

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
<div>Part I Annual Report Identification Information</div> <div>For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 05/18/2015</div> <div><div>A This return/report is for:</div><div>☒ a single-employer plan☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) ☐ a one-participant plan☐ a foreign plan</div><div><div>B This return/report is</div><div>☐ the first return/report☒ the final return/report ☐ an amended return/report☒ a short plan year return/report (less than 12 months)</div><div><div>C Check box if filing under:</div><div>☒ Form 5558☐ automatic extension☐ DFVC program ☐ special extension (enter description)</div></div></div><div>Part II Basic Plan Information—enter all requested information</div><div><div><div>1a Name of plan CT&T, INC. 401K/PROFIT SHARING PLAN</div><div>1b Three-digit plan number (PN) ▶001</div><div>1c Effective date of plan 04/01/1998</div></div><div><div>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CT&T, INC. DEBORAH LOFTIS 3504 HIGHWAY 153 # 320 GREENVILLE, SC 29611-7553 4512 BURROW DRIVE NORTH LITTLE ROCK, AR 72116</div><div>2b Employer Identification Number (EIN) 71-0562717</div><div>2c Sponsor's telephone number 864-846-8156</div><div>2d Business code (see instructions) 541330</div></div><div><div>3a Plan administrator's name and address ☒ Same as Plan Sponsor.</div><div>3b Administrator's EIN</div><div>3c Administrator's telephone number</div></div><div><div>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name</div><div>4b EIN</div><div>4c PN</div></div><div><div>5a Total number of participants at the beginning of the plan year56</div><div>5b Total number of participants at the end of the plan year0</div><div>5c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)0</div><div>5d(1) Total number of active participants at the beginning of the plan year52</div><div>5d(2) Total number of active participants at the end of the plan year0</div><div>5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested0</div></div><div><div>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</div><div>Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.</div><div><div><div>SIGN HERE</div><div>Filed with authorized/valid electronic signature.</div><div>03/06/2018</div><div>DEBORAH LOFTIS</div><div>Signature of plan administrator</div><div>Date</div><div>Enter name of individual signing as plan administrator</div></div><div><div>SIGN HERE</div><div>Filed with authorized/valid electronic signature.</div><div>03/06/2018</div><div>DEBORAH LOFTIS</div><div>Signature of employer/plan sponsor</div><div>Date</div><div>Enter name of individual signing as employer or plan sponsor</div></div><div><div>Preparer's name (including firm name, if applicable) and address (include room or suite number)</div><div>Preparer's telephone number</div></div></div></div></div><div data-bbox="43 2016 967 2041" data-label="Page-Footer"><p>For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.</p></div><div data-bbox="1359 2016 1570 2062" data-label="Page-Footer"><p>Form 5500-SF (2015) v. 150123</p></div></div>		

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** 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.) ☒ Yes ☐ 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	994048	0
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	994048	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-214305	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-214305
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		
i Net income (loss) (subtract line 8h from line 8c)	8i		-214305
j Transfers to (from) the plan (see instructions)	8j	-779743	

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:
2E 2F 2G 2J 2K 2T 3D

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	Amount
a 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 Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			100000
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		X		
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 the plan? (See instructions.).....	10e	X			3070
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X			
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	X			
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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... ☐ 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 section 302 of ERISA?... ☐ Yes ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

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 of a 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 ☐ 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 brought under the control of the PBGC? ☒ Yes ☐ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
SAVINGS PLAN FOR EMPLOYEES OF NTCA AND ITS MEMBERS	52-0741336	334

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? ☐ Yes ☐ No

15b 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)? ☐ Design-based safe harbor method ☐ 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 "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))? ☐ Yes ☐ No

16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ☐ Ratio percentage test ☐ Average benefit test

16b 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? ☐ Yes ☐ No

17a Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A

17b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).

17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number ____.

17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.

18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ☐ Yes ☐ No

19 Were in-service distributions made during the plan year? ☐ Yes ☐ No

If "Yes," enter amount

19

20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

March 5, 2018

REASONABLE CAUSE STATEMENT

CT & T was acquired in January 2014, by Palmetto Engineering and Consulting. At that time, CT&T had a separate 401K Plan with Transamerica. In 2015, the CT&T 401K Plan was transferred to the same Plan as Palmetto Engineering and Consulting, the Savings Plan for Employees of NTCA and Its Members, 52-0741336, Plan 334.

