### 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	➤ Complete all entries in accord	dance with the instruc	ctions to the Form 550	0-SF.		spection
Part I	Annual Report le	dentification Information					
For calend	lar plan year 2013 or fisc	cal plan year beginning 01/01/201:	3	and ending 1	2/31/2	2013	
	turn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
<b>B</b> This re	turn/report is:	the first return/report	the final return/report				
_		an amended return/report	a short plan year return automatic extension	n/report (less than 12 m	onths)		
C Check	box if filing under:			DFVC progra	am		
Part II	Basic Plan Infor	special extension (enter description—enter all requested information—enter all requested information i					
1a Name		That of the fall requested information	20011		1h	Three-digit	
	MARINE, INC. 401(K) PF	ROFIT SHARING PLAN			10	plan number	
71011 10711	, , , , , , , , , , , , , , , , , , ,	torri orbatalor Erat				(PN) ▶	001
					1c	Effective date o	f plan
						01/01	/2002
	sponsor's name and add MARINE, INC.	ress; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-17	fication Number 84782
PO BOX 81	106				2c	Sponsor's telep	
SEATTLE,					2d	Business code	(see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponsor N	lame Same as Plar	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
		plan sponsor has changed since the l	ast return/report filed fo	or this plan, enter the	4b	EIN	
	e, EIN, and the plan num sor's name	ber from the last return/report.			4c	PN	
<b>5a</b> Total	number of participants a	at the beginning of the plan year			5a		4
<b>b</b> Total	number of participants a	at the end of the plan year			5b		3
	· ·	ccount balances as of the end of the p	• •		5c		3
	•	during the plan year invested in eligib					X Yes No
<b>b</b> Are y	ou claiming a waiver of t	the annual examination and report of a (See instructions on waiver eligibility a	an independent qualifie	ed public accountant (IQ	PA)		X Yes ∏ No
If you	ı answered "No" to eitl	her line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form	5500.	
<b>C</b> If the	plan is a defined benefit	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution:	A penalty for the late of	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.	
Under pen SB or Sch	alties of perjury and other	er penalties set forth in the instructional signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	oort, ir	ncluding, if applic	
SIGN	Filed with authorized/va	alid electronic signature.					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ministrator
SIGN HERE							
	Signature of employ		Date	Enter name of individe			
Preparers	name (including firm na	me, if applicable) and address; includ	e room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2** 

Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear		_
·a	Total plan assets	7a	1	75519			94017				
	Total plan liabilities										_
	Net plan assets (subtract line 7b from line 7a)	7c	7551	9					9401	7	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			_
	Contributions received or receivable from:		(a) / unount				(2)	. Ota.			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1849	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1849	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							1849	8	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions	<b>5</b> :		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	c Cod	es in t	ne instruc	tions:			
Par	t V   Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	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					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,								_
	insurance service, or other organization that provides some or all instructions.)			10e		Χ					
f	Has the plan failed to provide any benefit when due under the pla				+	Х					_
				10f		Χ					_
g				10g		^					
	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											
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12								o			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							_			
а	<b>a</b> 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 granting the waiver										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										_
b	Enter the minimum required contribution for this plan year					12b					
				_	_				_	_	_

Page	3 -	1
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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?	Y	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 coof the PBGC?	ontrol		Yes X No			
С	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.)						
1	<b>3c(1)</b> Name of plan(s): 136	c(2) Ell	N(s)	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)						
	Name of trust FICA MARINE, INC. RETIREMENT TR		ust's EIN 10730105				

#### 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

2013

This Form is Open to Public Inspection

	art I	<u> </u>	identification information						
For	calen	dar plan year 2013 or fi	scal plan year beginning	01/0	1/2013	and ending	12	/31/2013	
Α	This r	eturn/report is for:	🗝 a single-employer plan	a multiple	e-employer p	lan (not multiemployer)		a one-particip	oant plan
В	This re	eturn/report is:	the first return/report	the final r	eturn/report				
			an amended return/report	a short pl	an year retu	rn/report (less than 12 m	onths)		
С	Check	box if filing under:	Form 5558	automatic	extension		Γ	DFVC progra	ım
		· ·	special extension (enter descri	iption)				<b>_</b>	
Б	art II	Pacic Plan Info	ormation enter all requested	· · ·					
-		ne of plan	Diffiation enter an requested	illioilliation			1b -	Three-digit	
		•	AOI (TD. Due Sile Charain	D1			F	olan number	001
	Рас	cifica Marine, I	nc. 401(K) Profit Shari:	ng Plan			-	(PN) ► Effective date o	001
								21/01/2002	i piaii
2a			ddress; include room or suite numbe	er (employer, i	f for a single	-employer plan)	2b 1	Employer Identi	fication Number
	Pac	ifica Marine, I	nc.					(EIN) 91-17	84782
							1	Sponsor's telep	
	PO	Box 81106						(206) 764-	
								Business code ( 488210	(see instructions)
US 22		ATTLE	wA 98108 and address X Same as Plan Spo	noor Nome C	7 Comp oo	Dian Changer Address		Administrator's	FIN
Ja	Plai	i administrator s name a	and address X Same as Flam Spo	nisoi Name L	Same as	rian Sponson Address	30 /	Auministrator 5	EIIN
							20	A dustinistantsuls	talambana ayarban
							30 /	Administrator S	telephone number
4	If the	e name and/or EIN of th	ne plan sponsor has changed since	the last return/	report filed f	or this plan, enter the	4b	EIN	
	nam	e, EIN, and the plan nu	mber from the last return/report.						
		nsor's name					4c	PN T	
			s at the beginning of the plan year				5a 5b	-	3
b			s at the end of the plan year  account balances as of the end of the				30		3
_						•	5c		3
6a	Wer	e all of the plan's assets	s during the plan year invested in eli	gible assets?	(See instruc	ions.)	••••••		X Yes No
b			of the annual examination and report			•	,		
			<ul><li>? (See instructions on waiver eligible)</li><li>ither line 6a or line 6b, the plan care</li></ul>						X Yes No
c	, ,		efit plan, is it covered under the PBG				_		Not determined
_									
			or incomplete filing of this retur	- 44 750					
			other penalties set forth in the instru and signed by an enrolled actuary, a						
be	lief, it	is true, correct, affd cor	aplote.				,	) <i>(</i>	
S	IGN	17VH				William		412	
	IERE	Signature of plan adu	ministrator	Date	1.16.14	Enter name of individu	al signin	ıq as plan admi	nistrator
	ugu.		1		1 / 11				
1000	IGN IERE	Signature of employe	er/plan sponsor	Date		Enter name of individu	al signin	ng as employer	or plan sponsor
Pr	epare	. ,	name, if applicable) and address; ir		suite numb			· · · ·	number (optional)
		· -	•					•	, ,
1									

