## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year	beginning 01/01/20	ond ending 12	2/31/2	016	
A This return/report is for:	employer plan	a multiple-employer plan (not multiemployer) ( list of participating employer information in ac		-	
	rticipant plan	a foreign plan	oorac	ande with the form	i instructions.)
<b>B</b> This return/report is the first re	eturn/report	the final return/report			
an amend	ded return/report	a short plan year return/report (less than 12 m	onths	)	
C Check box if filing under:		automatic extension	DI	FVC program	
<u></u>	xtension (enter descri	,			
Part II Basic Plan Information—	nter all requested info	ormation			
1a Name of plan			1b	Three-digit	
LAST MILE, INC., 401(K) PLAN				plan number (PN) ▶	001
			10	Effective date of	nlan
			.0		/2006
2a Plan sponsor's name (employer, if for a sir Mailing address (include room, apt., suite r		Pov)	2b	Employer Identif	ication Number
City or town, state or province, country, an			2-	(=::+)	
LAST MILE, INC.			2C	Sponsor's telepl 360-414	
			2d	Business code (	see instructions)
I119 11TH AVE LONGVIEW, WA 98632				5170	00
CONGVIEW, WA 90032					
3a Plan administrator's name and address	Same as Plan Snon	eor	3h	Administrator's E	=INI
rian administrator s name and address	Carrie as Fran Opon	301.	0.0	Administrator 3 L	-114
			3с	Administrator's t	elephone number
4			4.		
name. EIN, and the plan number from the	last return/report.	he last return/report filed for this plan, enter the	4b	EIN 91-20	75527
a Sponsor's name CASCADE NETWORKS,	INC.		4c	PN	001
<b>5a</b> Total number of participants at the beginn	ing of the plan year		5	a	38
<b>b</b> Total number of participants at the end of	the plan year		5	b	3-
		he plan year (only defined contribution plans	5	ic	3
'		ın year	5d	(1)	2
		r	5d	(2)	1
·		plan year with accrued benefits that were less	5	e	:
Caution: A penalty for the late or incomplete	e filing of this return	/report will be assessed unless reasonable ca			
SB or Schedule MB completed and signed by a		tions, I declare that I have examined this return/re s well as the electronic version of this return/repor			
belief, it is true, correct, and complete.					

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IQ	PA)			X Yes	
	If you answered "No" to either line 6a or line 6b, the plan cann								Ш	- Ц …
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
а	Total plan assets	7a		031364					115577	7
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	031364					115577	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	0=(4)		68442						
-	(1) Employers	8a(1)		60604						
	(2) Participants	8a(2) 8a(3)								
	Other income (loss)	8b		64262						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							19330	<u> </u>
	Benefits paid (including direct rollovers and insurance premiums	- 55								
	to provide benefits)	8d		68895						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f_	Administrative service providers (salaries, fees, commissions)	8f		0						
<u>g</u>	Other expenses	8g		0	'				2222	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6889	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							12441	3
j	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics	_								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3D 2K									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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		X				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X	_				39775
h	2520.101-3.)	· ····		10h		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			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

A This return/report is for:

For calendar plan year 2016 or fiscal plan year beginning

**Annual Report Identification Information** 

x a single-employer plan

## 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 section 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.

01/01/2016

and ending

a multiple-employer plan (not multiemployer) (Filers checking this box must attach

a list of participating employer information in accordance with the form Instructions.)

