## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

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2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information						
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/20	015		and ending 12	/31/2	015	
A This ret	urn/report is for:	a single-employer plan     a one-participant plan	list		an (not multiemployer) ployer information in ac	•	-	
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	H	final return/report nort plan year return	/report (less than 12 mo	onths)	1	
C Check b	oox if filing under:	X Form 5558 Special extension (enter descrip	ш	omatic extension			DFVC progr	ram
Part II	Basic Plan Info	rmation—enter all requested info	ormation	n				
1a Name		RETIREMENT SAVINGS PLAN				1b	Three-digit plan number (PN)	001
						1c	Effective date of 01/0	<sup>1</sup> plan 1/2010
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	,	// f f = i = i = - t = -		2b	Employer Identif (EIN) 61-1	ication Number 374514
	THERS, INC.	e, country, and ZIP or foreign posta	ıı code (	(ir foreign, see instru	actions)	2c	Sponsor's telep	hone number 39-4618
4847 LEFT F						2d	Business code (	
/IPER, KY 4	1774						2382	210
3a Plan ad	dministrator's name ar	nd address Same as Plan Sponso	or.			3b	Administrator's I	
EWIS BROT	THERS, INC.	4847 LEF			}	2-		374514
		VIPER, KY	Y 41//2	4		30		elephone number 9-4618
4 If the n	name and/or EIN of the	e plan sponsor has changed since the	he last i	return/report filed fo	r this plan, enter the	4b	EIN	
name, <b>a</b> Sponso	•	mber from the last return/report.				4c	PN	
<b>5a</b> Total r	number of participants	at the beginning of the plan year				5	a	23
<b>b</b> Total r	number of participants	at the end of the plan year				5	b	19
	er of participants with a	account balances as of the end of th	he plan	year (defined bene	fit plans do not	5	С	19
<b>d(1)</b> Tota	al number of active par	rticipants at the beginning of the pla	ın year .			5d	(1)	8
<b>d(2)</b> Tota	al number of active pa	rticipants at the end of the plan year	r			5d	(2)	5
than 1	100% vested	terminated employment during the p				5		0
		or incomplete filing of this return/						
SB or Sche		ner penalties set forth in the instruct nd signed by an enrolled actuary, as plete.						
SIGN	Filed with authorized/	valid electronic signature.		10/06/2016	BRIAN K. LEWIS			
HERE	Signature of plan a			Date	Enter name of individu	ıal siç	ning as plan adn	ninistrator
SIGN								

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No N	ot determined
Part III Financial Information	1				-			
7 Plan Assets and Liabilities		(a) Beginning					(b) End of	
a Total plan assets	. 7a		140	632				98827
<b>b</b> Total plan liabilities	. 7b		4.40					00007
C Net plan assets (subtract line 7b from line 7a)	. 7с			632	-			98827
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Tota	<u>al</u>
(1) Employers	. 8a(1)			571				
(2) Participants	. 8a(2)			571				
(3) Others (including rollovers)	. 8a(3)							
<b>b</b> Other income (loss)	. 8b		-2	2163				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							-1021
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		40	)484				
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f			300				
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							40784
i Net income (loss) (subtract line 8h from line 8c)	. 8i							-41805
j Transfers 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 cod	des from the List of PI	an Cha	racteri	stic Co	des in t	he instructio	ns:
B If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Char	acterist	ic Coc	les in the	nstruction	s.
	oataro ooa	oo nom the List of Fia	ii Onait	20101101		100 111 111	o mondonon	<b>.</b>
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Α	mount
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary Fi	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest					V			
reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				25000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e	X				609
f Has the plan failed to provide any benefit when due under the pla			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х			
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			X			
i If 10h was answered "Yes," check the box if you either provided t			10h					
exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance								
Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount	······	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Senefits Security Administration Pension Benefit Gueranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection** 

