For	m 5500-SF	Short Form Annual R	•	of Small Emplo	oyee	(OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed unde	Benefit Plan er sections 104 and 4	065 of the Employee R	etirement		2015
Employee Be	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974 (ERIS Reve	A), and sections 605 enue Code (the Code		Internal		orm is Open to ic Inspection
Pension Be	, , , , , , , , , , , , , , , , , , ,	Complete all entries in accord Ientification Information	dance with the instr	uctions to the Form 55	500-SF.		•
	ar plan year 2015 or fisca			and ending 12	2/31/2015		
A This ret	urn/report is for:			an (not multiemployer) ployer information in ac	`	0	
B This retu			e final return/report short plan year returr	n/report (less than 12 m	onths)		
C Check b	box if filing under:		utomatic extension			DFVC progra	am
		special extension (enter description)					
Part II 1a Name HINKLE HO	of plan	nation —enter all requested informat	ion		(PN)	number	001 plan /2013
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. Box)			2b Emp (EIN	loyer Identifi	cation Number
	town, state or province, DING CO., LLC	country, and ZIP or foreign postal code	e (if foreign, see instr	uctions)	``	nsor's teleph	one number 7-4462
374 NORTH	MIDDLETOWN ROAD				2d Busi	ness code (s	see instructions)
P.O. BOX 60 PARIS, KY 4						5511	12
					3c Adm	inistrator's te	elephone number
name,	EIN, and the plan numb	lan sponsor has changed since the las per from the last return/report.	st return/report filed fo	or this plan, enter the	4b EIN		
a Sponse		the beginning of the plan year			4c PN 5a		59
		the end of the plan year			5b		121
C Numb	er of participants with ac	count balances as of the end of the pla	an year (defined bene	fit plans do not	5с		115
d(1) Tota	al number of active partic	cipants at the beginning of the plan yea	ar		5d(1)		57
		cipants at the end of the plan year			5d(2)		107
		rminated employment during the plan y			5e		0
Caution: A Under pena SB or Sche	penalty for the late or alties of perjury and othe	incomplete filing of this return/repo r penalties set forth in the instructions, signed by an enrolled actuary, as well	rt will be assessed I declare that I have	unless reasonable cau examined this return/rep	oort, includ	ing, if applica	
SIGN	Filed with authorized/va	lid electronic signature.	10/17/2016	HENRY L. HINKLE			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individe	ual signing	as plan adm	inistrator
SIGN HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing	as employer	or plan sponsor
Preparer's		ne, if applicable) and address (include	room or suite numbe	r)	Preparer's	s telephone r	number
				05			
For Paperwo	ork Reduction Act Notice a	and OMB Control Numbers, see the instru	LCTIONS FOR FORM 5500-	ъг.		F	Form 5500-SF (2015) v. 150123

	Form 5500-SF 2015		Page Z						
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes	s No
	Are you claiming a waiver of the annual examination and report of							_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,					X Yes	s No
	If you answered "No" to either line 6a or line 6b, the plan cann								
-	If the plan is a defined benefit plan, is it covered under the PBGC ir	isurance p	orogram (see ERISA se	ection 4	J21)?.		res	No Not deter	minea
Par	rt III Financial Information	1	1			-			
7	Plan Assets and Liabilities	1	(a) Beginning			_		(b) End of Year	
<u>a</u>	Total plan assets	. 7a		1237	760	_		3194 ⁻	127
	Total plan liabilities	. 7b				_			
	Net plan assets (subtract line 7b from line 7a)	7c		1237	760			3194 ⁻	127
	Income, Expenses, and Transfers for this Plan Year	-	(a) Amou	unt		_		(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		684	795				
	(2) Participants	8a(2)		356	552				
	(3) Others (including rollovers)	8a(3)		916	149				
	Other income (loss)	8b		237	034				
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2194	530
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d		236	813	_			
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f				_			
	Other expenses	8g		1	350	_			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_		238	
-	Net income (loss) (subtract line 8h from line 8c)	8i				_		19563	367
	Transfers to (from) the plan (see instructions)	8j							
	t 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	racteris	stic Co	odes in	the instructions:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	cterist	ic Coo	des in th	e instructions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contribu		•						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V 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				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
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.)	ne or all of	the benefits under	10e	X				3827
f	Has the plan failed to provide any benefit when due under the pla	in?		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					

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500) and line 11a below)		•	Scheo	lule SB	(Form	Yes 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 se	ection :	302 of E	RISA?	Yes X No

10j

j Did the plan trust incur unrelated business taxable income?