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

12/31/2016

B This return/report is:  a one-participant plan the first return/report an amended return/report	a foreign plan the final return/report	m/report (less than 12 months)	with the form instructions.)
C Check box if filing under: Form 5558 special extension (enter	automatic extension description)	_	DFVC program
Part II Basic Plan Information enter all requ	uested information		
1a Name of plan  Last Mile, Inc., 401(k) Plan		pla	nree-digit an number N) ► 001
2a Plan sponsor's name (employer, if for a single-employer pl			fective date of plan 1/01/2006
Mailing Address (include room, apt., suite no. and street, c City or town, state or province, country, and ZIP or foreign	TPO Box	2b En	nployer Identification Number IN) 91-2075527
Last Mile, Inc.	2c Sp	oonsor's telephone number 360) 414-5990	
1119 11th Ave		<b>2d</b> Bu 51	isiness code (see instructions)
US Longview WA 98632			
3a Plan administrator's name and address X Same as Plan	an Sponsor	<b>3b</b> Ad	ministrator's EIN
		3c Ad	ministrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed si name, EIN, and the plan number from the last return/report	ince the last return/report filed for t	his plan, enter the 4b EIN	N 91-2075527
a Sponsor's name CASCADE NETWORKS, INC.		4c PN	001
5a Total number of participants at the beginning of the plan ye	ar	5a	38
<b>b</b> Total number of participants at the end of the plan year		5h	34
c Number of participants with account balances as of the end complete this item)	d of the plan year (only defined cor	tribution plans	34
d(1) Total number of active participants at the beginning of the	SANDERS (SANDERS)	5d(1)	29
d(2) Total number of active participants at the end of the plan	year	5d(2)	16
e Number of participants that terminated employment during		s that were	5
Caution: A penalty for the late or incomplete filing of this			
Under penalties of perjury and other penalties set forth in the in SB or Schedule MB completed and signed by an enrolled actual belief, it is true, correct, and complete.	structions I declare that I have ev	mined this return/report including	if amplicable as October
SIGN Brin Man	3-28-209	BRIAN MAGNUSON	
HERE Signature of plan administrator	Date	Enter name of individual signing as	nlan administrator
SIGN Bina Pagne	3-28-2017	BRIAN MAGNUSON	Pian auministratul
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as	amployer or plan sponsor
Preparer's name (including firm name, if applicable) and address Skip this question	ss (include room or suite number)	Preparer's	s telephone number his question

