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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in a	ccordance with the instru	ctions to the Form 550	<i>1</i> 0-5F.		
	art I		Identification Information					
For	calenda	ar plan year 2012 or fis		1/2012	<u> </u>	12/31/2	2012	
A	This ret	urn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan
B ⁻	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths))	
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım
			special extension (enter desc	cription)				
Pa	rt II	Basic Plan Info	rmation—enter all requested in	formation				
	Name o	•				1b	Three-digit	
NEW	WEST	FISHERIES 401(K) PI	_AN				plan number (PN) ▶	001
						10	Effective date or	
						10	01/01/	•
2a	Plan sp	onsor's name and ad	dress; include room or suite numb	per (employer, if for a single	-employer plan)	2b	Employer Identit	fication Number
		OLDINGS						13299
						2c	Sponsor's telep	
	ELLWE	THER WAY					360-67	
#209 BELL	INGHA	M, WA 98225				2d		see instructions)
32	Dlan or	dministrator's name an	d addraga Veama as Dian Span	oor Nome Come on Pla	n Sponsor Address	3h	31171 Administrator's I	
Ja	Pian ac	aministrator's name ar	d address XSame as Plan Spon	sor NameSame as Pla	n Sponsor Address	30	Administrators	EIIN
						3с	Administrator's t	telephone number
4	If the n	ome and/or FIN of the	nlan anangar has abangad sings	the last return/report filed f	or this plan, optor the	4h	FINI	
4			e plan sponsor has changed since nber from the last return/report.	the last return/report filed i	or this plan, enter the	40	EIN	
а		or's name	•			4c	PN	
5a	Total n	number of participants	at the beginning of the plan year.			5a		9
b	Total n	number of participants	at the end of the plan year			5b		12
С	Numbe	er of participants with a	account balances as of the end of	the plan year (defined bene	efit plans do not			
		,				5c		8
			during the plan year invested in					X Yes No
b			the annual examination and report (See instructions on waiver eligit					X Yes No
			ther line 6a or line 6b, the plan					
Cau			or incomplete filing of this retur					
			ner penalties set forth in the instru					able, a Schedule
			nd signed by an enrolled actuary,	as well as the electronic ver	rsion of this return/repor	t, and	to the best of my	knowledge and
Delle	ei, il is i	rue, correct, and comp	nete.					
SIG	N	Filed with authorized/	valid electronic signature.	06/26/2013	ROBERT SEIDEL			
HER	₹E	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator
SIG	N	Filed with authorized/	valid electronic signature.	06/26/2013	ROBERT SEIDEL		, ,	
HER		Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sid	ning as employe	er or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)								

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Part III Financial Information											
	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End of	Voar			
	Total plan assets	7a	(a) Beginning of Tea				(b) Liiu o	232	106		_
	Total plan liabilities	7a 7b	20932	.5				232	+90		
	Net plan assets (subtract line 7b from line 7a)	7c	20952	25				232	106		
	·	70				232496					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	aı			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	2917	7 1							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-620	00							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						229	971		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i						22	971		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
Par	V Compliance Questions										_
10	•				Yes	No		m a			
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in	I	103	110	P	moun	ι		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X				2!	500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				500	<u> </u>
е	Were any fees or commissions paid to any brokers, agents, or oth										_
	insurance service or other organization that provides some or all of					X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Пу	es D	1 X	No
112	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							<u>ا</u>			
12	· · · · · ·			oi se	CHOIT	302 UI	EKIOA!	Ц ''	<i>,</i>	<u> </u>	10
а	If a waiver of the minimum funding standard for a prior year is being	(If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruling									
If	granting the waiveryou completed lines 3, 9, and 10 of Schedule			IUI		Day		ear			
	Enter the minimum required contribution for this plan year	•			Ī	12b					_
J	Enter the minimum required continuation for this plant year										

	Form 5500-SF 2012 Page 3 -			
	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?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'es X No	
	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 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.)			
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust WEST FISHERIES 401(K) PLAN		rust's EIN 11707969	

Form 5500-SF

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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

