and (2) the information contained in this filing and made available to the Enrolled Actuary 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.