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).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Annual Report	i identification information					
For calend	ar plan year 2015 or fi	iscal plan year beginning 01/01/2	2015	and ending 12	/31/2015		
A This ret	turn/report is for:	x a single-employer plan		lan (not multiemployer) (-	
	·	a one-participant plan	a foreign plan				
B This retu	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			OFVC progr	ram
		special extension (enter desc	ription)				
Part II	Basic Plan Info	ormation—enter all requested in	formation				
1a Name	of plan				1b Three	e-digit	
ATLAS AND	CHOR SYSTEMS, US	A, CO. 401(K) PLAN			•	number	
					(PN)		001
					1c Effec	tive date of	plan 1/2004
Mailing	g address (include roo	over, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Emple (EIN)		ication Number 038093
	HOR SYSTEMS, USA	ce, country, and ZIP or foreign post A, CO.	tal code (il foreign, see inst	ructions)	2c Spor		none number 51-9480
COLO COLUTI	LACOND DI ACE, CHI	TE I/ 407			2d Busin	ness code (see instructions)
KENT, WA 9	H 192ND PLACE, SUI 18032	TE K-107				5414	00
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Admi	nistrator's E	EIN
					3c Admi	nistrator's t	elephone number
		e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN		
	sor's name	imber from the last return/report.			4c PN		
5a Total	number of participants	s at the beginning of the plan year			5a		3
b Total	number of participants	s at the end of the plan year			5b		3
		account balances as of the end of	. , ,		5c		3
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)		3
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ar	<u> </u>	5d(2)		3
than	100% vested	t terminated employment during the			5e		0
		or incomplete filing of this retur					
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.					
SIGN		l/valid electronic signature.	07/18/2016	JASON ROBINSON			
HERE	Signature of plan a	administrator	Date	Enter name of individu	ıal signing a	as plan adm	ninistrator
SIGN							_
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ıal signing a	as employe	r or plan sponsor
Preparer's	name (including firm i	name, if applicable) and address (in	nclude room or suite number	er)	Preparer's	telephone	number

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 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepen	dent qualified public a	ccount	ant (IQ	PA)				Yes	No 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	Not de	etermin	ed
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	r	
a Total plan assets	. 7a		252	488				2	244458	
b Total plan liabilities	. 7b		050	400					44450	
C Net plan assets (subtract line 7b from line 7a)	. 7с			488					244458	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	. 8a(1)									
(2) Participants	. 8a(2)									
(3) Others (including rollovers)	· '									
b Other income (loss)	. 8b		-7	985						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								-7985	
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)	. 8 f			45						
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								45	
i Net income (loss) (subtract line 8h from line 8c)	. 8i								-8030	
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 2J 2K 2F 2G 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	he instru	ctions:		
B If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amou	unt	
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	√oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interes										
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		Х					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	·······		10d		Χ					
Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e	X						45
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	as of vear e	nd.)	10g		Χ					
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		X					
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10ii							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			IUJ	<u> </u>	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								П	Yes 🗆	No
11a Enter the unpaid minimum required contribution for all years from						11a		· <u>I </u>	. 55	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	П	Yes X	No

	F	orm 5500-SF 2015 Page 3 - 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)		13c(3) 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			14d Trustee's or custodian's telephone number			
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 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).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I Annual	Report Identification Information				
For calendar plan year	2015 or fiscal plan year beginning	01/01/2015	and ending	12/31/2	015
A This return/report is			plan (not multiemployer) mployer information in a	5) (8)	
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a snort plan year retu	rn/report (less than 12 n	months)	
C Check box if filing u	nder: X Form 5558 special extension (enter descr	automatic extension		DFVC p	ogram
Part II Basic P	lan Information—enter all requested inf				
1a Name of plan	ian imormation—enter all requested in	ormation		1b Three-digit	
	ystems, USA, Co. 401(k) Pl	an		plan number	001
0				1c Effective date 01/01/20	
Mailing address (in	ne (employer, if for a single-employer plan) clude room, apt., suite no. and street, or P.O			2b Employer Ide (EIN) 93-2	ntification Number 038093
	or province, country, and ZIP or foreign posta Systems, USA, Co .	al code (if foreign, see inst	ructions)	2c Sponsor's tel	
6613 South 19	2nd Place, Suite K-107			2d Business cod 541400	e (see instructions)
Kent	WA 98032			٠	
3a Plan administrator's	name and address XSame as Plan Spons	or.		3b Administrator	's EIN
				3c Administrator	's telephone number
				JC Administrator	s telephone number
	EIN of the plan sponsor has changed since to plan number from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN	
a Sponsor's name	plan named from the last return report.			4c PN	
5a Total number of pa	rticipants at the beginning of the plan year			5a	3
•	ticipants at the end of the plan year				3
	ents with account balances as of the end of the		50 M T 242 334 C 364 SWARE	5c	3
d(1) Total number of	active participants at the beginning of the pla	n year		5d(1)	3
	active participants at the end of the plan yea			5d(2)	3
than 100% vested	ants that terminated employment during the			5e	0
Caution: A penalty for	the late or incomplete filing of this return	report will be assessed	unless reasonable cau	use is established.	
SB or Schedule MB combelief, it is true, correct,	ry and other penalties set forth in the instruct pleted and signed by an enrolled actuary, as and complete	s well as the electronic ver	sion of this return/report	port, including, if app t, and to the best of r	licable, a Schedule ny knowledge and
SIGN (OATIV	7/18/16	Jason Robinson	n	
HERE Signature	of plan administrator	Date	Enter name of individ	lual signing as plan a	dministrator
SIGN		7/10/16	Jason Robinson	n	
	of employer/plan sponsor	Date	Enter name of individu	lual signing as emplo	yer or plan sponsor
Preparer's name (includi	ng firm name, if applicable) and address (inc	clude room or suite numbe	ır)	Preparer's telephor	ne number
				9	
					Charles Name
				Telephone Comprise	COVERNMENT OF SELECTION OF SELE