ia			Page 2					
h	Were all of the plan's assets during the plan year invested in eligible	e assets? (See ir	nstructions.)				X	Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	n indonandant -	ualified public accountant (	QPA)				res 🔲 N
	If you answered "No" to either line 6a or line 6b, the plan cann	of use Form 55	······································				X	res No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	Surance program	out-SF and must instead	use Fo	orm 55	100 0		
Pa	art III Financial Information	surance program	(see ERISA section 4021	)?		Yes Yes	☐ No ☐ N	lot determin
7	Plan Assets and Liabilities	F 100 100 100 100 100 100 100 100 100 10		No.				
a	Total plan assets	7-	(a) Beginning of Yo		_	(k	) End of Yea	r
0	Total plan liabilities	7a	1,031	364	-		1,1	55,777
	Net plan assets (subtract line 7b from line 7a)	76		1 10 10 10	_			
	Income, Expenses, and Transfers for this Plan Year	76	1,031,	364	_			55,777
1	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	68,	442				
	(2) Participants	8a(2)	60,	604				
	(3) Others (including rollovers)	8a(3)			and the same			
	Other income (loss)	8b	64,	262		NA STATE		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c					10	93,308
	to provide benefits)	8d	60	895				3,300
	Certain deemed and/or corrective distributions (see instructions)	8e	00,	695				
	Administrative service providers (salaries, fees, commissions) .	8f		0				
	Other expenses			0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-			All Landson	
	Net income (loss) (subtract line 8h from line 8c)	8i						8,895
	Transfers to (from) the plan (see instructions)						12	4,413
		8j			-			
a	rt IV Plan Characteristics							
a	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension fea		the List of Plan Character	istic Co	des in	the instruc	tions:	
a	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension fea  2E 2F 2G 2J 2R 3D 2K	ature codes from						
a	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension fea	ature codes from						
a	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension fea  2E 2F 2G 2J 2R 3D 2K  If the plan provides welfare benefits, enter the applicable welfare feat	ature codes from						
Par	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feat  2E 2F 2G 2J 2R 3D 2K  If the plan provides welfare benefits, enter the applicable welfare feat  rt V Compliance Questions	ature codes from		tic Cod				
a	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feat  2E 2F 2G 2J 2R 3D 2K  If the plan provides welfare benefits, enter the applicable welfare feat  rt V Compliance Questions  During the plan year:	ature codes from	he List of Plan Characteris					t
Pai	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feat 2E 2F 2G 2J 2R 3D 2K  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  The compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribution.	ature codes from ture codes from to	he List of Plan Characteris	tic Cod	es in t	ne instruction	ons:	t
a	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feat  2E 2F 2G 2J 2R 3D 2K  If the plan provides welfare benefits, enter the applicable welfare feat  rt V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	ure codes from to the codes from the	he List of Plan Characteris ne period Correction	Yes	es in t	ne instruction	ons:	t
a	If the plan provides pension benefits, enter the applicable pension feat  2E 2F 2G 2J 2R 3D 2K  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides pension benefits, enter the applicable pension feat  If the plan provides pension benefits, enter the applicable pension feat  If the plan provides pension benefits, enter the applicable pension feat  If the plan provides pension benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfa	ure codes from to the codes from to the codes from to the codes from the codes fr	he List of Plan Characteris ne period Correction	Yes	es in t	ne instruction	ons:	t
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Pal a b	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feat  2E 2F 2G 2J 2R 3D 2K  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat  If the plan provides welfare benefits, enter the applicable pension feat	ature codes from ture codes from toons within the time untary Fiduciary	he List of Plan Characteris  ne period Correction	Yes	No X X X	ne instruction	ons:	t
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a b c d	If the plan provides pension benefits, enter the applicable pension feat  2E 2F 2G 2J 2R 3D 2K  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan provides welfare benefits, enter the applicable welfare feat  If the plan payers  Was there a failure to transmit to the plan any participant contribution  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?	ature codes from ture codes from tons within the time untary Fiduciary  (Do not include to the constant of the beneath of the beneath of the beneath of the codes from the	he List of Plan Characteris  ne period Correction 10a ransactions 10a was caused 10a insurance efits under	Yes	No X X X	ne instruction	ons:	t
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Pa	rt VI	Pension Funding Compliance						
11	Is this (Form	a defined benefit plan subject to minimum funding requirements? (If "Yes " see instructions and com-	olete Sci	hedule SB		Тп	Yes	X No
11	a Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		140400			100	140
12	12 11112	a delined contribution plan subject to the minimum funding requirements of anti-	or section	11a on 302 of				
		?es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				🗆	Yes	X No
a	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	one one	l antautha	d=461			
16			nth		date of t		r ruling ear	
b	Enter t	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
-		ne minimum required contribution for this plan year.		. 12b				
<u>c</u>		ne amount contributed by the employer to the plan for the plan year		. 12c				
d	negativ	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left on a mount)	of a	12d				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?			Yes	☐ No		N/A
Par	t VII	Plan Terminations and Transfers of Assets			.00			TWA
13a	Has a r	esolution to terminate the plan been adopted in any plan year?			7 //	-	1	
		enter the amount of any plan assets that reverted to the employer this year		-	Yes	X	No	
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un		. 13a				
_	COTILIO	of the FBGC?				Yes	X	No
с —	WITHCH	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ssets or liabilities were transferred. (See instructions.)	plan(s)	to				
1	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13	3c(3) P	N(s)
Pari	VIII	Trust Information - Skip These Questions						
	Name o	frust						
				14b	Trust's E	IN		
14c	Name o	f trustee or custodian		444	-			
					Frustee o			
					оторитоти	riaiiio		
Part	IX	IRS Compliance Questions - Skip These Questions						
15a	Is the pl	an a 401(k) plan? If "No," skip b.		Yes		П	No	
15b	How did	the plan satisfy the nondiscrimination requirements for employee deferrals under section	-	Design-ba	cod		GV G TSS	ADD
	401(k)(3	) for the plan year? Check all that apply:		safe harbo			test	year" ADP
				"Current y	ear"		NIZA	
160	\A/I= = 4.4=			ADP test		ш	N/A	
Ioa	vvnat te year? C	sting method was used to satisfy the coverage requirements under section 410(b) for the plan neck all that apply:		Ratio		Avera	ae	
				percentage test	е Ц	benef		∐ N/A
16b	Did the p	plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) lan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
17a		n is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinior	n letter o	or advisory	letter, er	iter the	date of	
1000000	lettel -	n is an individually-designed plan that received a favorable determination letter from the IRS, enter the	e date of	the most r	ecent de	termina	ation	
18	Were ar	Benefit Plan or Money Purchase Pension Plan Only: y distributions made during the plan year to an employee who attained age 62 and had not separated to	from		] Yes		No	
19	Was any	plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	