During this transfer process, Transamerica stated the final Form 5500 would be submitted by their company. Also during this time, the prior CFO, Harvey Thomas, retired from CT&T. He had been the direct contact with Transamerica and as Plan Administrator had signed the 2014 Form 5500 in July 2015. We received no further information from Transamerica to our knowledge after that date and assumed that the Form 5500 for the final short year had been submitted with Mr. Thomas' approval since he was the Plan Administrator. Palmetto Engineering and Consulting assumed the Form 5500 would be submitted timely.

When we received the first IRS Notice, we submitted the Request for an Extension. We attempted numerous times to contact Transamerica regarding the Form 5500 but did not receive a response. I also contacted IRS for guidance several times.

After seeking guidance from our current 401K Plan who advised they could not complete the Form 5500 for us, I contacted IRS and spoke with Ms. Wilson (#1000571872) in October and she advised that I send a response outlining the transfer of assets to the CP-403 Notice which I faxed on 11/12/2017 with the following information:

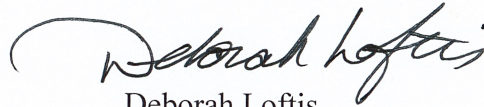
"This Plan transferred to National Telecommunications Cooperation Association 401K Savings Plan effective 1/1/2015 with an effective date of asset transfer of 5/18/2015. The Form 5500 was filed under that Plan beginning with the 2015 Year as a Multiple Employer Plan. Transamerica was the prior vendor that should have filed the final 5500 showing no participants and "0" assets after 5/18/2015.
Please advise if further action is needed. Thank you."

Subsequently, I received another CP-403 in December and again asked our current 401K Plan for any guidance. I returned the information requested regarding the new Plan (note National Telecommunications Cooperative Association sponsors the "Savings Plan for Employees of NTCA and Its Member" – FEIN 52-0741336.

In February, I received another letter from the IRS (Letter 1074C) stating that we must file the Form 5500 SF if our plan terminated and the assets were distributed into another Plan with some additional information.

Again, I contacted our current 401K Plan's Compliance Department and asked for any assistance they could offer since Transamerica had not responded to the CT&T office as requested. They were able to offer some guidance on how to complete the form and I have provided that information on the submitted Form 5500 SF.

Please know that we have not attempted to ignore the requests for the required form. There were a myriad of activities at that time with the recent purchase of CT&T, the retirement of the CFO at the same time the Form 5500 would ordinarily have been processed and the new Plan filing the 2015 Plan for both companies. We respectfully ask for your understanding and leniency in this matter.



Deborah Loftis
Human Resources Director
Palmetto Engineering & Consulting

Attachments



Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0046

CT&T INC
4512 BURROW DR
N LITTLE ROCK AR 72116-7072



017319

file EFAST

*up to \$25,000
reasonable cause
abandonment*

OMB Clearance No.: 1545-1610

In reply refer to: 0423478444
Jan. 22, 2018 LTR 1074C 0
71-0562717 201512 74 001
00012212
BODC: TE

*DPS
877-829-5500
prompt 1 English
Employee Plan -
* Notices - Option
e fast@dol.gov
100179802
Steve*

Employer Identification Number: 71-0562717
Name of Plan: CT&T Inc 401K Profit Sharing Plan
Plan Number: 001
Plan Year Ended: Dec. 31, 2015

Dear Taxpayer:

Thank you for your response dated Dec. 15, 2017.

You must complete and file a "Final" 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan, if your plan terminated and the assets were distributed or merged into another plan. Please remember to show zero end-of-year assets, zero participants and mark the "Final" box.

You must electronically file with the Department of Labor. You may file online using the EFAST2 web-based filing system, or you may file through an EFAST2 approved vendor. Detailed information on electronic filing is available at www.efast.dol.gov.

For telephone assistance, call the EFAST2 Help Line at 1-866-463-3278 Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, write your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.



Fax Message

To: Dept. of Treasury - IRS From: Deborah Loftis

Company: Pages: 2 including cover

Fax No.: 855-214-7520 Date: ~~6/5/2012~~ 11/12/2017

Project: Project No.:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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See attached response CP-403.

This Plan transferred to National Telecommunications Cooperation Association 401K Savings Program effective 1/1/2015 with an effective date of asset transfer of 5/18/2015. The Form 5500 was filed under that Plan beginning with the 2015 Year as a Multiple Employer Plan. Transamerica was the prior vendor that should have filed the final 5500 showing no participants and "0" assets after 5/18/2015.

Please advise if further action is needed. Thank you.

