## **Form 5500-SF**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty 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** 

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number ASPECT CONSULTING, LLC 401(K) PROFIT SHARING PLAN 001 (PN) • 1c Effective date of plan 01/01/2002 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-2149055 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number ASPECT CONSULTING, LLC. 206-780-9370 2d Business code (see instructions) 350 MADISON AVE N BAINBRIDGE ISLAND, WA 98110 541360 3b Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **3c** Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 70 5a Total number of participants at the beginning of the plan year..... 74 5b **b** Total number of participants at the end of the plan year ..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 68 complete this item) ..... 5d(1) 62 d(1) Total number of active participants at the beginning of the plan year ..... 5d(2) 62 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 5e than 100% vested...... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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

	Filed with authorized/valid electronic signature.	07/08/2016	PATRICIA KLIMEK					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor						
		Date	zinter manne er mannadar ergining de empleyer er plant epenieer					
Preparer's	name (including firm name, if applicable) and address (include r		<u> </u>					
Preparer's			<u> </u>					

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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 independ and condition	dent qualified public a	ccount	ant (IQ	PA)			Yes No
<b>c</b> 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 Not d	etermined
Part III Financial Information	, ,							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar	_		(b) End of Yea	
a Total plan assets	. 7a		10098	3195			102	221115
<b>b</b> Total plan liabilities	7b		10000	1105			101	201115
Net plan assets (subtract line 7b from line 7a)      Income. Expenses, and Transfers for this Plan Year	7c	(a) A a	10098	195				221115
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)	272449						
(2) Participants	8a(2)	506793						
(3) Others (including rollovers)	8a(3)			973				
<b>b</b> Other income (loss)	8b		99	748				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							379963
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		730	860				
e Certain deemed and/or corrective distributions (see instructions)	8e							
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f							
<b>g</b> Other expenses	. 8g		26183					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						-	757043
i Net income (loss) (subtract line 8h from line 8c)	8i							122920
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 coo	les from the List of Pla	an Cha	racteris	stic Co	des in th	e instructions:	
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acterist	tic Coc	les in the	instructions:	
Part V Compliance Questions					•			
10 During the plan year:				Yes	No	N/A	Amo	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary Fig	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				500000
<b>d</b> 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 som the plan? (See instructions.)	ne or all of the	ne benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the pla			10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount a				X				10000
h If this is an individual account plan, was there a blackout period?	(See instruc	ctions and 29 CFR	10g	^	X			10000
i If 10h was answered "Yes," check the box if you either provided the box if you either provi	he required	notice or one of the	10h					
exceptions to providing the notice applied under 29 CFR 2520.10  j Did the plan trust incur unrelated business taxable income?			10i 10i					
Part VI Pension Funding Compliance			ıvj		<u> </u>	<u>ı                                      </u>		
11 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						11a		<u> </u>
12 Is this a defined contribution plan subject to the minimum funding							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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						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 number			
Par	t 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 and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				Design- based safe ADP/ACP harbor test method			
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 Benefits Security Administration Pension Benefit Guaranty 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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection** 

