For	m 5500-SF	Short Form Annu			OMB Nos. 1210- 1210-			
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plai		etirement		2015	
Employee Be	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974	4 (ERISA), and sections Revenue Code (the C	6057(b) and 6058(a) of the ode).	Internal		orm is Open to c Inspection	
Pension Be		Complete all entries in Ientification Information		structions to the Form 5	500-SF.		-	
	ar plan year 2015 or fisca			and ending 04	4/19/2016			
A This ret	urn/report is for:	a single-employer plan a one-participant plan		er plan (not multiemployer) employer information in ac		-		
B This retu	ırn/report is	the first return/report an amended return/report	$\stackrel{\scriptstyle imes}{\scriptstyle imes}$ the final return/repo $\stackrel{\scriptstyle imes}{\scriptstyle imes}$ a short plan year re	ort eturn/report (less than 12 m	onths)			
C Check b	box if filing under:	Form 5558 special extension (enter desc	automatic extensio	n	[] D	FVC progra	am	
Part II	Basic Plan Inform	nation —enter all requested in						
1a Name					(PN)	number	002 plan	
2a Plan s	oonsor's name (employe	r, if for a single-employer plan)				01/01	•	
Mailing City or	address (include room, town, state or province,	apt., suite no. and street, or P. country, and ZIP or foreign pos		nstructions)	(EIN)	61-09	94753 one number	
D & D ELEC	IRIC, INC.					859-88	5-6388	
116 MACAR ⁻ NICHOLASV	THUR CT. ILLE, KY 40356				ZU Busine	23821	ee instructions)	
3a Plan a	dministrator's name and	address XSame as Plan Spor	isor.		3b Admir	nistrator's E	IN	
					3c Admir	histrator's te	lephone number	
4 If the r	name and/or EIN of the p	lan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN			
name, a Sponse	•	per from the last return/report.			4c PN			
		the beginning of the plan year.			5a		23	
b Total r	number of participants at	the end of the plan year			5b		0	
		count balances as of the end of			5c		0	
		cipants at the beginning of the p			5d(1)		0	
		cipants at the end of the plan ye			5d(2)		0	
than '	100% vested	rminated employment during th			5e	liahad	0	
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	port, includin	g, if applica		
SIGN	Filed with authorized/va		08/01/2016	AMY S. WALKER				
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing a	s plan admi	inistrator	
SIGN HERE	Signature of surel		Dete				or plan and a second	
Preparer's	Signature of employed name (including firm nar	er/plan sponsor ne, if applicable) and address (i	Date nclude room or suite nur	Enter name of individ	ual signing a Preparer's			
For Paperwe	ork Reduction Act Notice :	and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF.		F	form 5500-SF (2015)	

b A	Were all of the plan's assets during the plan year invested in eligib 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	an indepe	ndent qualified public a	ccount	ant (IQ	PA)		
I	f you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must	t instea	ıd use	Form	5500.	
C li	the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Part	III Financial Information							
7 F	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year
a 1	otal plan assets	7a		403	461			0
b T	otal plan liabilities	7b						
CN	Net plan assets (subtract line 7b from line 7a)	7c		403	461			0
8 I	ncome, Expenses, and Transfers for this Plan Year		(a) Amoເ	unt				(b) Total
	Contributions received or receivable from:							
(1) Employers	8a(1)				_		
(2) Participants	8a(2)				_		
(3) Others (including rollovers)	8a(3)						
b (Other income (loss)	8b		-28	859	_		
C 1	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-28859
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		374	602			
e (Certain deemed and/or corrective distributions (see instructions)	8e						
f A	Administrative service providers (salaries, fees, commissions)	8f						
g (Other expenses	8g						
h 1	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						374602
i N	Net income (loss) (subtract line 8h from line 8c)	8i						-403461
j ī	ransfers to (from) the plan (see instructions)	8j						
Part	IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	tic Coo	des in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					Anount
-	described in 29 CFR 2510.3-102? (See instructions and DOL's V							
<u> </u>	Program)			10a		X		
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			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e	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.)	ner person ne or all of	s by an insurance the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х		
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		X		
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			i vj	I	<u> </u>	L	I
L								

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)				(No
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	302 of E	RISA?	Yes X	(No

l contribution plan	n subject to the r	ninimum funding	requirements of	section 412 of the	Code or section 302 o	f ERISA?