Pension Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 5	500-SF.	
	Identification Information			·
For calendar plan year 2016 or fi		01/01/2015 and ending		1/2015
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a		
	a one-participant plan	a foreign plan		
B This return/report is	the first return/report an amended return/report	the final return/report  a short plan year return/report (less than 12 n	aanthe\	
	an amended ratum/report	Ta short plan year return report hess than 12 h	nonuris)	
C Check box if filing under:	□ Form 5558     □ special extension (enter descr	automatic extension		VC program
Part II   Basic Plan Info	ormation—enter all requested inf			
1a Name of plan	. 401(k) Retirement S		1b Three- plan no (PN)	umber 001
				ve date of plan 1/2010
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	). Box)		yer Identification Number 61-1374514
	ce, country, and ZIP or foreign posts		2c Spons	or's telephone number
				439-4618 ss code (see instructions)
4847 Left Fork Road	ž.		2382	
Viper	KY 41774			
	nd address	SOF.		strator's EIN
Lewis Brothers, Inc	•		_	374514 strator's telephone number
4847 Left Fork Road				39-4618
Viper	KY 41774	<u> </u>	<u> </u>	
	e pian aponsor has changed since t mbar from the last return/report.	the last return/report filed for 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
		·	5b	19
		the plan year (defined benefit plans do not	5c	19
d(1) Total number of active pa	rticipants at the beginning of the pla	an year	5d(1)	8
d(2) Total number of active pa	rticipants at the end of the plan yea	ar	5d(2)	5
e Number of participants that than 100% vested	terminated employment during the	plan year with accrued benefits that were less	5e	Q
Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed unless reasonable ca tions, I declare that I have examined this return/re	use is establi:	shed.
SB or Schedule MB completed as belief, it is true, correct, and com-	nd signed by an enrolled actuary, a	s well as the electronic version of this return/repor	t, and to the b	, in applicable, a Schedule est of my knowledge and
SIGN 73-1-	m K. Opens	Brian K. Lewi ها-ها	s	
HERE Signature of plan a	dministrator	Date Enter name of Individ	lual signing as	plan administrator
SIGN STEEL	in K. Kannan	Brian K. Lewi		
HERE Signature of emplo	ver/nian sponsor	Date 10 6 Enter name of individ	lual signing as	employer or plan sponsor
	ame, if applicable) and address (in-			lephone number
-	·	·		
			11.00	

Form 5500-SF 2015		Page 2			MANAGE TO SERVICE TO S					
<ul> <li>Were all of the plan's assets during the plan year invested in e.</li> <li>Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligible if you answered "No" to either line 6a or line 6b, the plan c</li> <li>If the plan is a defined benefit plan, is it covered under the PBG</li> </ul>	t of an independ lity and condition annot use Fon	dent qualified public a ons.) m 5500-SF and must	ccount t instea	ant (IQ nd use	PA) Form	<i>5</i> 600.		_	Yes [ Yes [	] No
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar	_		(b) End	of Yes		
a Total plan assets	7a		14	0,63	2				98,	827
b Total plan liabilities					_					
C Net plan assets (subtract line 7b from line 7a)				0,63	2				98,	827
8 Income, Expenses, and Transfers for this Plan Year		(a) Amos	unt		+		<u>(b)</u>	Total		
a Contributions received or receivable from: (1) Employers	8a(1)			57	1					
(2) Participants	8a(2)			57	1		' '			
(3) Others (including rollovers)	8a(3)									
b Other Income (loss)	8b		_	2,16	3 :	i May				1
C Total Income (edd lines 8a(1), 8a(2), 8a(3), and 8b)	8c	lede <u>stic Leseyoli</u>	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 N					-1,	,021
d Benefits paid (including direct rollovers and insurance premium to provide benefits)			4	0,48	4		4 1 E			
e Certain deemed and/or corrective distributions (see instructions	s) 8e								<u> ::</u>	
f Administrative service providers (salaries, fees, commissions)	8f			30	0	•				
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			······						,784
i Net income (loss) (subtract line 8h from line 8c)			·						-41,	,805
j Transfers to (from) the plan (see instructions)  Part IV Plan Characteristics	····· 8j						<u>, 18. jeunia (j. 18</u>		· . · · ·	<del></del>
B If the plan provides welfare benefits, enter the applicable welfs  Part V Compliance Questions	are feature code	es from the List of Pla	n Char	cterisi	ic Coo	ies in th	ne Instruc	tions:		
10 During the plan year:		nu unu		Yes	No	N/A		Amo	unt	
a Was there a failure to transmit to the plan any participant cont described in 29 CFR 2510.3-1027 (See instructions and DOI Program)	's Voluntary Fi	duciery Correction	10a		х					
b Were there any nonexempt transactions with any party-in-intereported on line 10a.)	•		10ь		х					
C Was the plan covered by a fidelity bond?			10c	x					25	5,000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		Х					
Were any fees or commissions paid to any brokers, agents, o carrier, insurance service, or other organization that provides the plan? (See instructions.)	some or all of the	he benefits under	10e	х						609
f Has the plan failed to provide any benefit when due under the	plan?		10f		ж					
g Did the plan have any participant loans? (If "Yes," enter amou	nt as of year er	nd.)	10g		Х					
h If this is an individual account plan, was there a blackout period										
2520.101-3.)	,		10h		X			. :		
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required	notice or one of the	10h 10i		X			<u> </u>		
i If 10h was answered "Yes," check the box if you either provide	ed the required	notice or one of the			х			<u>. : :</u>		<u> </u>
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required	notice or one of the	10i		Х			<u>. :</u>		
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520 j Did the plan trust incur unrelated business taxable income?	ed the required 1,101-3	notice or one of the	10j 10j and cor		Scheo	lule SB			Yes [	No.
<ul> <li>i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520</li> <li>j Did the plan trust incur unrelated business taxable income?</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requ</li> </ul>	ed the required ),401-3 irements? (If "Y	notice or one of the	10j 10j and cor		Scheo	lule SB			Yes [	1 No

