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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit plan number NEW WEST FISHERIES 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1996 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ASTORIA HOLDINGS 91-2013299 (EIN) 2c Sponsor's telephone number 360-671-0976 12 BELLWETHER WAY 2d Business code (see instructions) BELLINGHAM, WA 98225 311710 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 91-2013299 **ASTORIA HOLDINGS** 12 BELLWETHER WAY Administrator's telephone number BELLINGHAM, WA 98225 360-671-0976 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a 9 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 203911 209525 Total plan assets..... 7a 7b Total plan liabilities..... 203911 209525 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers 38940 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -6900 **b** Other income (loss)..... 8b 32040 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 26426 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 26426 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 5614 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500	SF	201

Page	2	- [1	
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Part IV	Plan	Characteri	ietice
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		۸m	ount	
Was there a failure to transmit to the plan any participant contributions within the time period described in		103			AIII	Ount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			V				
on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ					2500
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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.)	10e		X				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug						
2520.101-3.)	10h		X				
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	10i						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	malata						
	ripiete .	Sched	ule SE	(Form	_	_	
5500))				•	[Yes	X 1
5500))	······			······		Yes Yes	旹
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	······			······		1	H
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	 302 of	 ERISA?	[Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	e or se	ction 3	302 of	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moreov you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se uctions, nth	and e	302 of	ERISA?	of the le	Yes	ing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se uctions, nth	ction 3	nter th	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moreover completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or se uctions, nth t of a	ction 3	302 of Inter the Day	ERISA?	of the le	Yes	ing
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se uctions, nth	and e	12b 12c	ERISA?	of the le	Yes etter ru	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	ction 3	12b 12c	ERISA?	of the le	Yes etter ru	ling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se uctions, nth t of a	and e	12b 12c 12d	ERISA?	of the lo	Yes etter ru	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	e or se uctions, nth t of a under	and e	12b 12c 12d	ERISA?	of the lo	Yes etter ru	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se uctions, nth t of a under	and e	12b 12c 12d	ERISA? e date of the date of	of the lo	Yes etter ru	NA I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moreoval completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e or se uctions, nth t of a under	and e	12b 12c 12d	ERISA? e date of the date of	of the lo	Yes etter ru ar No Yes	NA I

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/19/2012	ROBERT SEIDEL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/19/2012	ROBERT SEIDEL
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 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

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification In	formation							
For	the calendar plan year 2011 or fiscal plan year beginn	ng	01/01	/2011	and ending	12	/31/2011		
A	This return/report is for: x a single-employer	plan	a multiple-	employer plan	(not multiemployer)		a one-participa	int plan	
В	This return/report is: the first return/report	ort \square	the final rel	urn/report		_	 12 1.1		
	an amended return	n/report	a short plai	n vear return/r	eport (less than 12 mo	nths)			
C	Check box if filing under: X Form 5558	H	automatic e	74	,	Г	DFVC program		
•	special extension	(enter description)		Atonoion		L] or ve program	•	
_									
	art II Basic Plan Information enter a	all requested inform	nation.			1h -	Dance divis		
Id	Name of plan						Three-digit		
	NEW WEST FISHERIES 401(K) PLAN						PN) ►	001	
							Effective date of p	olan	
2a	Plan sponsor's name and address; include room or s	uite number (empl	over, if for s	ingle-employe	er plan)		01/01/1996 Employer Identific	action Number	
	ASTORIA HOLDINGS						EIN) 91-201:		
							Plan sponsor's tel		
	12 BELLWETHER WAY						(360) 671-09		
	#209					2d E	Business code (se	ee instructions)	
US	BELLINGHAM WA 98225					3	311710		
3a	Plan administrator's name and address (If same as p Same	lan sponsor, enter	"Same")			3b /	Administrator's El	N	
	Same								
						3c A	dministrator's tel	ephone number	
4	If the name and/or EIN of the plan sponsor has change		return/repor	t filed for this	olan, enter the	4b E	IN		
а	name, EIN, and the plan number from the last return/ Sponsor's Name	report.				4c PN			
5a	Total number of participants at the beginning of the p	lan year				5a		10	
b	Total number of participants at the end of the plan ye					5b		9	
С	Number of participants with account balances as of the					5.0		_	
6a	complete this item)					5c	L	7 X Yes No	
b	Are you claiming a waiver of the annual examination		7/					X Yes No	
	under 29 CFR 2520.104-46? (See instructions on wa							X Yes No	
-	If you answered "No" to either 6a or 6b, the plan of	annot use Form	5500-SF an	d must inste	ad use Form 5500.				
_	rt III Financial Information								
7	Plan Assets and Liabilities		11.50	(a) Be	eginning of Year	+	(b) End of	Year	
a	Total plan assets		7a		203,911	+		209,525	
b	Total plan liabilities		7b			_			
<u>c</u> 8			7c		203,911	+	1920,00	209,525	
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:			(a) Amount		(b) To	tal	
	(1) Employers		8a(1)		0				
	(2) Participants		8a(2)		38,940	3.3			
	(3) Others (including rollovers)		8a(3)						
b	Other income (loss)		8b		(6,900)	1250			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Fig. 17. 18. 18. 18. 18. 18. 18.	8c	FERE	三年是主任	1		32,040	
d	Benefits paid (including direct rollovers and insurance to provide benefits)		8d		26,426	100			
е	Certain deemed and/or corrective distributions (see in	M. M. Marrier at 1971	8e		20,120	-			
f	Administrative service providers (salaries, fees, comm		8f			- 6		the this said	
g	Other expenses		8g			10,3			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h		THE OF EAST			26,426	
i	Net income (loss) (subtract line 8h from line 8c).		8i	1 2 2 3				5,614	
i	Transfers to (from) the plan (see instructions)		8i			787	KALTA - WA	SEA COLOR	