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-					Т		
		Yes," 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 r Year	uling
lf	you c	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			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
d		tract 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?			X Y	es No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0
D		e PBGC?				X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I			
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Dert	1/111	Truck Information					
Part		Trust Information		116	T	15.1	
14a	Name	e of trust		140	Trust's E	IN	
14c	Nam	ne of trustee or custodian		14d		's or custoo ne number	lian's
Par	t IX	IRS Compliance Questions		1			
15a	Is th	e plan a 401(k) plan?		Y	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)?			Design- ased safe arbor nethod	e AD	PP/ACP st
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No	
16a	Cheo	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No	
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	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		∏ Y€	es	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Ye	es," enter amount		19			
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A

Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service Department of Labor	This form is required to be file Income Security Act of 1974	ed under sections 104 and				2015		
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	-	Revenue Code (the Cod	e).			Form is Open to lic Inspection		
	► Complete all entries in Identification Information		ructions to the Form 55	00-SF.	••••••			
For calendar plan year 2015 or fit			and ending 04/19	0/2016				
	X a single-employer plan		plan (not multiemployer)		king this b	ov must attach a		
A This return/report is for:	a one-participant plan		nployer information in acc					
B This return/report is	the first return/report	X the final return/report						
	an amended return/report	X a short plan year retu	m/report (less than 12 mo	onths)				
C Check box if filing under:	Form 5558	automatic extension		[] [FVC prog	ram		
	special extension (enter desc							
	rmation—enter all requested in	formation						
1a Name of plan D&D ELECTRIC 401(K) PROFIT S	HARING PLAN			1b Three plant (PN)	number	002		
			-	1c Effec		f plan		
2a Plan sponsor's name (employ Mailing address (include roor	/er, if for a single-employer plan) n, apt., suite no. and street, or P.0). Box)		2b Empl		fication Number		
City or town, state or province D & D ELECTRIC, INC.	e, country, and ZIP or foreign posi	al code (if foreign, see inst	ructions)	2c Sponsor's telephone numbe (859) 885-6388				
			-	2d Busin 23821	ess code (see instructions)		
116 MACARTHUR CT. NICHOLASVILLE, KY 40356				2302	10			
3a Plan administrator's name an				3b Admir	• • • • •			
				3c Admin	nistrator's t	elephone number		
name, EIN, and the plan nur	plan sponsor has changed since ber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants	at the beginning of the plan year			5a		23		
b Total number of participants	at the end of the plan year			5b		0		
	account balances as of the end of			5c		0		
d(1) Total number of active par	ticipants at the beginning of the pl	an year		5d(1)		0		
d(2) Total number of active par	ticipants at the end of the plan ye	ar		5d(2)		0		
	erminated employment during the			5e		0		
_Caution: A penalty for the late of								
Under penalties of perjury and oth SB or Schedule MB completed ar belief, it is true, correct, and comp	d signed by an enrolled actuary, a							
SIGN (5.6)	alke	8-1-11.	AMY S. WALKER					
HERE Signature of plan a	iministrator	Date	Enter name of individu	al signing a	s plan adn	ninistrator		
SIGN								
HERE Signature of emplo Preparer's name (including firm ha		Date actude room or suite numbe	Enter name of individu	al signing a Preparer's				
For Paperwork Reduction Act Notice 2016-06-20111:33:00.597-05:00	and OMB Control Numbers, see th	e instructions for Form 5500				Form 5500-SF (2015) v. 150123		