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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)?				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

	Short Form Ann	ual Return/Report Benefit Plan	of Small Emp	loye	e	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fil		065 of the Employee F	Retirem	ent	2015
Department of Labor Employee Benefits Security Administratio	Income Security Act of 197	4 (ERISA), and sections 605 Revenue Code (the Code	7(b) and 6058(a) of the	e Intern	al This	Form is Open to blic Inspection
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instru-	uctions to the Form 5	500-S	F.	
For calendar plan year 2015 or	rt Identification Information	01/01/2015	and ending		12/31/201	15
r or oalonaar plant joar sorro or	X a single-employer plan	a multiple-employer pl	and the second se	(Filer:		
A This return/report is for:	a one-participant plan	list of participating em				
B This return/report is	the first return/report	the final return/report				
D misteranineport is	an amended return/report	a short plan year return	n/report (less than 12 n	nonths)		
C Check box if filing under:		automatic extension				aram
Coneck box in ming under.	X Form 5558					gram
Dent II Dentis Dien Im	special extension (enter desc					_
and the second se	formation-enter all requested in	nformation		1h	Three-digit	1
1a Name of plan Hinkle Holding Comp	pany LLC and Subsidia:	ries 401(k) Plan		10	plan number (PN)	001
				1c	Effective date of 01/01/201	
Mailing address (include ro	bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.	O. Box)		2b	Employer Ident (EIN) 01-09	tification Number 41577
City or town, state or provin Hinkle Holding Co	nce, country, and ZIP or foreign pos	stal code (if foreign, see instru	uctions)	2c	Sponsor's telep	
				2d	859-987-4 Business code	462 (see instructions)
374 North Middleto P.O. Box 607	own Road			20	551112	(acc mandemons)
Paris	KY 40362-06	507				
				3c	Administrator's	telephone number
				41		
name, EIN, and the plan n	the plan sponsor has changed since number from the last return/report.	the last return/report filed to	or this plan, enter the	1	EIN	
a sponsors name				4c	1.1.1	
a Sponsor's name 5a Total number of participan	ts at the beginning of the plan year.					59
5a Total number of participan	ts at the beginning of the plan year.			5	a	
 5a Total number of participan b Total number of participan c Number of participants wit 	ts at the end of the plan year th account balances as of the end of	f the plan year (defined bene	fit plans do not	5	a b	121
 5a Total number of participan b Total number of participan c Number of participants wit complete this item) 	its at the end of the plan year	f the plan year (defined bene	fit plans do not	5	a b	121
 5a Total number of participan b Total number of participan c Number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p 	Its at the end of the plan year th account balances as of the end of participants at the beginning of the p participants at the end of the plan ye	f the plan year (defined bene plan year ear	fit plans do not	5	a b c (1)	121 115 5'
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5a Total number of participan b Total number of participants wit complete this item) c Number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p d(1) Total number of active p d(2) Total number of active p d(1) Total number of active p d(2) Total number of active p B Of participants this than 100% vested Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and completed belief, it is true, correct, and completed SIGN Memory HERE Signature of plan SIGN Memory HERE Signature of plan	ts at the end of the plan year th account balances as of the end of participants at the beginning of the p participants at the end of the plan ye at terminated employment during th e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary. mplete. 2. MuM administrator 2. MuM administrator	f the plan year (defined bene plan year ear e plan year with accrued ben m/report will be assessed of uctions, I declare that I have of as well as the electronic vers Date 18/17/16 Date 18/17/16	fit plans do not nefits that were less unless reasonable ca examined this return/re sion of this return/repo Henry L. Hink Enter name of individ Henry L. Hink Enter name of individ	50 50 50 50 50 50 50 50 50 50 50 50 50 5	a b c c (1) (2) e established. ncluding, if appli to the best of m nning as plan ad nning as employ	123 115 57 107 (cable, a Schedule y knowledge and ministrator er or plan sponsor
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_	Form 5500-SF 2015		Page 2						
b	Were all of the plan's assets during the plan year invested in eligible 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 If the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Form	ent qualified public ns.) n 5500-SF and mus	account at inste	ant (IC	PA)	n 5500.	🖾 ,	Yes No Yes No
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar			(b) End of Year	-
а	Total plan assets	7a		1,23		0		1	194,127
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		1,23	7,76	0		З,	194,127
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			4,79	5			
	(2) Participants	8a(2)		35	6,55	2	_		
	(3) Others (including rollovers)	8a(3)		91	6,14	9			
b	Other income (loss)	8b		23	7,03	4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2,	194,530
_	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	Sec	23	6,81	3	_		
е	Certain deemed and/or corrective distributions (see instructions)	8e				-	_	_	_
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g			1,35	0	-		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_			238,163
	Net income (loss) (subtract line 8h from line 8c)	8i				-		1,	956,367
j	Transfers to (from) the plan (see instructions)	8j						1	
9a B	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe								ź
Par									
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 Vo Program)	oluntary Fidu	uciary Correction	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				100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond.	, that was caused	10d		х	-		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of the	e benefits under	10e	x				3,827
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	i.)	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 th exceptions to providing the notice applied under 29 CFR 2520.101	e required n -3	otice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement		s," see instructions						es No

