Form 5500-SF	Short Form Annu		•	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plai		etirement	2015
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the	Internal	his Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.	
Part IAnnual ReportFor calendar plan year 2015 or f	t Identification Information iscal plan year beginning 01/01/		and ending 12	2/31/2015	
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employe	er plan (not multiemployer) employer information in ac	(Filers checking the	
B This return/report is	the first return/report	the final return/repo	ort sturn/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extensio	n	DFVC	program
Part II Basic Plan Info	ormation—enter all requested in				
1a Name of plan COAST FENCE MATERIALS 40 ^o				1b Three-digit plan numbe (PN) ▶ 1c Effective da	er 001
					01/01/2010
Mailing address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		nstructions)	(EIN)	dentification Number 64-0735622
COAST FENCE MATERIALS, INC	,				telephone number 28-769-2677
5603 VETERANS BLVD				2d Business c	ode (see instructions)
PASCAGOULA, MS 39581					541320
3a Plan administrator's name a	nd address XSame as Plan Spor	sor.		3b Administrat	or's EIN
				SC Administrat	or's telephone number
	e plan sponsor has changed since imber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN	
a Sponsor's name				4c PN	_
	s at the beginning of the plan year.			5a	3
	s at the end of the plan year account balances as of the end of			5b	3
	account balances as of the end of			5c	3
d(1) Total number of active pa	articipants at the beginning of the p	lan year		5d(1)	3
	articipants at the end of the plan ye			5d(2)	3
than 100% vested	t terminated employment during th			5e	0
Under penalties of perjury and o	or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	port, including, if a	pplicable, a Schedule
belief, it is true, correct, and com	plete.			,	, ,
HERE	I/valid electronic signature.	07/28/2016	MICHAEL KEENUM		
Signature of plan a	administrator	Date	Enter name of individ	ual signing as plar	1 administrator
HERE Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as emp	oloyer or plan sponsor
Preparer's name (including firm	name, if applicable) and address (i	nclude room or suite nur	nber)	Preparer's teleph	none number
For Paperwork Reduction Act Noti	ce and OMB Control Numbers, see th	ne instructions for Form 5	500-SF		Form 5500-SF (2015)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						ΧY	es No
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	and condit	tions.)		·····	·····			XY	′es 🗌 No
	f the plan is a defined benefit plan, is it covered under the PBGC in							No		termined
Par					02.).					
_	Plan Assets and Liabilities		(a) Beginning		ar			(b) En	d of Year	
-	Total plan assets	7a	(a) Deginning		848					31840
-	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		77	848				8	31840
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)		2	270					
	(2) Participants	8a(2)		4	000					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-2	278					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								3992
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_				0
	Net income (loss) (subtract line 8h from line 8c)	8i								3992
	Transfers to (from) the plan (see instructions)	8j								
Par				0						
9a	If the plan provides pension benefits, enter the applicable pension $3D$ 2E 2F 2G 2J 2K	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in	the instr	uctions:	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plar	n Chara	acterist	ic Coo	des in th	ne instru	ctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	x					270
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance					1				
	Is this a defined benefit plan subject to minimum funding requirem	anto? (If "	Vac " and instructions	and oor	nnloto	Sohor		(Form		

	5500) and line 11a below)	iule SB	(Form	Yes	N
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?	Yes	X No

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					1		
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.		
b	Enter	the minimum required contribution for this plan year		12b			
-		the amount contributed by the employer to the plan for this plan year		12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
	of th	e PBGC?	-			Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information	-				
14a	Name	of trust		14b	Trusťs E	IN	
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Ye	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No	
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No	
19	Were	in-service distributions made during the plan year?		Ye	es	No	
	lf "Y€	es," enter amount		19			
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A

