Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	arti		t identification information										
For	calenda	r plan year 2015 or f	iscal plan year beginning 01/01/2	<u> 2016</u>		and ending 03	/02/2	016					
Α	This retu	urn/report is for:	x a single-employer plan	list	of participating emp	an (not multiemployer) oloyer information in acc		-					
			a one-participant plan		reign plan								
B.	This retu	rn/report is	the first return/report	X the t	inal return/report								
			an amended return/report	X a sh	ort plan year return	/report (less than 12 mo	onths)						
С	Check b	ox if filing under:	Form 5558		omatic extension			DFVC progr	am				
			special extension (enter descr										
Pa	art II	Basic Plan Infe	ormation—enter all requested in	formation	1								
1a	Name of	of plan					1b	Three-digit					
GAS	SLINE M	ECHANICAL INC. C	ASH BALANCE PLAN					plan number					
						ļ		(PN) ▶	002				
							1c	Effective date of 01/0	f plan 1/2013				
2a		, ·	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Boy)			2b	Employer Identif					
			ce, country, and ZIP or foreign post		if foreign, see instru	uctions)	2-	(=)	634769				
GASI	LINE ME	CHANICAL INC			-	·	2c Sponsor's telephone number 425-487-2359						
							2d	Business code (see instructions)				
	ELLIOT	T RD I, WA 98296						0446	14.0				
JIVOI	TOWISI	i, WA 90290						8113	310				
3a	Plan ac	Iministrator's name a	and address XSame as Plan Spons	sor.			3b	Administrator's I	EIN				
							3с	Administrator's t	elephone number				
4			ne plan sponsor has changed since	the last r	eturn/report filed fo	r this plan, enter the	4b	EIN					
_		·	umber from the last return/report.				4 -						
	•	or's name					4c						
5a	Total n	umber of participant	s at the beginning of the plan year				5		10				
b	Total n	umber of participant	s at the end of the plan year				5	b	0				
С			account balances as of the end of	•	• `	•	5	С					
d	(1) Tota	I number of active pa	articipants at the beginning of the pl	lan year .			5d		10				
d	(2) Tota	al number of active p	articipants at the end of the plan yea	ar			5d	(2)	0				
е			t terminated employment during the				5	e	0				
	ution: A	penalty for the late	or incomplete filing of this return	n/report	will be assessed ι	ınless reasonable cau							
SB	or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an plete.										
SIG	SN .	-	d/valid electronic signature.		10/31/2016	JOHN R. ANDERSON							
HE	RE	Signature of plan	administrator		Date	Enter name of individu	ıal siç	ning as plan adn	ninistrator				

Date 1

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2								
 Were all of the plan's assets during the plan year invested in eliginary between the plan's assets during the plan year invested in eliginary between the plan and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can 	of an indepen by and condition onot use For	dent qualified public a ons.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		×	Yes [No No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .	X	Yes	No	Not c	determi	ned
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	ar	
a Total plan assets	7a			0					(0
b Total plan liabilities										
C Net plan assets (subtract line 7b from line 7a)	7с			0					(0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b)	Total		
Contributions received or receivable from: (1) Employers	8a(1)		16	998						
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								16998	3
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		16	998						
Certain deemed and/or corrective distributions (see instructions)										
f Administrative service providers (salaries, fees, commissions)										
g Other expenses										
h Total expenses (add lines 8d, 8e, 8f, and 8g)									16998	3
i Net income (loss) (subtract line 8h from line 8c)	1 1								(0
j Transfers to (from) the plan (see instructions)	8i									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension	n feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in t	he instru	ıctions:		
B If the plan provides welfare benefits, enter the applicable welfare	(t	and the Link of Dis	. 01			1 2 - 41-				
B If the plan provides welfare benefits, enter the applicable welfare	reature code	es from the list of Pia	n Chara	acterist	ic Coc	ies in th	e instruc	tions:		
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 contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interereported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		Χ					
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	's fidelity bor	nd, that was caused	10d		X					
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.)	other persons	by an insurance the benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pl					Χ					
			101		-					
g Did the plan have any participant loans? (If "Yes," enter amounth If this is an individual account plan, was there a blackout period?	•	,	10g		X					
2520.101-3.)	•		10h		X					
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i							
j Did the plan trust incur unrelated business taxable income?			10j			Х				
Part VI Pension Funding Compliance			. •,	1	<u> </u>	I				
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								П	Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>	<u>.</u>	
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					
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		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 brought under the cof the PBGC?						Yes	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		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian		14d Trustee's or custodian's			
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
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)?		based safe ADP/ACP harbor test method			
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage 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		No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	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	S	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.