Deborah Loftis
864-846-8156
Deborah.loftis@palmettoeng.com

NUMBER OF THIS NOTICE: CP-403
 DATE OF THIS NOTICE: 10-23-2017
 TAXPAYER IDENT. NUM: 71-0562717
 FORM: 5500SF PLAN #: 001
 PLAN YEAR ENDING: 12-31-2015

CT&T INC
 4512 BURROW DR
 N LITTLE ROCK AR 72116-7072124

now wholly owned subsidiary of:

Palmetto Engineering & Consulting
 3504-320 Hwy. 153

* new
 mailing
 Address

GREENVILLE, SC 29611

COMPLETE AND RETURN WITH YOUR REPLY

ATTN: D. Loftis Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form

CT&T, INC
 4512 Burrow Drive
 N. Little Rock, AR 72116-7072124

Employer Identification

Number (EIN) 71-0562717

Plan Year Ending

12-31-2015

Date filed with EBSA and Acknowledgement Plan Number
 number:

Section II

Not Required to file

Please check the box that applies to you, a form was not filed because:

- ☐ Plan in question is a Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) that involves SIMPLE IRAs.
- ☐ Plan in question is a Simplified Employee Pension (SEP).
- ☒ Plan was terminated or merged into a new plan. You must still file a "Final" return showing zero end-of-year assets, zero participants, and mark "the final return filed for the plan" box in part 1 of the form.
- ☐ Other: _____

Section III

Reason for not filing on time

Explain why you did not file on time:

Funds transferred 5/18/2015 under National Telecommuni-
 cations Program (Fidelity Investments) from
 TransAmerica. New Plan Documents effective
 1/1/2015. Form 5500 filed under Palmetto
 Engineering after transfer (under NTCA)
 TransAmerica notified to file Deborah Loftis
 Form 5500. 864-846-8156 (eva)

NUMBER OF THIS NOTICE: CP-403
DATE OF THIS NOTICE: 10-23-2017
TAXPAYER IDENT. NUM: 71-0562717
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2015

CT&T INC
4512 BURROW DR
N LITTLE ROCK AR 72116-7072124

Penalties for not Filing

If you were required to file and failed to do so, you may be liable under DOL regulations for civil penalties of up to \$1,100 per day for each return/report, along with IRS penalties of \$25 per day (up to \$15,000).

How to Get Forms, Instructions and Publications

Forms, instructions and publications are available on the IRS website at www.irs.gov or by calling the IRS Forms Distributions Center toll-free at 1-800-TAX-FORM (1-800-829-3676).

How To Get Help

For more information about this notice, visit the Retirement Plans Community web page at www.irs.gov/ep, click on "EP FAQs" in the left navigational box and click on "Form 5500 Notices - CP 403/406" under Plan Operations or if you need additional information on whom should file, refer to Section I of the Form 5500 or Form 5500-SF instructions. If you do not find the information you need, call the IRS Help Line at 1-877-829-5500 (toll free).

Response Due Date

Please send the information to us by 11-23-2017.

How to Send the Information to Us

Depending on how you respond to this notice, send us the information using one of the following:

1. If you already filed, complete Section I of this notice and send it to the address located in the heading of this notice or fax it to us at 855-214-7520.
2. If you are not required to file, complete Section II of this notice and send it to the address located in the heading of this notice or fax it to us at 855-214-7520.
3. If you are responding to this notice for multiple Plans, please complete the applicable sections for each plan as indicated above.



Fax Message

To: Dept. of Treasury - IRS From: Deborah Loftis

Company: Pages: 2 including cover

Fax No.: 855-214-7520 Date: 12/15/2017

Project: Project No.:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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Please see attached response to LTR 1074C. Thank you.

Deborah Loftis
HR Director
864-846-8156
Deborah.loftis@palmettoeng.com



Department of the Treasury
Internal Revenue Service

OMB Clearance No.: 1545-1610

OGDEN UT 84201-0046

In reply refer to: 0423459155
Dec. 14, 2017 LTR 1074C 0
71-0562717 201512 74 001
00014967
BODC: TE

CT&T INC
4512 BURROW DR
N LITTLE ROCK AR 72116-7072



021887

Employer Identification Number: 71-0562717
Name of Plan: CT&T Inc 401K Profit Sharing Plan
Plan Number: 001
Plan Year Ended: Dec. 31, 2015

Dear Taxpayer:

Thank you for your response dated Oct. 30, 2017.

If you changed your plan's sponsorship, please complete the following information and return this letter to us.

Plan Number: 04-611; PLAN # 334
Plan Name: CT&T, INC.
New Sponsor's Employer Identification Number: 52-0741336
New Sponsor's Name: NATIONAL Telecommunications Cooperative ASSOCIATION
Date Change Occurred: 01/01/2015

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, write your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number 864 846-8156 Hours 8am-5pm M-F
ESB

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Kathleen Heftis
864-846-8156