2012

This Form is Open to Public Inspection

97555000	Annual Report Identification Information							
	r calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/3	31/2012			
Α	This return/report is for:	a multiple-employer	plan (not multiemployer)		a one-participant plan			
В	This return/report is:	the final return/repo	rt		an anna la anna da anna la cann			
	an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)				
С	Check box if filing under:	automatic extension			DFVC program			
	special extension (enter descriptio	-1		Ц.	or vo program			
P	artill Basic Plan Information enter all requested infor							
	Name of plan	mauon	<u> </u>	1h Thr	ree-digit			
	NEW WEST FISHERIES 401(K) PLAN			pla	n number			
	The second services and the second				N) ▶ 001			
				TC ETIE	ective date of plan /01/1996			
2a	Plan sponsor's name and address; include room or suite number (e	mployer, if for a sing	e-employer plan)		ployer Identification Number			
	ASTORIA HOLDINGS				N) 91-2013299			
				2c Sponsor's telephone number				
	12 BELLWETHER WAY			(360) 671-0976				
TTQ.	#209 BELLINGHAM WA 98225		j	2d Bus	siness code (see instructions)			
	Plan administrator's name and address	r Nama Samo ar	Dian Casasan Addusas		1710			
	That daily and address [25] Same as I fall openion	Name Same as	Plan Sponsor Address	3D Adn	ministrator's EIN			
				3c Adn	ministrator's telephone number			
			ĺ					
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/report filed	for this plan, enter the	4b EIN				
_	name, EIN, and the plan number from the last return/report.	•						
	Sponsor's name			4c PN				
5а Ь	Total number of participants at the beginning of the plan year)48####################################	***************************************	5a	9			
b b	Total number of participants at the end of the plan year			5b	12			
	Number of participants with account balances as of the end of the placemplete this item)	an year (defined bene	efit plans do not	5c	8			
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)	<u> </u>	X Yes No			
	Are you claiming a waiver of the annual examination and report of ar	n independent qualifie		A)	<u>A</u> 103 [] 140			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditions.)	*		X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Form 5500-SF	and must instead use Fo	orm 5500.				
Cau	tion: A penalty for the late or incomplete filing of this return/rep	ort will be assessed	unless reasonable caus	se is estal	blished.			
Unc	der penalties of perjury and other penalties set forth in the instructions	s I declare that I have	examined this return/ren	بالمسلسة				
	or Schedule MB completed and signed by an enrolled actuary, as we ef, it is true, correct, and complete.	as the electronic ve	rsion of this return/report,	and to the	best of my knowledge and			
	A A A A A A A A A A A A A A A A A A A	F //26/11	L					
	RE Signature of plan administrator	+ 4/27/1/	ROBERT SEIDEL					
		Date /	Enter name of individual	signing as	plan administrator			
SI(<u> </u>						
	RE Signature of employer/plan sponsor	Date			s employer or plan sponsor			
Prep	parer's name (including firm name, if applicable) and address; include	₁room or suite numb∈	r (optional)	Preparer's	telephone number (optional)			

