Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Labor

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).

2016

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

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

	ar plan year 2016 or fis			and ending 1	2/31/20		
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a		-	
		a one-participant plan	a foreign plan				
B This retu	ırn/report is	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)		
C Check b	oox if filing under:	Form 5558	automatic extensio	n	DF	VC program	
D ("		special extension (enter desc	• •				
Part II 1a Name		rmation—enter all requested in	nformation		1h	Three-digit	
	oi pian FISHERIES 401(K) Pl	_AN				plan number	
						(PN) ▶	001
					1c	Effective date of 01/01	f plan /1996
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0 e, country, and ZIP or foreign pos		actructions)		Employer Identif (EIN) 47-48	ication Number 383311
DISTILLERS		s, country, and Zir or foreign pos	ital code (il loreign, see il	istructions	2c	Sponsor's telepl 360-961	
					2d	Business code (see instructions)
5235 INDUST FERNDALE,						3121	40
3a Plan ad	dministrator's name an	nd address X Same as Plan Spo	onsor.		3b	Administrator's E	ΞIN
					30	Administrator's t	alanhana numbar
					36	Administrator s t	elephone number
		e plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b	EIN 91-20)13299
name, a Sponso	EIN, and the plan nur or's name ^{ASTORIA} H	mber from the last return/report. OLDINGS			4c	PN	004
5a Total r	number of participants	at the beginning of the plan year.			F-		001
		0 0 1 7			58	1	3
b Total r	number of participants	at the end of the plan year			5k		
C Number	er of participants with a		f the plan year (only defir	ed contribution plans	<u> </u>)	3
C Number	er of participants with a	at the end of the plan yearaccount balances as of the end of	f the plan year (only defir	ed contribution plans	5k	;	3
c Number complete com	er of participants with a ete this item)al number of active par	at the end of the plan yearaccount balances as of the end of	f the plan year (only defir	ed contribution plans	5k	1)	3
c Number completed (1) Total d(2) Total e Number	er of participants with a ete this item)al number of active par al number of active par per of participants that	at the end of the plan year	the plan year (only definology) blan yearear e plan year with accrued	ed contribution plans	5k 5d	1) 2)	3 4 4 1
c Number completed (1) Total (2) Total (2) Total (4) Total (4) Total (5) Tot	er of participants with a ete this item)al number of active par al number of active par per of participants that 100% vested	at the end of the plan year account balances as of the end of rticipants at the beginning of the p rticipants at the end of the plan ye terminated employment during the	f the plan year (only definolate plan yearearear with accrued	ed contribution plans benefits that were less	5k 5d 5d(5d(1) 2)	3 4 4 1
c Number completed (1) Total (2) Total (2) Total (2) Total (3) Total (4) Tot	er of participants with a ete this item)al number of active par al number of active par or participants that 100% vested	at the end of the plan year	olan year (only definance) ear e plan year with accrued con/report will be assess actions, I declare that I ha	ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/re	5k 5d(5d(5d(5eport, in	1) 2) established. cluding, if applic	3 4 4 1 1 0 cable, a Schedule
c Number complete d(1) Total d(2) Total e Number than 1 Caution: A Under pena SB or Schebelief, it is t	er of participants with a ete this item)	at the end of the plan year	the plan year (only definance) ear e plan year with accrued cn/report will be assess actions, I declare that I ha as well as the electronic	benefits that were less ed unless reasonable ca we examined this return/report	5k 5d(5d(5d(5eport, in	1) 2) established. cluding, if applic	3 4 4 1 1 0 cable, a Schedule
c Number completed (1) Total (2) Total (2) Total (2) Total (3) Total (4) Tot	er of participants with a ete this item)	at the end of the plan year	olan year (only definance) ear e plan year with accrued con/report will be assess actions, I declare that I ha	ed contribution plans benefits that were less ed unless reasonable ca ve examined this return/re	5td 5d(5d(5ecuse is eport, in	2) established. cluding, if applicate the best of my	3 4 4 1 1 0 cable, a Schedule v knowledge and
c Number completed (1) Total (2) Total (2) Total (2) Total (3) Example (4) Exa	er of participants with a ete this item)	at the end of the plan year	f the plan year (only definance) plan year e plan year with accrued con/report will be assess actions, I declare that I ha as well as the electronic	benefits that were less ed unless reasonable ca ve examined this return/report ROBERT SEIDEL	5td 5d(5d(5ecuse is eport, in	2) established. cluding, if applicate the best of my	3 4 4 1 1 0 cable, a Schedule v knowledge and
d(1) Tota d(2) Tota e Numbe than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	er of participants with a ete this item)	at the end of the plan year	f the plan year (only definance) Plan year e plan year with accrued In/report will be assess Ictions, I declare that I has as well as the electronic 07/06/2017 Date Date	benefits that were less benefits that were less ed unless reasonable ca ve examined this return/re version of this return/report ROBERT SEIDEL Enter name of individent	5td 5d(5d(5eport, in rt, and f	established. cluding, if applic to the best of my	3 4 4 1 1 0 cable, a Schedule knowledge and
d(1) Tota d(2) Tota e Numbe than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	er of participants with a ete this item)	at the end of the plan year	f the plan year (only definance) Plan year e plan year with accrued In/report will be assess Ictions, I declare that I has as well as the electronic 07/06/2017 Date Date	benefits that were less benefits that were less ed unless reasonable ca ve examined this return/re version of this return/report ROBERT SEIDEL Enter name of individent	5th 5d(5d(5eport, in rt, and the sign strength sign stre	established. cluding, if applic to the best of my	3 4 4 1 1 0 sable, a Schedule v knowledge and ninistrator
d(1) Tota d(2) Tota e Numbe than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	er of participants with a ete this item)	at the end of the plan year	f the plan year (only definance) Plan year e plan year with accrued In/report will be assess Ictions, I declare that I has as well as the electronic 07/06/2017 Date Date	benefits that were less benefits that were less ed unless reasonable ca ve examined this return/re version of this return/report ROBERT SEIDEL Enter name of individent	5th 5d(5d(5eport, in rt, and the sign strength sign stre	established. cluding, if applic to the best of my	3 4 4 1 1 0 sable, a Schedule v knowledge and ninistrator
d(1) Tota d(2) Tota e Numbe than 1 Caution: A Under pena SB or Sche belief, it is t SIGN HERE	er of participants with a ete this item)	at the end of the plan year	f the plan year (only definance) Plan year e plan year with accrued In/report will be assess Ictions, I declare that I has as well as the electronic 07/06/2017 Date Date	benefits that were less benefits that were less ed unless reasonable ca ve examined this return/re version of this return/report ROBERT SEIDEL Enter name of individent	5th 5d(5d(5eport, in rt, and the sign strength sign stre	established. cluding, if applic to the best of my	3 4 4 1 1 0 sable, a Schedule v knowledge and ninistrator