				· · · · · · · · · · · · · · · · · · ·	
Form 5500-SF	Short Form Annu	al Return/Report (Benefit Plan	of Small Emplo	oyee	OMB Nos, 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	d under sections 104 and 40			2015
Department of Labor Employee Benefits Security Administration	 Income Security Act of 1974 	(ERISA), and sections 6057 Revenue Code (the Code).		nternal	This Form is Open to Public Inspection
Pension Benefil Guaranty Corporation	Complete all entries in a	accordance with the instru	ctions to the Form 55	00-SF.	•
	Identification Information				· · · · · · · · · · · · · · · · · · ·
For calendar plan year 2015 or fis		01/01/2015	and ending		/31/2015
A This solute kenotic for	X a single-employer plan				cking this box must attach a rith the form instructions)
A This return/report is for:	a one-participant plan	a foreign plan	obyer mornation in act	UIUANCE W	
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return	/report (less than 12 mo	onths)	
C Check box if filing under:	Form 5558	automatic extension		[] I	DFVC program
	special extension (enter descr	ription)			
Part II Basic Plan Info	rmation—enter all requested int	formation			
1a Name of plan	!			1b Thre	e-digit
COAST FENCE MATERIAL	S 401(K) PLAN				number 001
				(PN)	ctive date of plan
					01/2010
2a Plan sponsor's name (employ					loyer Identification Number
	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		(ctions)	•) 64-0735622
COAST FENCE MATERIA			,		nsor's telephone number 1 - 769 - 2677
			}		ness code (see instructions)
5603 Veterans Blvd					.320
PASCAGOULA	MS 39581				
3a Plan administrator's name an	nd address XSame as Plan Spons	SOF,		3b Adm	inistrator's EIN
				3c Adm	inistrator's telephone number
					·
	e plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN	
	mber from the last return/report.			4c PN	
a Sponsor's name	at the benieview of the steer upon			5a	3
	at the beginning of the plan year			5b	3
	at the end of the plan year account balances as of the end of			_	د · ·
• •			•	5c	3
d(1) Total number of active particle	rticipants at the beginning of the p	lan year		5d(1)	3
• •	rticipants at the end of the plan ye			5d(2)	3
	terminated employment during the			5e	0
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed i	unless reasonable cau		blished,
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	her penalties set forth in the instru nd signed by an enrolled actuary, a plate	ctions, I declare that I have as well as the electronic ver	examined this return/rep sion of this return/report	port, includ t, and to the	ling, if applicable, a Schedule e best of my knowledge and
SIGN		7-28-16	MICHAEL KEENU	м	
HERE Signature of plan a		Date	Enter name of individ	ual signing	as plan administrator
SIGN //		7-28-16			
HERE Signature of emplo		Date	Enter name of individ	ual signing	as employer or plan sponsor
Bronarac's name (including firm n	ame if applicable) and address (i				s telephone number
Michael Keen 5603 veterna Pascagoula, ms	in the			228.	769.2677
5603 veternt	is st				
PASCAGOULA, MS	5 39581				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	ХY	′es [No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	ХY	′es [No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	77,848	81,840
b Total plan liabilities	7b		
C Net plan assets (subtract line 7b from line 7a)	7c	77,848	81,840
8 Income, Expenses, and Transfers for this Plan Year	. 's	(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	2,270	
(2) Participants	8a(2)	4,000	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-2,278	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		3,992
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	81		3,992
j Transfers to (from) the plan (see instructions)	8j		