112	Enter the unpaid minimum required	contribution for all years from	m Schedule SB (Form 5500) line 40.

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

11a

	Form 5500-SF 2015 Page 3 -				
	"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 instructions, an anting the waiver	d enter the Day	e date o	of the letter i Year	ruling
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Tour	
b Ente	er the minimum required contribution for this plan year	12b			
	er the amount contributed by the employer to the plan for this plan year	12c			
	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a gative amount)	12d			
	I the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
art VII	Plan Terminations and Transfers of Assets				
За На	s a resolution to terminate the plan been adopted in any plan year?		Y	'es 🛛 No	
lf "	Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the he PBGC?			Yes X	No
	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ich assets or liabilities were transferred. (See instructions.)	to			
13c(1	I) Name of plan(s): 13c(2) EIN(s)		13c(3)	PN(s)
art VIII	Trust Information				
	e of trust	14b T	rust's E	IN	_
4c Nar	ne of trustee or custodian			s or custod	lian's
Part IX	IRS Compliance Questions				
100000	IRS Compliance Questions			No	
5b If "Y		Ves	s esign- sed safe rbor ethod	1.000	P/ACP
5a Is the state of	he plan a 401(k) plan?	Ye:	esign- sed safe rbor ethod s		P/ACP
5a Is th 5b If "Y mat 5c If the test 2(a) 6a Che	res," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Yes De ba ha ha me Yes Yes Ra pe tes	esign- sed safe rbor ethod s s tio rcentage st	e AD tes No e AA be	P/ACP
5a Isti 5b If "Y mat 5c If thi test 2(a) 6a Che 6b Doe	res," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Ye: ba ha me Ye: Ra pe tes	esign- sed safe rbor ethod s s tio rcentage st		PP/ACP st
5a Is ti 5b If "Y mat 5c If the test 2(a) 6a Che 6b Doe this	res," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Ye: De ba ha ha me Ye: Ra pe tes 	esign- sed safe rbor ethod s s rcentag st s	e AD tes No e AA be	PP/ACP st
 5a Is ti 5b If "Y mat 5c If the test 2(a) 6a Che 6b Doe this 7a Has 7b Date for t 	Pe plan a 401(k) plan? Pe plan a 401(k) plan? Pes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? Pe ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year ing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- (2)(ii))? Perform a constraint of the plan to satisfy the coverage requirements under section 410(b): Perform the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules? The plan been timely amended for all required tax law changes? Perform the plan adopted to a set the required tax law changes was adopted Enter the ax law changes and codes).	Ye: ba ha me Ye: Ye: e applicab	esign- sed saft rbor ethod s atio rcentag st s s s s	ie AD tes No e AN be No No s (See	PP/ACP st verage mefit test
5a Is ti 5b If "Y mat 5c If the test 2(a) 6a Che 6b Doe this 7a Has 7b Date for t 7c If the advi	Pre plan a 401(k) plan? Pre plan a 401(k) plan? Pre s." how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? Pre ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year ing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- (2)(ii))? Pre the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Pre the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules? The plan been timely amended for all required tax law changes? Pre the last plan amendment/restatement for the required tax law changes was adopted E the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subj isory letter, enter the date of that favorable letter	Pei De De Da Da	esign- sed safe rbor ethod s atio rcentag st s s s ule code vorable	ie AD tes No e AN be No No s (See IRS opinior	PP/ACP st verage mefit test
5a Is ti 5b If "Y mat 5c If the test 2(a) 6a Che 6b Doe this 7a Has 7b Date for t 7c If the advi 7d If the	The plan a 401(k) plan? The plan a 401(k) plan? The plan a 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year ing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- (2)(ii))? the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): is the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules? the plan been timely amended for all required tax law changes? the the last plan amendment/restatement for the required tax law changes was adopted	Pei De De Da Da	esign- sed safe rbor ethod s atio rcentag st s s s ule code vorable	ie AD tes No e AN be No No s (See IRS opinior	PP/ACP st verage mefit test
5a Is the second	res," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Pei De De Da Da	esign- sed safe rbor ethod s ntio rcentag st s s s ole code vorable	ie AD tes No e AN be No No s (See IRS opinior	PP/ACP st verage mefit test
5a Is ti 5b If "Y mat 5c If the test 2(a) 6a Che 6b Doe this 7a Has 7b Date for t 7c If the advi 7d If the dete 8 Is the mat	the plan a 401(k) plan? res," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? e ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year ing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- (2)(ii))? ck the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): is the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules? the plan been timely amended for all required tax law changes? the plan amendment/restatement for the required tax law changes was adopted	Pei De De Da Da	esign- sed safe rbor ethod s ntio rcentag st s s ele code vorable	e AD tes No e At be No e (See IRS opinior favorable	PP/ACP st verage mefit test
5a Is the second	the plan a 401(k) plan?		esign- sed safe rbor ethod s ntio rcentag st s s ele code vorable	e AD tes No e AN be No e (See IRS opinior favorable	PP/ACP st verage mefit test