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6a Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)						X Yes	No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	□ No
If you answered "No" to either line 6a or line 6b, the plan can		,							
\boldsymbol{C} . If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not deter	mined
Part III Financial Information	_								
7 Plan Assets and Liabilities		(a) Beginning	of Year			((b) End o	f Year	
a Total plan assets	7a		132388					69213	
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		132388					69213	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	
a Contributions received or receivable from:	90(4)		C						
(1) Employers	8a(1)		0						
(2) Participants	8a(2)		C						
b Other income (loss)	8a(3) 8b		6945						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6945	
d Benefits paid (including direct rollovers and insurance premiums	00								
to provide benefits)	8d		66542						
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f		3578						
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							70120	
i Net income (loss) (subtract line 8h from line 8c)	8i							-63175	
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 2R 3D	n feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in	the instru	ictions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature coo	des from the List of Pla	n Char	acteris	tic Cod	des in t	he instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contrib		•							
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)			10a		Χ				
b Were there any nonexempt transactions with any party-in-interest			100		Х				
reported on line 10a.)			10b	X					25000
C Was the plan covered by a fidelity bond?			10c	^					23000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			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.)			10e		X				
${f f}$ 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-	end.)	10g		X				
h If this is an individual account plan, was there a blackout period? 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	the require	d notice or one of the	10i						
5.00 phonois to providing the notice applied under 25 CFR 2520. It	υ 1- υ		101	<u> </u>	<u> </u>				