| Part IV | Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2F 2G 2J 2K

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	A
			165		NIA	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction				1	
	Program)	10a		Х	1997) 1997)	
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions			x		
	reported on line 10a.)	10b		~		
C	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance					
-	carrier, insurance service, or other organization that provides some or all of the benefits under		x			
	the plan? (See instructions.)	10e -				270
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	401		х		
— <u>.</u>	2520.101-3.)	10h				
I	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
j	Did the plan trust incur unrelated business taxable income?	10j				· · · · · · · · · · · · · · · · · · ·
Part	/I Pension Funding Compliance					4
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)			Sched	lule SB	(Form
	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40				11a	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		1			
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver.		nter the Day	date of th	he letter rul Year	ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12b			
C	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
_13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		ntrol		Yes X	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he plan(s) lo				
	13c(1) Name of plan(s):	13c(2) [EIN(s)		13c(3) F	'N(s)
Parl	t VIII Trust Information					
14a	Name of trust		14b T	rust's ElN	N.	
14c	Name of trustee or custodian			Trustee's telephone	or custodia number	าก'ร
14c Par						an's
Par				telephone		an's
Par 15a	t IX IRS Compliance Questions		U Yes	telephone	e number	YACP
Par 15a 15k	t IX IRS Compliance Questions I Is the plan a 401(k) plan? D If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e	ent year i(m)-	U Yes	telephone s ssign- sed safe rbor ethod	e number	YACP
Par 15a 15b	t IX IRS Compliance Questions I Is the plan a 401(k) plan? Is the plan a 401(k) plan? D If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401	ent year I(m)-	☐ Ye: ☐ ba ha ma ☐ Ye:	s sign- sed safe rbor ethod s atio rcentage	e number	YACP
Par 15a 15b 15c 16a	t IX IRS Compliance Questions I Is the plan a 401(k) plan? Is the plan a 401(k) plan? D If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))?	ent year i(m)- 410(b):	Ye: De ba ha m Ye: Re pe tes Ye:	telephone s seign- sed safe rbor eithod s s stio rcentage st	e number	P/ACP
Par 15a 15k 15k 15c 16a 16k	t IX IRS Compliance Questions I is the plan a 401(k) plan? Is the plan a 401(k) plan? If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))? A Check the box to indicate the method used by the plan to satisfy the coverage requirements under section D Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine this plan with any other plans under the permissive aggregation rules? It has the plan been timely amended for all required tax law changes?	ent year (m)- 410(b):	 Yes De baham ham Yes Ra petes Yes Yes Yes 	s esign- sed safe rbor ethod s s tito rcentage st s s	e number	P/ACP Prage efit test
Par 15a 15k 15k 15c 16a 16k	t IX IRS Compliance Questions I is the plan a 401(k) plan? Is the plan a 401(k) plan? If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))? A Check the box to indicate the method used by the plan to satisfy the coverage requirements under section Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes?	ent year (m)- 410(b):	 Yes De baham ham Yes Ra petes Yes Yes Yes 	s esign- sed safe rbor ethod s s tito rcentage st s s	e number	P/ACP Prage efit test
Par 15a 15k 15k 15c 16a 16k 17a 17k	t IX IRS Compliance Questions I is the plan a 401(k) plan? Is the plan a 401(k) plan? If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))? A Check the box to indicate the method used by the plan to satisfy the coverage requirements under section D Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes?	ent year (m)- 410(b): hing . Enter the a that is subjec	 Yes De baham ham Yes Ra petes tes Yes Yes Yes Yes Yes 	s esign- sed safe rbor ethod s s tio rcentage st s s s le code	e number	P/ACP Prage efit test N/A nstructions
Par 15a 15k 15c 16a 16k 17a 17k	tix IRS Compliance Questions Is the plan a 401(k) plan? Is the plan a 401(k) plan? D if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))? I Check the box to indicate the method used by the plan to satisfy the coverage requirements under section D Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine this plan with any other plans under the permissive aggregation rules? I Has the plan been timely amended for all required tax law changes? D Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan tadvisory letter, enter the date of that favorable letter and the letter's serial num the letter's serial num to the plan is an individually-designed plan and received a favorable determination letter from the IRS, entermination letter	ent year (m)- 410(b): hing . Enter the a that is subjec nber er the date of	Ye: De ba ha mm Ye: to a fa	telephone s sign- sed safe rbor ethod s s atio s s s s ole code vorable If	e number	P/ACP Prage efit test N/A nstructions
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