	Form 5500-SF 2015 Page 3 -				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		T		
a	I If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter th	e date of	the letter r Year	uling
İf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		"	1041	
b	Enter the minimum required contribution for this plan year	1 <b>2</b> b			
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 of a negative amount)	12d	""		
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	Plan Terminations and Transfers of Assets				
_13a	l Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		****	
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes 🕱	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	""		
	13c(1) Name of plan(s); 13c(2	) EIN(s)		13c(3)	PN(s)
Part	Military Trust Information		<u> </u>		
14a	Name of trust	14b	Trust's E	N	
14c	Name of trustee or custodian			s or custod e number	ian's
	Name of trustee or custodian  IRS Compliance Questions				ian's
	IX IRS Compliance Questions		telephon	e number	ian's
		Ye	telephon		ian's
15a 15b	IRS Compliance Questions  Is the plan a 401(k) plan?  If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Ye Do	telephon s esign- ased safe arbor ethod	No	P/ACP
15a 15b	IRS Compliance Questions  Is the plan a 401(k) plan?  If "Yes," how does the 401(k) plan satisfy the pondiscrimination requirements for employee deferrals and employee.	Do Do ha	telephon s esign- ased safe arbor ethod	No	P/ACP
15a 15b 15c	IRS Compliance Questions  Is the plan a 401(k) plan?  If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer 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 "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ye Do D	telephon ss esign- ssed safe arbor ethod s	No Av	P/ACP
15a 15b 15c 16a	Is the plan a 401(k) plan?  If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer 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 "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye Do ba ha mu Ye Ra pe	s sesign- ased safe arbor ethod s	No Av	P/ACP t
15a 15b 15c 16a	Is the plan a 401(k) plan?  If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer 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 "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining	Ye Do ba ham Ye Ye Rain Per text	sesign- sed safe arbor ethod s	No Ave	P/ACP t
15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?  If "Yes," how does the 401(k) plan setisfy the nondiscrimination requirements for employee deferrals and employer 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 "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Has the plan been timely amended for all required tax law changes was adopted Enter the for tax law changes and codes).	Ye  Do ba ham Ye  Ye  Ye  applicab	s selign- ased safe arroor ethod s s atto arcentage st s s s s s s s s s s s s s s s s s s	No Ave	P/ACP t erage erage nefit test
15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?  If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer 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 "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?  Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):  Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Has the plan been timely amended for all required tax law changes?  Date the last plan amendment/restatement for the required tax law changes was adopted  Enter the 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 that is subjective.	Ye  Do ba ham Ye  Ye  Ye  applicab	s selign- ased safe arroor ethod s s atto arcentage st s s s s s s s s s s s s s s s s s s	No Ave	P/ACP t erage erage nefit test
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