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: a one-participant 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 months) Form 5558 DFVC program C Check box if filing under: automatic extension special extension (enter description) Basic Plan Information --- enter all requested information **1b** Three-digit 1a Name of plan plan number 001 Pacifica Marine, Inc. 401(K) Profit Sharing Plan (PN) ▶ 1c Effective date of plan 01/01/2002 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Pacifica Marine, Inc. (EIN) 91-1784782 2c Sponsor's telephone number (206) 764-1646 PO Box 81106 2d Business code (see instructions) 488210 SEATTLE 98108 Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 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 a Sponsor's name 5a 4 **5a** Total number of participants at the beginning of the plan year ...... Total number of participants at the end of the plan year ...... 5b 3 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 3 complete this item) ..... **X** Yes **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ....... Yes No Not determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Form 5500-SF 2013 Page **2** 

P	art III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	,			(b) End o	f Year			
a	Total plan assets	7a	75,5				· /	94,017			
b	Total plan liabilities	7b	,					•			
С	Net plan assets (subtract line 7b from line 7a)	7c	75,5	19				94,017			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal			
а	Contributions received or receivable from:	0-(4)									
	(1) Employers	8a(1)									
	(2) Participants	8a(2) 8a(3)									
b	Other income (loss)	8b	18,49	9.8							
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	10/1					18,498			
d	Benefits paid (including direct rollovers and insurance premiums	"						10,450			
	to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f									
<u>g</u>	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-			10.400			
÷	Net income (loss) (subtract line 8h from line 8c)	8i			-			18,498			
	Transfers to (from) the plan (see instructions)	8j									
$\overline{}$	rt IV Plan Characteristics										
Эa	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 3D	ature code	es from the List of Plan Characti	eristic	Code	s in th	e instructio	ns:			
			(								
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes	s from the List of Plan Character	ristic (	Codes	in the	instruction	S:			
Pa	art V Compliance Questions										
10	During the plan year:				Yes	No	,	Amount			
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x					
k	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	,	•	10b		x					
-	Was the plan covered by a fidelity bond?		••••••	10c		х					
C	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	-	•	10d		х					
-	Were any fees or commissions paid to any brokers, agents, or other										
	insurance service, or other organization that provides some or all cinstructions.)		• `	10e		x					
f	Has the plan failed to provide any benefit when due under the plan			10f		х					
Ç	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х					
ŀ	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х					
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i							
Pa	rt VI Pension Funding Compliance	•••••••		1.01	l						
	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
11											
	5500) and line 11a below)	***************************************									
	a Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39	•••••	•••••	11a		Yes X No			
11	<b>a</b> Enter the unpaid minimum required contribution for current year from	om Schedi	ule SB (Form 5500) line 39 nts of section 412 of the Code o	•••••	•••••	11a					
11	a Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding required (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	om Schedurequirement as applicating amortized	ule SB (Form 5500) line 39 nts of section 412 of the Code of able.) ed in this plan year, see instruct	r sections,	ion 30	2 of E	RISA?	Yes X No			
11 12	5500) and line 11a below)  a Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding required (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver	om Schedi requirement as applicating amortize	ule SB (Form 5500) line 39 nts of section 412 of the Code of able.) ed in this plan year, see instruct	r sections,	ion 30	2 of E	RISA?	Yes X No			
11 12	a Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding required (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver	om Schedurequirement as applicating amortized	ule SB (Form 5500) line 39 nts of section 412 of the Code of able.) ed in this plan year, see instruct	r sections,	ion 30	2 of E	RISA?	Yes X No			

	Form	5500-SF 2013 Page <b>3-</b>	-			
C	Enter the	amount contributed by the employer to the plan for this plan year	•••••	12c		
d		the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a amount)	•••••	12d		
е	Will the n	ninimum funding amount reported on line 12d be met by the funding deadline?	•••••	[	] Yes [	□ No □ N/A
Part	VII F	Plan Terminations and Transfers of Assets				
13a	Has a res	solution to terminate the plan been adopted in any plan year?	•••••		Yes X N	lo
	If "Yes,"	enter the amount of any plan assets that reverted to the employer this year	•••••	13a		
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?					Yes X No
С	•	his plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan sets or liabilities were transferred. (See instructions.)	(s) to			
1	1 <b>3c(1)</b> Nan	ne of plan(s):	130	(2) EIN	N(s)	<b>13c(3)</b> PN(s)
Part	VIII	rust Information (optional)				
14a	Name of tr	ust		14b	Trust's EIN	
Pacifica Marine, Inc. Retirement Tr			01-0730105			0105