Form 5500-SF 2015		Page 2					
 6a Were all of the plan's assets during the plan year invested in eliging. b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either line 6a or line 6b, the plan can can be plan in a defined benefit plan, is it covered under the PBGC. 	f an independ and condition not use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.	₩ V □ N-
	insurance pr	ogram (see ERISA se	CHOIT 4	021)!		165	
Part III Financial Information					_		
7 Plan Assets and Liabilities		(a) Beginning			0		(b) End of Year 244, 458
a Total plan assets		Y	25	2,48	8		244,450
b Total plan liabilities			2.5	2 40	0		244,458
C Net plan assets (subtract line 7b from line 7a)	., 7с			2,48	<u> </u>		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt		1889	Marie I	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)						
(2) Participants	8a(2)						
(3) Others (including rollovers)	2002 100000						
b Other income (loss)			_	7,98	5		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							-7,985
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			4	5		
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						45
i Net income (loss) (subtract line 8h from line 8c)	8i						-8,030
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 2J 2K 2F 2G 3D	n feature cod	les from the List of Pla	an Cha	racteris	stic Co	des in tl	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		Х		
b Were there any nonexempt transactions with any party-in-interest					Х	177.32 B	
reported on line 10a.)			10b		^	Wind.	
C Was the plan covered by a fidelity bond?			10c		X		
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		Х	i la	
e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of the	ne benefits under	10e	Х			4:
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year er	nd.)	10g		Х	174.50	F 8 - C - 1
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10h		Х		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	notice or one of the	10i			1	
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 requirements? (If "Yes," see instructions and complete Schedule SB (Form

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

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40......

5500) and line 11a below).....