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I Annual Repo	rt Identification Information	accordance with the ms	tructions to the Form 8	500-SF.						
For calendar plan year 2015 o	r fiscal plan year beginning	01/01/2016	and ending	0.	3/02/2016					
	X a single-employer plan	prompt of the same		(Filers ch	packing this box must attack					
A This return/report is for:		list of participating e	employer information in a	er) (Filers checking this box must attach a accordance with the form instructions)						
	a one-participant plan	a foreign plan	, , ,	accordance with the form instructions)						
_		November 1								
B This return/report is	the first return/report	X the final return/report								
	an amended return/report	X a short plan year retu	ırn/report (less than 12 n	nonths)						
C Check box if filing under:	П г 5550				-					
and and an	☐ Form 5558	automatic extension			DFVC program					
	special extension (enter descr									
Part II Basic Plan In	formation—enter all requested inf	formation		*******************************						
1a Name of plan	_			1b Th	ree-digit					
Gasline Mechanical	Inc. Cash Balance Pla	n			an number 002					
					N) •					
					fective date of plan					
2a Plan sponsor's name (emr	ployer, if for a single-employer plan)				1/01/2013					
Mailing address (include re	oom, apt., suite no, and street, or P O) Box)			nployer Identification Number					
City or town, state or provi	nce, country, and ZIP or foreign posta	al code (if foreign, see ins	tructions)		N) 91-1634769					
Gasline Mechanica	l Inc				oonsor's telephone number					
					25-487-2359					
9926 Elliott Rd				20 Bus	siness code (see instructions) .1310					
					1310					
Snohomish	WA 98296									
3a Plan administrator's name	and address XSame as Plan Spons	or.		3b Adr	ministrator's EIN					
				3c Adr	ministrator's telephone number					
4 161										
4 If the name and/or EIN of the name EIN and the plan in	he plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN	J					
a Sponsor's name	number from the last return/report.									
				4c PN						
Ja Total number of participan	ts at the beginning of the plan year			5a	10					
D Total number of participan	ts at the end of the plan year			5b	0					
C Number of participants wit	h account balances as of the end of the	he plan year (defined ben	efit plans do not	5c						
d(4) Tetal and ():										
	participants at the beginning of the pla			5d(1)	10					
d(2) Total number of active p	participants at the end of the plan year	r		5d(2)	0					
e Number of participants that	at terminated employment during the	plan year with accrued be	nefits that were less	5e						
Caution. A penalty for the late	or incomplete filing of this return.	report will be assessed	unlace reaconable and	las is sets	O O					
cride periallies of perjury and	other benaities set forth in the instruct	inne I declare that I have	avaminad this ratum /		l' 'C l' l' l'					
belief, it is true, correct, and cor	and signed by an emblied actuary, as	s well as the electronic ve	rsion of this return/report	t, and to th	e best of my knowledge and					
SIGN April	dhada	10/31/2016	Tohn D 3 - 3							
HERE	A Collection	10/31/2016	John R. Ander	son						
Signature of plan	administrator	Date	Enter name of individu	ual signing	as plan administrator					
SIGN										
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ial signing	as employer or plan sponsor					
Preparer's name (including firm	name, if applicable) and address (inc	clude room or suite number	er)	Preparer'	's telephone number					