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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) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	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

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 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Bort I Appual Popo	rt Identification Information				
Part I Annual Repo For calendar plan year 2016 or	r fiscal plan year beginning	01/01/2016	and ending	12/31/201	5
	x a single-employer plan	a multiple-employer pla a list of participating en	an (not multiemployer	r) (Filers checking thi	s box must attach
A This return/report is for:	a one-participant plan	a foreign plan	прюуен иноппацоп и	Taccordance with the	, tom mon donorio.
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return	n/report (less than 12	months)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
onioon sox ii ming amari	special extension (enter desc	cription)			
De VIII Pocio Dian in	nformation enter all requested				
<u> Part II Basic Plan Ir</u> 1a Name of plan	HOTHIALION enter an requested	1 Hillorification		1b Three-digit	
NEW WEST FISHERIE	ES 401(K) PLAN			plan numbe (PN) ▶	o01
				1c Effective da 01/01/19	•
2a Plan sponsor's name (em	nployer, if for a single-employer plan			2b Employer id	dentification Number
Mailing Address (include	room ant suite no and street, of P	'.O. B0X)	ructions)	(EIN) 47-	-4883311
City or town, state or prov Distillers Way, I	vince, country, and ZIP or foreign po LLC	stal code (il loreign, see msti	uctions	2c Sponsor's t (360) 96	elephone number 51–1966
					ode (see instructions)
5235 Industrial I	P1			312140	•
US Ferndale WA 98248				01	
3a Plan administrator's nam	e and address X Same as Plan S	ponsor		3b Administrat	ors EIN
				3c Administrat	or's telephone number
	f the plan sponsor has changed sinc	a the last return/report filed fr	or this plan enter the	4b EIN 91-2	2013299
name, EIN, and the plan	number from the last return/report.	e the last return report means	or and plant, enter and	4c PN 001	
a Sponsor's name Asto:	ria Holdings				3
5a Total number of participa	ints at the beginning of the plan year	******************************	*************************************	5b	4
b Total number of participa	ints at the end of the plan yearints at the end of the plan year of the end o	f the plan year (only defined	contribution plans		
complete this item)	92 901 90 9 10 102 100 100 100 100 100 100 100 100	20 000 022 220 020 020 022 023 003 004 022 02 02 02 02 02 02 02 02 02 02 02 02		5c	4
• •	participants at the beginning of the p			1 1	1
d(2) Total number of active	participants at the end of the plan ye	ear	00 000 00 0 00 000 000 000 000 000 000	5d(2)	1
e Number of participants the less than 100% vested	nat terminated employment during th	e plan year with accrued ben		5e	0
Caution: A negalty for the I	ate or incomplete filing of this reto	urn/report will be assessed	unless reasonable	cause is establishe	d
	ather penaltice set forth in the inst	ructions. I declare that I have	examined this return	n/report, including, if	applicable, a Schedule
SB or Schedule MB complete belief, it is true, correct, and	ed and signed by an enrolled actuary	/, as well as the electronic ve	rsion of this return/re	port, and to the best	of my knowledge and
1 / (4	a L		Ralmot	- Son-	
SIGN # Alle	Thostee	Date 7-6-57	Enter name of individ	dual signing as plan	administrator
HERE Signature of plan	administrator	Date / Pul	Citter flame of individ	C S	
(SIGN) / Acto	> I solded	7 (A DININ	e po	2/
HERE Signature of empl	oyer/plan sponsor	Date / Cofy		dual signing as empl	over or plan sponsor
Preparer's name (including fine Skip this question	irm name, if applicable) and address	(include room or suite numb	er)	Skip this qu	