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 b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan car 	of an indeper y and conditi	ions.)	ccount	ant (IQ	PA)			<u>k</u>		
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not	deterr	nined
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	17			(b) En	d of Y	ear	
a Total plan assets	7a		40346	1					0	
b Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c		40346	1					0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b)	Total		
a Contributions received or receivable from:										
(1) Employers										
(2) Participants				<u> </u>						
(3) Others (including rollovers)			0000	0						
b Other income (loss)			-2885	9 Senens		na data se pi 19 Statu se pi 19			00050	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-	28859	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		37460	2		and from the state				
 e Certain deemed and/or corrective distributions (see instructions). 										
f Administrative service providers (salaries, fees, commissions)							- 1933 - 1. 22 - 1			
g Other expenses										
h Total expenses (add lines 8d, 8e, 8f, and 8g)						SECONDERES.		20000-000	74602	Shinini doborum
I rotal expenses (add intes of, de, or, and og) Net income (loss) (subtract line 8h from line 8c)									03461	
 Transfers to (from) the plan (see instructions) 									1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Part IV Plan Characteristics	··· 8j									
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	cterist	ic Coo	les in th	ie instru	ctions:		
Part V Compliance Questions 10 During the plan year:										
a Was there a failure to transmit to the plan any participant contribution	utions within			Vee	No	Ν/Δ		٨٣	ount	
	,anone man	n the time period 🔰 🛔		Yes	No	N/A		Am	ount	
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	-	iduciary Correction	10a	Yes	No X	N/A		Am	ount	
•	st? (Do not i	iduciary Correction	10a 10b	Yes		N/A		Am	ount	
Program) b Were there any nonexempt transactions with any party-in-interest	st? (Do not i	iduciary Correction		Yes	x	N/A		Am	ount	50000
 Program) b Were there any nonexempt transactions with any party-in-interereported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? 	st? (Do not i 's fidelity bor	iduciary Correction include transactions nd, that was caused	10b		x	N/A		A m	ount	50000
 Program) b Were there any nonexempt transactions with any party-in-intere reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan 	st? (Do not i 's fidelity bor other persons	iduciary Correction include transactions and, that was caused s by an insurance the benefits under	10b 10c		x	N/A			ount	50000
 Program) b Were there any nonexempt transactions with any party-in-interereported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so 	st? (Do not i 's fidelity bor other persons me or all of i	iduciary Correction include transactions and, that was caused s by an insurance the benefits under	10b 10c 10d		x x x			<u>Am</u>	ount	50000
 Program) b Were there any nonexempt transactions with any party-in-interereported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	st? (Do not i 's fidelity bor other persons me or all of lan?	iduciary Correction include transactions and, that was caused s by an insurance the benefits under	10b 10c 10d 10e 10f		x x x x				ount	50000
 Program) b Were there any nonexempt transactions with any party-in-interereported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	st? (Do not i 's fidelity bor other persons ome or all of i lan? as of year e ? (See instru	iduciary Correction include transactions and, that was caused s by an insurance the benefits under and.)	10b 10c 10d 10e		x x x x x			Am	ount	50000
 Program)	st? (Do not i 's fidelity bor other persons ome or all of i lan? as of year e ? (See instru the required	iduciary Correction include transactions and, that was caused s by an insurance the benefits under and.)	10b 10c 10d 10e 10f 10g		x x x x x x x			Am	ount	50000
 Program)	st? (Do not i 's fidelity bor other persons me or all of i lan? as of year e ? (See instru the required 01-3	iduciary Correction include transactions and, that was caused s by an insurance the benefits under and.)	10b 10c 10d 10e 10f 10g 10h		x x x x x x x			Am	ount	50000
 Program) b Were there any nonexempt transactions with any party-in-interereported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.) f Has the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 	st? (Do not i 's fidelity bor other persons me or all of i lan? as of year e ? (See instru the required 01-3	iduciary Correction include transactions and, that was caused s by an insurance the benefits under and.)	10b 10c 10d 10e 10f 10g 10h 10i		x x x x x x x			Am		50000
 Program) b Were there any nonexempt transactions with any party-in-interereported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.) f Has the plan have any participant loans? (If "Yes," enter amount h if this is an individual account plan, was there a blackout period 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 	st? (Do not i 's fidelity bor other persona me or all of i lan? as of year e ? (See instru the required 01-3	iduciary Correction include transactions and, that was caused s by an insurance the benefits under and.) totions and 29 CFR I notice or one of the Yes," see instructions a	10b 10c 10d 10e 10f 10g 10h 10j 10j	X	X X X X X X X Sched				Yes	
 Program)	st? (Do not i 's fidelity bor other persona me or all of i lan? as of year e ? (See instru the required 01-3	iduciary Correction include transactions and, that was caused s by an insurance the benefits under and.) trotions and 29 CFR d notice or one of the Yes," see instructions a	10b 10c 10d 10e 10f 10g 10h 10i 10j and con	X	X X X X X X X Schee			Am		No

(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 i granting the waiver. 		enter th Day	e date of t	the letter ru Year	ling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin						
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 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?			X Ye	s 🗌 No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?			×	Yes	No	
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to	I				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part VIII Trust Information						
14a Name of trust		14h ·	frust's Ell	N		
14c Name of trustee or custodian		14d		s or custodi e number	an's	
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan?		Ye	S	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals a matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod		ADP/ACP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1 2(a)(2)(ii))?	l.401(m)-	[] Ye		No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sec	ction 410(b):	∐ pe	atio ercentage st		erage lefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by co this plan with any other plans under the permissive aggregation rules?		☐ Ye	s	No		
17a Has the plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
			le code _	(See in	struction	
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	ppiicad				
17b Date the last plan amendment/restatement for the required tax law changes was adopted	plan that is subject		ivorable l	RS opinion		
 17b Date the last plan amendment/restatement for the required tax law changes was adopted	plan that is subject al number enter the date of	t to a fa	······			
 17b Date the last plan amendment/restatement for the required tax law changes was adopted	olan that is subjec al number enter the date of (2) has been	t to a fa	n's last fa			
 17b Date the last plan amendment/restatement for the required tax law changes was adopted	olan that is subject al number enter the date of (2) has been in Islands)?	t to a fa	n's last fa s	vorable		
 17b Date the last plan amendment/restatement for the required tax law changes was adopted	olan that is subject al number enter the date of (2) has been in Islands)?	t to a fat the pla	n's last fa s	vorable		