	Form 5500-SF 2015		Page 2								
un If	Vere all of the plan's assets during the plan year invested in eligible to you claiming a waiver of the annual examination and report of or other 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cann	an indepen and condition o t use For	dent qualified public ons.) m 5500-SF and mus	accoun	tant (IC	QPA)				Yes [No
C If t	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pr	ogram (see ERISA s	ection 4	4021)?	5	Yes		Not de	etermin	ned
Part	III Financial Information										- Cu
	an Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) En	d of Year		
	otal plan assets	7a				0		(-/			0
	otal plan liabilities	7b									
	et plan assets (subtract line 7b from line 7a)	7c				0					C
	come, Expenses, and Transfers for this Plan Year ontributions received or receivable from:		(a) Amo	unt				(b)	Total		
(1)	Employers	8a(1)		1	6,99	8					
	Participants	8a(2)								-	
(3)	Others (including rollovers)	8a(3)		***************************************							
	her income (loss)	8b									
C To	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								16,	, 998
d Be	nefits paid (including direct rollovers and insurance premiums provide benefits)	8d		1	6,99	0					
	ertain deemed and/or corrective distributions (see instructions)	8e			0,99	0					
	ministrative service providers (salaries, fees, commissions)	8f									
	her expenses	8g									
	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h								16	998
_ i Ne	t income (loss) (subtract line 8h from line 8c)	8i								10,	0
Part I	Plan Characteristics	8j									
Part V	the plan provides welfare benefits, enter the applicable welfare fe			n Chara	acterist	ic Coc	les in ti	ne instruc	tions:		
	uring the plan year:				Yes	No	N/A	T	Amoui	nt .	
u	Vas 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 Fid	uciary Correction	10a		Х			7111001		
D W	Vere there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions	10b		X				***************************************	***************************************
C V	Vas the plan covered by a fidelity bond?			10c		Х					
Dy	id the plan have a loss, whether or not reimbursed by the plan's f y fraud or dishonesty?			10d		Х				***************************************	
ca	lere any fees or commissions paid to any brokers, agents, or othe arrier, insurance service, or other organization that provides some e plan? (See instructions.)	or all of th	e henefits under	10e		Х					
f Ha	as the plan failed to provide any benefit when due under the plan	?		10f		Х				***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	id the plan have any participant loans? (If "Yes," enter amount as					X					
h If 1	this is an individual account plan, was there a blackout period? (\$520.101-3.)	See instruct	ions and 29 CFR	10g 10h							
I If	10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101	e required r	otice or one of the	10i							
	id the plan trust incur unrelated business taxable income?			10j							-
Part VI	Pension Funding Compliance										
	this a defined benefit plan subject to minimum funding requireme 00) and line 11a below)						ule SB	(Form	∏ Y€	es X	No
Tia En	iter the unpaid minimum required contribution for all years from S	Schedule SE	3 (Form 5500) line 40)			11a		0		
12 Is	this a defined contribution plan subject to the minimum funding r						-				No

	Form 5500-SF 2015 Page 3 -				
Management	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		T		-
-	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter the	e date of t	the letter ru Year	ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			rear	
b	Enter the minimum required contribution for this plan year	12b			
	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			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	П	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?		X Yes	s No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b			x	Yes	No No
С	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) F	PN(s)
Part	t VIII Trust Information				
14a	Name of trust	14b T	rust's EIN	I	
	Name of trustee or custodian		Trustee's telephone	or custodia number	an's
Par	t IX IRS Compliance Questions				
15a	Is the plan a 401(k) plan?				
	to the plant a 401(ty plant:	Yes	3	No	***************************************
	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)?	De bas	sign- sed safe rbor ethod	No ADP test	/ACP
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deforms and employee	De bas	esign- sed safe rbor ethod	ADP	/ACP
15c 16a	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	De bas had me	esign- sed safe rbor ethod	ADP test	
15c 16a 16b	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)?	De bas hai me Yes	esign- sed safe rbor ethod s	ADP test	rage
15c 16a 16b 17a	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes?	De bas hai me Yes	esign- sed safe rbor ethod s tio rcentage	ADP test No Average beneat	rage
15c 16a 16b 17a 17b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted Enter the after the coverage and codes).	De bas had me with the bas had been bas had	esign- sed safe rebor ethod s tio recentage t	ADP test No Average bender the series of t	rage effit test
15c 16a 16b 17a 17b 17c	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)?	De bas had me with the bas had been bas had	esign- sed safe rebor ethod s tio recentage t	ADP test No Average beneating the second s	rage effit test
15c 16a 16b 17a 17b 17c	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)?	De bas had me with the bas had been bas had	esign- sed safe rebor ethod s tio recentage t	ADP test No Average beneating the second s	rage effit test
15c 16a 16b 17a 17b 17c 17d	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)?	De bas had me with the bas had been bas had	esign- sed safe rebor ethod s tio recentage t	ADP test No Average beneating the second s	rage effit test
15c 16a 16b 17a 17b 17c 17d	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)?	De bas had me with the plant the plant the bas had been b	tio rcentage t de code	ADP test No Average beneating the second s	rage effit test
15c 16a 17a 17b 17c 17d 18	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)?	De bas had	tio rcentage t de code	ADP test No Average beneating the second s	rage effit test