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

2017

This Form is Open to **Public Inspection**

Part i Annuai Repor	t identification information	<u> </u>		
For calendar plan year 2017 or	fiscal plan year beginning 01/01	/2017 and ending 1	12/31/2017	
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a		
D =	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 short plan year return/report (less than 12 n	nonths)	
C Check box if filing under:	Form 5558	automatic extension	DFVC program	m
	special extension (enter des	<u> </u>		
	ormation—enter all requested i	nformation	T	
1a Name of plan LAST MILE, INC., 401(K) PLAN			1b Three-digiting plan numb (PN) ▶	
			1c Effective d	ate of plan 01/01/2006
Mailing address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.		2b Employer I (EIN)	dentification Number 91-2075527
LAST MILE, INC.	ice, country, and ZIP or foreign pos	stal code (if foreign, see instructions)		telephone number 0-414-5990
4440 44TH AVE			2d Business of	ode (see instructions)
1119 11TH AVE LONGVIEW, WA 98632				517000
3a Plan administrator's name a	and address 🛚 Same as Plan Spo	onsor.	3b Administra	tor's EIN
			3c Administra	tor's telephone number
4			41	
		nas changed since the last return/report filed for and the plan number from the last return/report.	4b EIN	
a Sponsor's namec Plan Name			4d PN	
5a Total number of participant	s at the beginning of the plan year		. 5a	35
	• •	Charles and a shade for all and the Caralles	. 5b	25
		f the plan year (only defined contribution plans	5c	25
d(1) Total number of active p	articipants at the beginning of the p	olan year	. 5d(1)	17
		ear	. 5d(2)	10
than 100% vested		ne plan year with accrued benefits that were less	5e	2
		rn/report will be assessed unless reasonable ca		
	and signed by an enrolled actuary,	uctions, I declare that I have examined this return/re as well as the electronic version of this return/repo		
	d/valid electronic signature.	06/13/2018 BRIAN MAGNUSON		

Date 06/13/2018

Date

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

HERE

SIGN

HERE

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

BRIAN MAGNUSON

Form 5500-SF 2017 Page **2**

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets	n
Part III Financial Information7 Plan Assets and Liabilities(a) Beginning of Yeara Total plan assets7a1155777b Total plan liabilities7b1155777c Net plan assets (subtract line 7b from line 7a)7c11557778 Income, Expenses, and Transfers for this Plan Year(a) Amounta Contributions received or receivable from: (1) Employers8a(1)33391(2) Participants8a(2)29552(3) Others (including rollovers)8a(3)b Other income (loss)8b143741c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c	No Not determined
7 Plan Assets and Liabilities 7 Total plan assets 7 Total plan assets 7 Total plan liabilities 7 Total plan liabilities 7 Total plan assets (subtract line 7b from line 7a) 7 Total plan assets (subtract line 7b from line 7a) 7 Total plan assets (subtract line 7b from line 7a) 7 Total plan assets (subtract line 7b from line 7a) 7 Total plan assets (subtract line 7b from line 7a) 7 Total plan assets (subtract line 7b from line 7a) 7 Total plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year (a) Amount 8 Income (lose plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year 8 Income	(See instructions.)
a Total plan assets 7a 1155777 b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 1155777 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 33391 (2) Participants 8a(2) 29552 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 143741 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	
b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 1155777 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: 8a(1) 33391 (1) Employers 8a(2) 29552 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 143741 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	(b) End of Year
C Net plan assets (subtract line 7b from line 7a) 7c 1155777 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from:	1036270
8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: (1) Employers 8a(1) 33391 (2) Participants 8a(2) 29552 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 143741 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	
a Contributions received or receivable from: 8a(1) 33391 (1) Employers 8a(1) 33391 (2) Participants 8a(2) 29552 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 143741 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	1036270
(1) Employers 8a(1) 33391 (2) Participants 8a(2) 29552 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 143741 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	(b) Total
(3) Others (including rollovers)	
b Other income (loss) 8b 143741 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
	206684
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f 0	
g Other expenses 0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	326191
i Net income (loss) (subtract line 8h from line 8c)	-119507
j Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes i 2E 2F 2G 2J 2R 3D 2K	n the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in	the instructions:
Part V Compliance Questions	
10 During the plan year:	Amount
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	
f Has the plan failed to provide any benefit when due under the plan? 10f	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X	500
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	509
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	209

Form 5500-SF 2017	Page 3- 1		
-------------------	------------------	--	--

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	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	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?	. [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?		Ye	s X N	0
	If "Yes," 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 control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Part I

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. **Annual Report Identification Information**