	erieni Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	accordance with the inst	ructions to the Form 55	00-SF.	rubiic inspection
Part I	Annual Repor	rt Identification Information				
For calend	iar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending		31/2015
A This re	turn/report is for:	X a single-employer plan  a one-participant plan	list of participating er a foreign plan	olan (not multiemployer) nployer information in acc	(Filers check cordance wit	king this box must attach a th the form instructions)
<b>B</b> This ret	urn/report is	the first return/report	the final return/report a short plan year retur	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension		_ D	FVC program
Part II	Basic Plan Inf	formation—enter all requested info	ormation			
1a Name ASPECT	of plan	LLC 401(K) PROFIT SHAN			(PN)	umber 001
					01/0	1/2002
Mailing City or ASPEC	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign posta , LLC.	. Box) al code (if foreign, see insti	ructions)	(EIN) 2c Spons 206-	yer Identification Number 91-2149055 sor's telephone number 780-9370 ess code (see instructions) 60
BAINBE	RIDGE ISLAND	WA 98110				
		and address XSame as Plan Spons	01		3h Admin	istrator's EIN
4 If the r	name and/or EIN of the	he plan sponsor has changed since tl umber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN	istrator's telephone number
	or's name	sinuel from the last return report.			4c PN	
5a Total r	number of participant	ts at the beginning of the plan year	ia iko Gin nidoka katawa		5a	70
		is at the end of the plan year			5b	74
C Numb	er of participants with	account balances as of the end of the	he plan year (defined bene	efit plans do not	5c	68
d(1) Tota	al number of active p	articipants at the beginning of the pla	n year		5d(1)	62
<b>d(2)</b> Tota	al number of active p	articipants at the end of the plan year	Г		5d(2)	62
than	100% vested	t terminated employment during the p		outlandour participator i participator i nacional	5e	1
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable caus	se is establi	shed.
SB or Sche	alties of perjury and o dule MB completed a rup, correct, and con	other penalties set forth in the instruct and signed by an enrolled actuary, as applete.	tions, I declare that I have s well as the electronic ver	examined this return/report,	ort, including and to the b	, if applicable, a Schedule est of my knowledge and
SIGN HERE	( tom	VZ	7/8/16	PATRICIA KLIME	K	
HEKE	Signature of plan	administrator	Date	Enter name of individua	al signing as	plan administrator
SIGN	Ch	n_	718116	PATRICIA KLIME	K	
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individua	al signing as	employer or plan sponsor
Freparer S I	izine (including tirm	name, if applicable) and address (inc	ciude room or suite numbe	rr)	Preparer's to	elephone number

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6a b	Were all of the plan's assets during the plan year invested in eligit 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 cann	an indepe and condi	ndent qualified public a	account	ant (IC	QPA)	*********		X Yes	No		
С	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance p	orogram (see ERISA s	ection 4	021)?		Yes	No	Not detern	nined		
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) Er	id of Year			
a	Total plan assets	. 7a	1	0,09	8,19	5			10,22	1,11		
b	Total plan liabilities	. 7b							10			
C	Net plan assets (subtract line 7b from line 7a)	, 7c		0,09	8,19	5	10,221,1					
8 a	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	. 8a(1)	(a) Amount 272,449				(b) Total					
	(2) Participants	. 8a(2)	506,793			3						
	(3) Others (including rollovers)	. 8a(3)			97	3						
b	Other income (loss)			9	9,74	8						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							879	9,963		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		73	0,86							
e	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)											
_ g	Other expenses			26,183								
	Total expenses (add lines 8d, 8e, 8f, and 8g)						757,04					
<u> </u>	Net income (loss) (subtract line 8h from line 8c)					_			122	2,920		
J	Transfers to (from) the plan (see instructions)  t IV Plan Characteristics	- 8j										
B	2E 2F 2G 2J 2K 2T 3D   If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides we	eature cod	des from the List of Pla	n Chara	acteris	lic Cod	les in th	ne instru	ctions:			
10	Visa				L.,			_				
	During the plan year:  Was there a failure to transmit to the plan any participant contribu	itione withi	n the time period		Yes	No	N/A		Amount			
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	/oluntary F	iduciary Correction	10a		х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х						
C	Was the plan covered by a fidelity bond?			10c	Х				5 (	00,00		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х						
е 	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		х						
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					10,00		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х						
i	If 10h was answered "Yes," check the box if you either provided to 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			-								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions	and con	nplete	Sched	lule SB	(Form	Yes	∏ No		
11a	Enter the unpaid minimum required contribution for all years from						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?..