	Form 5500-SF 2016		Page 2						
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	•••••	•••••	••••••	•••••	•••••	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 If you answered "No" to either line 6a or line 6b, the plan cannot be a second to	nd condition	ons.)	•••••	•••••			•••••	x Yes □No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		□ No	Not determine
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	of Year
a	Total plan assets	7a		32,3				. ,	69,213
<u>b</u>	Total plan liabilities	7b		,-					00,120
C	Net plan assets (subtract line 7b from line 7a)	7c	13	32,3	88				69,213
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total
а	Contributions received or receivable from:		` '						
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
<u>b</u>	Other income (loss)	8b		6,9	45				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			6,945
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		56,5	42				
e	Certain deemed and/or corrective distributions (see instructions)	8e		•					
f	Administrative service providers (salaries, fees, commissions)	8f		3,5	78				
g	Other expenses	8g		-,-					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							70,120
÷	Net income (loss) (subtract line 8h from line 8c)	8i							(63,175)
÷	Transfers to (from) the plan (see instructions)	8j							(117)
D.	rrt IV Plan Characteristics	l oj	1						
$\overline{}$	If the plan provides pension benefits, enter the applicable pension for	ooturo ooo	doe from the Liet of Plan C	horo	torioti	o Cod	oo in th	ao inotru	ations:
Ja	2E 2F 2G 2J 2K 2R 3D	eature coc	des from the List of Flam C	ilala	Jensu	c Cou	es III II	ie iristrut	JUOIIS.
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instruct	ions:
Pa	rrt V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
a		tions withi	in the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo								
	Program)	•••••	••••••	10a		х			
b									
	reported on line 10a.)			10b		х			
				10c	Х				250,000
	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		x			
f	Has the plan failed to provide any benefit when due under the plan	n?	••••••	10f		х			
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g		х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	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	ne require	d notice or one of the	10ii		A			

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(Form	Pension Funding Compliance					
44	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar				☐ Yes	X No
	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
ERIS	s a defined contribution plan subject to the minimum funding requirements of section 412 of the				☐ Yes	X No
	'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	inetructions	and onto	or the dat	o of the letter	ruling
	ng the waiver		s, and ente		e or the letter Year	Tulling
If you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.	_			
b Enter	the minimum required contribution for this plan year	••••••	. 12b			
C Enter	the amount contributed by the employer to the plan for the plan year	•••••	. 12c			
	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to ive amount)		12d			
e Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?	•••••	\cdot	Yes	No 🗌	N/A
Part VII	Plan Terminations and Transfers of Assets		•			
	resolution to terminate the plan been adopted in any plan year?	•••••	. Г	Yes	X No	
	s," enter the amount of any plan assets that reverted to the employer this year			Ī		
	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brol of the PBGC?				Yes X	No
	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide					
	assets or liabilities were transferred. (See instructions.)			T		
13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
Part VIII	Trust Information - Skip These Questions			•		
14a Name	e of trust		14b	Trust's E	IN	
14a Name	e of trust		14b	Trust's E	IN	
	e of trustee or custodian			Trustee o	or custodian's	;
				Trustee o		
14c Name	of trustee or custodian			Trustee o	or custodian's	:
14c Name	of trustee or custodian IRS Compliance Questions - Skip These Questions		14d	Trustee o	or custodian's e number	;
14c Name	of trustee or custodian		14d	Trustee of telephon	or custodian's e number	
Part IX 15a Is the	IRS Compliance Questions - Skip These Questions plan a 401(k) plan? If "No," skip b. did the plan satisfy the nondiscrimination requirements for employee deferrals under section		14d Yes Design-b	Trustee of telephon	or custodian's e number	year" ADP
Part IX 15a Is the	IRS Compliance Questions - Skip These Questions plan a 401(k) plan? If "No," skip b.		Yes Design-ts safe hart	Trustee of telephon	or custodian's e number No "Prior test	
Part IX 15a Is the	IRS Compliance Questions - Skip These Questions plan a 401(k) plan? If "No," skip b. did the plan satisfy the nondiscrimination requirements for employee deferrals under section		14d Yes Design-b	Trustee of telephon	or custodian's e number	
14c Name Part IX 15a Is the 15b How 401(k	IRS Compliance Questions - Skip These Questions plan a 401(k) plan? If "No," skip b. did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes Design-base hart "Current ADP test Ratio	Trustee of telephon	or custodian's e number No "Prior test N/A	year" ADP
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