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

or calendar plan year 2017 or fiscal	plan year beginning	01/01/2017	and ending	12/31/2017	
This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating e a foreign plan the final return/report	an (not multiemployer) (Filers mployer information in accord n/report (less than 12 months	lance with the form	must attach instructions.)
Check box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC progra	am
art II Basic Plan Inform	mation enter all requested				
Name of plan Last Mile, Inc., 401		o imormation	1	b Three-digit plan number (PN) ▶	001
			1	C Effective date o	
Plan sponsor's name (employer Mailing Address (include room, City or town, state or province, or	apt., suite no, and street, or P.C.). Box) al code (if foreign, see instruct	ions)	01/01/2006 b Employer Identi (EIN) 91-20	fication Number 75527
Last Mile, Inc.			2	C Sponsor's telepi (360) 414-	
1119 11th Ave			2	d Business code 517000	Military Control
US Longview WA 98632 Plan administrator's name and a	ddress X Same as Plan Sp				
If the name and/or EIN of the plathis plan, enter the plan sponsor	in sponsor or the plan name ha 's name, EIN, the plan name an	s changed since the last returned the plan number from the la	n/report filed for st return/report.	b EIN	
Sponsor's name Plan Name			4	d PN	
Total number of participants at the	ne beginning of the plan year			5a	35
Total number of participants at the	ne end of the plan year			5b	25
Number of participants with accomplete this item)	ount balances as of the end of the	ne plan year (only defined cor	tribution plans	5c	25
(1) Total number of active particip			William Well-Autoria	d(1)	17
(2) Total number of active particip			5	d(2)	10
Number of participants who term less than 100% vested	inated employment during the p			5e	2
nder penalties of perjury and other B or Schedule MB completed and selief, it is true, correct, and completed and selief.	penalties set forth in the instructions signed by an enrolled actuary, as	tions, I declare that I have exa	mined this return/report, inclu	uding, if applicable.	a Schedule rledge and
HERE Signature of plan admini	strator	Date	Enter name of individual sign	ning as plan admini	strator
SIGN Bin Magn		6-13-2018	BRIAN MAGNUSON		
HERE Signature of employer/pl	an sponsor	Date	Enter name of individual sign	ning as employer or	plan sponsor

P	a	a	e	2
Г	a	ч	e	_

6a	Were all of the plan's assets during the plan year invested in eligible								
b	Are you daining a waiver of the annual examination and report of an	In alama and	ualified public account	tant (I	QPA)			b	No
								X Yes	No
C	If you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC ins	t use Form 58	00-SF and must ins	tead ı	ıse Fo	orm 5	500.	- N	Market (A)
	If "Yes" is checked enter the My PAA confirmation and the PBGC Ins	urance prograr	n (see ERISA section	4021)	?		Yes	☐ No ☐ Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC premiur	n filing for this year	(<u>-</u>				(See instr	uctions.)
Pa	rt III Financial Information							1	M.
7	Plan Assets and Liabilities		(a) Beginning	of Vo					
а	Total plan assets	7a						(b) End of Year	
b	Total plan liabilities	. 7b	1,.	155,	777	_		1,036	,270
С	Net plan assets (subtract line 7b from line 7a)			FF .	777	-		les of Physical Processing	SUCCESSION STATE
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	155,	111			1,036	,270
а	Contributions received or receivable from:		(a) Amour	ıt				(b) Total	
	(1) Employers	. 8a(1)		33,	391				
-	(2) Participants	. 8a(2)		29,	552				
	(3) Others (including rollovers)	. 8a(3)							-
	Other income (loss)	. 8b	1	43,	741				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		March .	TAL			206	, 684
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	04			10200V	150	The Carlot	200	, 004
е	Certain deemed and/or corrective distributions (see instructions)		3	26,1	.91				
	Administrative service providers (salaries, fees, commissions)	. 8e							
	Other expenses	8f			0				
1/2	Total expenses (add lines ad as at and as)	8g			0				1699
	Net income (loss) (subtract line the form the a			100				326	191
	ransfers to (from) the plan (see instructions)	8i			- 6			(119,	507)
	t IV Plan Characteristics	8j				183			
_									
Ja	f the plan provides pension benefits, enter the applicable pension feat	ure codes from	the List of Plan Char	acteris	tic Co	des in	the instru	ictions:	
	ZO ZN 3D ZN								
b I	f the plan provides welfare benefits, enter the applicable welfare featu	re codes from t	he List of Plan Charac	cteristi	c Cod	es in t	he instruc	tions:	
Par					Descrive			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10000									
10 a	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contribution	ns within the tim	e period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu Program)	ntary Fiduciary	Correction						
b	Were there any nonexempt transactions with any party-in-interest? (I			10a		X			
1.55%	reported on line 10a.)	o not include t	ransactions	404		x			
C	Was the plan covered by a fidelity bond?			10b					
d	Did the plan have a loss, whether or not reimbursed by the plan's fide by fraud or dishonesty?	lity bond, that	vas caused	10c		x			-
е	Were any fees or commissions paid to any brokers, agents, or other	nornana by an		10d		Х			
	carrier, insurance service, or other organization that provides some of	r all of the bene	fits under						
17201	the plan? (See instructions.)			10e		x			
f	Has the plan failed to provide any benefit when due under the plan?			10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)	***************************************	10g	х				509
h	If this is an individual account plan, was there a blackout period? (Se	e instructions a	nd 29 CFR						STATE OF THE PARTY OF
	2520.101-3.)			10h		X			
ī	If 10h was answered "Yes," check the box if you either provided the respections to providing the potice coalled under 80 055 persons to	equired notice	or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					Page 15

_	For	m 5500-SF 2017 Page 3 -				
Pai	t VI	Pension Funding Compliance				
11	Is this	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete School	dule SB			
11:	a Enter t	he unpaid minimum required contributions for all wasse for			☐ Yes	X No
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section?	11a	1000		
a		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) ver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e			Yes	
If			nter the		letter ruling Year	g
	-	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			_ 1001 _	
b	Enter ti	ne minimum required contribution for this plan year.	12b			
С		ne amount contributed by the employer to the plan for the plan year	12c			
d	Subtrac negativ	et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?		v. 🗖		
Par		Plan Terminations and Transfers of Assets		Yes	No L	N/A
13a	Has a n	esolution to terminate the plan been adopted in any plan year?		7		
		enter the amount of any plan assets that reverted to the employer this year	425	Yes	X No	
b	Were a	If the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	13a	☐ Ye	es X	No
C	If, durin	g this plan year, any assets or liabilities were transferred from this plan to another allow() it will be			100	

c 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) PN(s)