	Fo	m 5500-SF 2015 Page <b>3</b> -				
	(If "Yes	"complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	1 If a wai	rer of the minimum funding standard for a prior year is being amortized in this plan year, see instructions. and the waiver	enter the	e date of t	he letter ru Year	ing
		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
k	Enter the	minimum required contribution for this plan year	12b			
		amount contributed by the employer to the plan for this plan year	12c			
a	Subtrac negative	the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a amount)	12d			
e		minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII P	an Terminations and Transfers of Assets				
13a	<b>a</b> Hasare	solution to terminate the plan been adopted in any plan year?		Yes	X No	
	If "Yes,'	enter the amount of any plan assets that reverted to the employer this year	13a		-	
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X	No
	If during which a	this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to sets or liabilities were transferred. (See instructions.)	0			
	13c(1) Na	me of plan(s): 13c(2)	EIN(s)		13c(3) F	N(s)
Part	t VIII 🛛	rust Information				
14a	Name of	rusl	14b T	rust's EIN	J	
140	Name o	trustee or custodian	I.	Trustee's telephone	or custodia number	in's
Par	t IX	RS Compliance Questions				
15a	I is the pla	2 A 404 (I) A - I O				
			Пуе	s	Пыс	
		ın a 401(k) plan?	Ye		□No	
	If "Yes," matching	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba	s esign- ised safe irbor ethod		/ACP
	If "Yes," matching If the AD testing m	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer	De ba	esign- ised safe irbor ethod	ADF	/ACP
15c	If "Yes," matching If the AD testing m 2(a)(2)(ii	PACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year ethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-1)?	De ba ha me	esign- sed safe proor ethod s	ADF test	/ACP rage efit test
15c	If "Yes," matching If the AD testing m 2(a)(2)(ii) Check th	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba ha me	esign- sed safe irbor ethod s	ADF test	rage
15c	If "Yes," matching the AD testing matching the AD testing matching the AD Check the AD Does the this plan.	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba ha me	esign- sed safe irbor ethod s atio ircentage st	ADF test No Ave	rage
15c 16a 16b 17a 17b	o If "Yes," matching the AD testing matching the AD testing matching in Check the Does the this plan. I Has the plan that the plan the for tax la	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba had had had had had had had had had ha	esign- ssed safe urbor ethod s atio crcentage st s s ole code	ADF lest  No  Ave ben  No  No  See in	rage efit test
15c 16a 16b 17a 17b	If "Yes," matching testing matching 2(a)(2)(ii) Check the Does the this plan Has the plan advisory	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba had had had had had had had had had ha	esign- sed safe whod s atio creentage st s s ole code vorable IR	ADF test  No  Ave ben  No  No  See in	rage efit test
15c 16a 16b 17a 17b	If "Yes," matching testing matching 2(a)(2)(ii) Check the Does the this plan Has the plan advisory If the plan advisory If the plan determin	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba had had had had had had had had had ha	esign- sed safe whod s atio creentage st s s ole code vorable IR	ADF test  No  Ave ben  No  No  See in	rage efit test
15c 16a 16b 17a 17b 17c 17d 18	If "Yes," matching matching realizable if the AD testing match the interest of the interest of the interest of the plant in the plant i	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba ha	esign- sed safe urbor ethod s attio arcentage st s vorable IR	ADF test  No  Ave ben  No  No  See in	rage efit test
15c 16a 16b 17a 17b 17c 17d 18	If "Yes," matching matching realizable if the AD testing match the interest of the interest of the interest of the plant in the plant i	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba ha	esign- sed safe urbor ethod s attio arcentage st s vorable IR	ADF test  No  Ave ben  No  No  See in	rage efit test
15c 16a 16b 17a 17b 17c 17d 18	If "Yes," matching testing matching 2(a)(2)(ii) Check the Does the this plan Has the plan advisory If the plan determine Is the Planade), A Were in-series and the planade.	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba ha	esign- sed safe urbor ethod s attio arcentage st s vorable IR	ADF test  No  Ave ben  No  No  See in  RS opinion  rorable	rage efit test
15cc 16a 16b 17a 17b 17cc 17dd 18	If "Yes," matching testing matching 2(a)(2)(ii) I Check the Does the this plan I Has the plan advisory If the plan determine Is the Plan made), A Were in-suff "Yes," were required.	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	De ba had had had had had had had had had ha	esign- sed safe urbor ethod s attio ercentage st s vorable IR	ADF test  No  Ave ben  No  No  See in  RS opinion  rorable	rage efit test