12

☐ Yes ☐ No

Yes X No

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	(If "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ing the waiver.	to reach the property of the p	enter tl Day		of the letter Year_	ruling
	f you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
k	Enter t	the minimum required contribution for this plan year		12b			
		he amount contributed by the employer to the plan for this plan year		12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ive amount)		12d			·
е	Will th	ne 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	a Has a	resolution to terminate the plan been adopted in any plan year?			Y	'es X No	
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year		13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broup PBGC?		ontrol		Yes 2	X No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	ify the plan(s) to)			
	13c(1) N	Name of plan(s):	13c(2)	EIN(s)		13c(3	3) PN(s)
Part	t VIII	Trust Information					
14a	Name o	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian		14d		s's or custo ne number	
14c	Capulation of	of trustee or custodian IRS Compliance Questions		14d			
Par	t IX			14d	telepho		· · · · · · · · · · · · · · · · · · ·
Par 15a	t IX Is the p	IRS Compliance Questions		Ye	telepho	ne number	· · · · · · · · · · · · · · · · · · ·
Par 15a 15b	Is the position of the Atesting	IRS Compliance Questions plan a 401(k) plan? "how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and	urrent year 101(m)-	Ye	es Designased safe arbor nethod	ne number	DP/ACP
Par 15a 15b 15c	Is the position of the street of the Atlanta (2) the characteristic of the Atlanta (2) the characteristic of the street of the characteristic of the street of the characteristic of the characteristic of the street of the characteristic of the street of t	IRS Compliance Questions plan a 401(k) plan?	urrent year 101(m)- on 410(b):	Ye	es Designased safe arbor nethod	No	DP/ACP
Par 15a 15b 15c	Is the positive of the Artesting 2(a)(2) Check	IRS Compliance Questions plan a 401(k) plan? "how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "comethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	urrent year 101(m)- on 410(b):	Ye	telepholesses Design-assed safearbor nethod	No	DP/ACP est
Par 15a 15b 15c 16a 16b	Is the plant of the Artesting 2(a)(2) Check Does to this plant of the Artesting 2(a)(b)	IRS Compliance Questions plan a 401(k) plan?	urrent year 101(m)- on 410(b):	Ye Ye Ye Ye	es Designased safiarbor nethod Designation	Note A A B Note A B A B A B A B A B A B A B A B A B A	DP/ACP est verage enefit test
Par 15a 15b 15c 16a 16b	Is the plant of the A testing 2(a)(2) Check Does to this plant of the A testing 2(a)(b) Check Does to the A testing between the A testing 1 the A testing 2(a)(b)	IRS Compliance Questions plan a 401(k) plan?	urrent year 101(m)- on 410(b):	Ye Ye Ye Ye	es Designased safiarbor nethod Designation	Note A A B Note A B A B A B A B A B A B A B A B A B A	DP/ACP est
Par 15a 15b 15c 16a 16b 17a 17b	Is the plant of th	IRS Compliance Questions plan a 401(k) plan?	urrent year 101(m)- 101 and 410(b): bining 101 bining 102 bining 103 bining 104 bining 105 bining 106 bining 107 bining 108 bining 109	Ye D D D D D D D D D D D D D D D D D D D	es Designased safiarbor nethod es datio ercentagest es ble code	Note A A B A B A B A B A B A B A B A B A B	DP/ACP est verage enefit test N/A e instructions
Par 15a 15b 15c 16a 16b 17a 17b	If "Yes, matchic lifthe A testing 2(a)(2) Check Does the this plath Has the Date the for tax If the pladvisor	IRS Compliance Questions plan a 401(k) plan?	urrent year 101(m)- on 410(b): bining Enter the a an that is subject umber	Ye D D D D D D D D D D D D D D D D D D D	es lesignased safiarbor nethod les less less les les les les les les l	Note A A b Note A B A B A B A B A B A B A B A B A B A	DP/ACP est verage enefit test N/A e instructions
Par 15a 15b 15c 16a 16b 17a 17b	If "Yes, matchi If "Yes, matchi If the A testing 2(a)(2) Check Does the this plath of the plath	IRS Compliance Questions plan a 401(k) plan?	urrent year 101(m)- 101 and 410(b): bining 101 and that is subject umber 102 and that is subject umber 103 and that is subject umber 104 and that is subject umber 105 and that is subject umber 106 and that is subject umber 107 and that is subject umber 108 and that is subject umber 109 and that is subject umber 109 and that is subject umber 100 and that is subject umber 100 and that is subject umber 101 and that is subject umber 102 and that is subject umber 103 and that is subject umber 104 and that is subject umber 105 and that is subject umber 106 and that is subject umber 107 and that is subject umber 108 and that is subject umber 108 and that is subject umber 109 and that is subject umber 109 and that is subject umber 100 and that is	Ye D D D D D D D D D D D D D D D D D D D	es Designased safarbor nethod es Batio ercentagest es ble code eavorable en's last fa	e Ab No IRS opinica	DP/ACP est verage enefit test N/A e instructions
Par 15a 15b 15c 16a 16b 17a 17b 17c 17d 18	If "Yes, matchion of the Attesting 2(a)(2) Check Does the this plane of the plane	IRS Compliance Questions plan a 401(k) plan?	urrent year 101(m)- on 410(b): bining Enter the a sun that is subject umber	Ye D b h m Ye Test Test Test Test Test Test Test Tes	es Designased safarbor nethod es datio ercentagest es ble code avorable n's last fa	No	DP/ACP est verage enefit test N/A e instructions
Par 15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the part of the	IRS Compliance Questions plan a 401(k) plan?	urrent year 101(m)- on 410(b): bining Enter the a sun that is subject umber	Ye b h m Ye Television of the plate of the p	es Designased safarbor nethod es datio ercentagest es ble code avorable n's last fa	e Ab No IRS opinica	DP/ACP est verage enefit test N/A e instructions
Par 15a 15b 15c 16a 17b 17c 17d 18	If the place of th	IRS Compliance Questions plan a 401(k) plan?	urrent year 101(m)- 101(m)- 101 (b): bining 101	Yee	telepholeses Designased safiarbor nethod es Pation ercentages es Blatio ercentages es	e Ab No IRS opinica	DP/ACP est verage enefit test N/A e instructions