200	Part III Financial Information								
7	an Assets and Liabilities						-5 V-		
а	Total plan assets	(a) Deginning of Year					(b) End of Year		
b	Total plan liabilities	7b	209,	025				232,496	
C	Net plan assets (subtract line 7b from line 7a)	7c	300						
8	Income, Expenses, and Transfers for this Plan Year	7.0	209,! (a) Amount	025	+-		232,496		
а	Contributions received or receivable from:		(a) Amount			(b) Total			
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	29,1	L71					
	(3) Others (including rollovers)	8a(3)							
-	Other income (loss)	8b	(6,20	00)					
-d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						22,971	
	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i						22,971	
j	Transfers to (from) the plan (see instructions)	8j							
	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fea	ature code	s from the List of Plan Charact	eristic	Code	es in th	he instruction	ons.	
\Box	2E 2F 2J 2K 3D							5110.	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Characte	ristic	Codes	in the	e instruction	ns:	
D.	art V Compliance Questions		N						
10	During the plan year:					т —	Т		
a		ne within t	ho time period described in	Т	Yes	No	 	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correct	ion Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest?	(Do not inc	lude francactions reported			-			
	on line 10a)	ווו זטוו טכון)	nade transactions reported	ł	ı				
	on line 10a.)	************	700000000000000000000000000000000000000	10b		х			
c	Was the plan covered by a fidelity bond?	*************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10b 10c	x	х		250,000	
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?	delity bond	that was caused by fraud	 	x	x		250,000	
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty? Were any fees or commissions paid to any brokers, agents, or other	delity bond	that was caused by fraud	10c	х			250,000	
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of	delity bond	that was caused by fraud	10c 10d	х	х		250,000	
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	delity bond persons by the benefit	that was caused by fraud an insurance carrier, s under the plan? (See	10d 10d	x	x		250,000	
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan?	delity bond	that was caused by fraud an insurance carrier, s under the plan? (See	10d 10d 10e 10f	x	x x		250,000	
d e f	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of	delity bond persons by the benefit	that was caused by fraud an insurance carrier, s under the plan? (See	10d 10d	X	x		250,000	
d e f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	delity bond persons by the benefit	that was caused by fraud an insurance carrier, s under the plan? (See	10d 10d 10e 10f	x	x x		250,000	
e f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	delity bond persons by the benefit of year end se instruction	that was caused by fraud an insurance carrier, s under the plan? (See	10c 10d 10e 10f 10g 10h	x	x x x		250,000	
d e f g h	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Section 101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	delity bond persons by the benefit of year end se instruction	that was caused by fraud an insurance carrier, s under the plan? (See	10c 10d 10e 10f 10g	x	x x x		250,000	
d e f g h	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Se 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	delity bond persons by the benefit f year enc ee instructi required n	that was caused by fraud an insurance carrier, s under the plan? (See	10d 10e 10f 10g 10h		x x x		250,000	
d e f g h i	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Sec. 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	delity bond persons by the benefit of year enc ee instructi required n	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d 10e 10f 10g 10h	chedul	X X X	(Form		
d e f g h i Par 11	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Sec. 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the amount from Schedule SB line 39	delity bond persons by the benefit of year enc ee instructi required n	that was caused by fraud an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the	10c 10d 10e 10f 10g 10h 10i	chedul	x x x x x x x x x x x x x x x x x x x	***********	250,000	
d e f g h i Par 11	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Sec. 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding recommendation.	delity bond persons by the benefit f year enc ee instructi required n ts? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 1.) ons and 29 CFR otice or one of the s," see instructions and comple	10c 10d 10e 10f 10g 10h 10i	chedul	x x x x x x x x x x x x x x x x x x x	***********		
d e f g h i Par 11 11a 12	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Sec. 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding reconstitution plan subject to the minimu	delity bond persons by the benefit f year enc ee instructi required n ts? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See ons and 29 CFR otice or one of the of section 412 of the Code or a.)	10c 10d 10e 10f 10g 10h 10i sections	chedul 11 12 12 12 12 12 12 12 12 12 12 12 12	x x x x x x 11a	RISA?	Yes X No	
d e f g h i	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Sec. 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding reconstruction of the minimum funding standard for a prior year is being a subject year is year.	delity bond persons by the benefit f year enc ee instructi required n ts? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 1.) ons and 29 CFR otice or one of the of section 412 of the Code or a.) in this plan year, see instruction	10c 10d 10e 10f 10g 10h 10i sections sections	chedul 11 12 12 12 12 12 12 12 12 12 12 12 12	x x x x x x 11a	RISA?	Yes X No	
d e f g h i Par 11 11a 12 a	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Section 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirement of the minimum funding standard for a prior year is being a granting the waiver	delity bond persons by the benefit of year enc ee instructi required n ts? (If "Yes	that was caused by fraud an insurance carrier, s under the plan? (See by the color of the of section 412 of the Code or a.) in this plan year, see instruction Mont	10c 10d 10e 10f 10g 10h 10i sections sections	chedul 11 12 12 12 12 12 12 12 12 12 12 12 12	x x x x x x 11a	RISA?	Yes X No	
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	Form 5500-SF 2012 Page 3-				
<u>C</u> _	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					<u> </u>
13a	Has a resolution to terminate the plan been adopted in any plan year?		Πv	es X N	lo.
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	29 [25]	10
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?				☐ Yes ☒ No
	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	······		LIYES A No
1	3c(1) Name of plan(s):	13c(2) EIN(s	3)	13c(3) PN(s)
					100(0) 1 14(3)
Part	VIII Trust Information (optional)				
14a N	ame of trust	1.	4b ⊺n	ust's EIN	
N	ew West Fisheries 401(k) Plan		9	91-170	7969