Form 5500-SF 2011	Page 2-

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Parl	V Compliance Questions						
10	During the plan year:		_	Ye	s No	А	mount
a	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program)	0a	х		
D	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			0ь	х		
С	Was the plan covered by a fidelity bond?			0c X			250,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?	ty bond, that was ca	used by fraud	0d	х		
е	Were any fees or commissions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of the instructions.)	e benefits under the	plan? (See	0e	x		
f	Has the plan failed to provide any benefit when due under the plan?			Of	х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	rear end)		0q	х		
h	If this is an individual account plan, was there a blackout period? (See		_	ug	+		inti salahan cara
	2520.101-3.)			0h	х	and the same	
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			0i		TAGE A	
Part	VI Pension Funding Compliance						CONTRACT NOT A 1
11	Is this a defined benefit plan subject to minimum funding requirements (5500))	? (If "Yes," see instru	ictions and complete S	chedule	SB (F	orm	Yes X No
12	Is this a defined contribution plan subject to the minimum funding require						Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.			1011 002	OI LIVI	<i>.</i>	
a	If a waiver of the minimum funding standard for a prior year is being am granting the waiver	nortized in this plan y	ear, see instructions, a	and ente	er the da	ate of the lette	er ruling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB ((Form 5500), and si	kip to line 13.			,	ear
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 y				12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	esult (enter a minus	sign to the left of a		12d		
е	Will the minimum funding amount reported on line 12d be met by the ful					Yes	No N/A
art '							
13a	Has a resolution to terminate the plan been adopted in any plan year?					2- 220 32 33	Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year		۱	13a		
b	Were all the plan assets distributed to participants or beneficiaries, trans	sferred to another pl	an, or brought under th	e contr	ol		
	If during this plan year, any assets or liabilities were transferred from this		n(s), identify the plan(s				Yes X No
	which assets or liabilities were transferred. (See instructions.)	500 0		,			
13	c(1) Name of plan(s):			1	3c(2) E	IN(s)	13c(3) PN(s)
	n: A penalty for the late or incomplete filing of this return/report will						
B or S	enalties of perjury and other penalties set forth in the instructions, I decl chedule MB completed and signed by an enrolled actuary, as well as the is true, correct, and complete.	are that I have exan e electronic version	nined this return/report, of this return/report, an	includi d to the	ng, if ap best of	plicable, a Sc my knowledg	hedule e and
. Harrison	10/1/2017 000175	9-17-202	ROBERT SEIDEL				
SIGN				.=1 =*		12222	
4	101 A-12 Part 1	Date	Enter name of individu	ual sign	ing as p	lan administra	ator
SIGN		1-12-29.	2				
HERE	Signature of employer/plan/sponsor	Date	Enter name of individu	ual signi	ing as e	mployer or pla	an sponsor