_	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed u	Inder sections 104 and 4				2014
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	RISA), and sections 605 evenue Code (the Code		Internal		form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	cordance with the instr	ructions to the Form 5	500-SF.	Pub	lic Inspection
Part I	Annual Report lo ar plan year 2014 or fisc	dentification Information cal plan year beginning 02/01/2014	1	and ending 01	/31/2015		
		X a single-employer plan		lan (not multiemployer)		cking this bo	ox must attach a list
	turn/report is for: urn/report is	a one-participant plan	of participating emplo a foreign plan the final return/report	yer information in accord	dance with	-	
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
Part II	Basic Plan Infor	mation—enter all requested inforr	nation				
1a Name	of plan	S, INCORPORATED 401(K) PROFI			pla	ree-digit In number	001
					· ·	N) ▶ ective date o	001 f plan
		ress; include room or suite number (	employer, if for a single	-employer plan)	<b>2b</b> Err		/1973 fication Number
NORTHERN	FISH PRODUCTS, INC	<i>.</i>			(El 2c Sp	- /	390894 hone number
5440 S PRO						253-47	5-3858
TACOMA, W	A 96409				<b>2d</b> Bu	siness code 4244	(see instructions) 00
<b>3a</b> Plan a	dministrator's name and	d address XSame as Plan Sponsor			3b Ad	ministrator's	EIN
4 If the	name and/or EIN of the	plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	<b>4b</b> Ell		telephone number
	, EIN, and the plan num or's name	ber from the last return/report.			4c PN	l	
· · · ·		at the beginning of the plan year			-		78
		at the end of the plan year					73
C Numb	er of participants with a	ccount balances as of the end of the	plan year (defined bene	efit plans do not	5c		58
<b>d(1)</b> Tot	al number of active part	icipants at the beginning of the plan	year		5d(1)		70
<b>d(2)</b> Tot	al number of active part	icipants at the end of the plan year			5d(2)		54
		minated employment during the plar			5e		0
		r incomplete filing of this return/re					
SB or Sche		er penalties set forth in the instructio d signed by an enrolled actuary, as v ete.					
SIGN	Filed with authorized/va	alid electronic signature.	06/08/2015	ROSS SWANES			
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signin	g as plan adr	ministrator
SIGN HERE							
	Signature of employ	<b>er/plan sponsor</b> Ime, if applicable) and address (inclu	Date	Enter name of individ			er or plan sponsor number (optional)

	Were all of the plan's assets during the plan year invested in eligib		. ,					×	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							X	Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 40	)21)?		Yes	No	Not	determ	nined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ar	
а	Total plan assets	. 7a	31994	18				3	863516	2
b	Total plan liabilities	7b							64	8
С	Net plan assets (subtract line 7b from line 7a)	7c	31994	18				3	863451	4
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from: (1) Employers	8a(1)	626	63						
	(1) Participants	8a(2)	1216							
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	2531	17						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							43745	7
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d	20	)36						
е	Certain deemed and/or corrective distributions (see instructions)	8e			_					
	Administrative service providers (salaries, fees, commissions)	8f	3	325	_					
	Other expenses	8g			_					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				236	
	Net income (loss) (subtract line 8h from line 8c)	8i			_				43509	6
-	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 3D $$ 2T $$	reature co	ides from the List of Plan Chara	acteris	STIC CO	aes in	the instruc	tions		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charad	cterist	tic Cod	les in t	he instructi	ons:		
Part	V Compliance Questions						1			
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	x				5	500000
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 insurance service, or other organization that provides some or all									
	instructions.)			10e	X					2319
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					10876
h	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	B (Form			
	5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	rom Sched	lule SB (Form 5500) line 39			11a				<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection (	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d		
e 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?		· 🗆 ۲	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN	

Form 5500-SF	Short Form Annua	Return/Reno	rt of Small Empl		OMB Nos. 1210-0110
Department of the Treasury	Short Form Annua	Benefit Plar		oyee	1210-0089
Internal Revenue Service	This form is required to be filed	under sections 104 ar	d 4065 of the Employee R	etirement	2014
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (I	ERISA), and sections ( Revenue Code (the Co		Internal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	▶ Complete all entries in ac	ccordance with the in	structions to the Form 5	500-SF.	
For calendar plan year 2014 or fisc.	dentification Information	02/01/2014	and ending	01/	31/2015
	X a single-employer plan			ha	king this box must attach a list
A This return/report is for:	a one-participant plan the first return/report an amended return/report	of participating em a foreign plan the final return/repo	oloyer information in accord	dance with th	-
• • • • • • • •	 Form 5558	automatic extensio	n		-VC program
C Check box if filing under:					vo program
<u> </u>	special extension (enter descrip	stion)			
Part II Basic Plan Inform	mation—enter all requested info	rmation			
<b>1a</b> Name of plan THE NORTHERN FISH PRC	DDUCTS, INCORPORATED	401(K) PROFIT	SHARING PLAN	(PN) 1c Effect	number 001 tive date of plan
2a Plan sponsor's name and addr	received room or quite number	· (amplayor if for a ain			30/1973
NORTHERN FISH PRODUCT		(employer, if for a sing	gie-employer plan)		oyer Identification Number 91-0890894
5440 S Proctor				11 025 COM	sor's telephone number
5440 5 PIOCLOI					-475-3858 ness code (see instructions)
TACOMA	WA 98409			424	
3a Plan administrator's name and		or.		3b Admi	inistrator's EIN
	plan sponsor has changed since th	ne last return/report file	d for this plan, enter the	4b EIN	
name, EIN, and the plan num <b>a</b> Sponsor's name	ber from the last return/report.			4c PN	
5a Total number of participants a	t the beginning of the plan year				
	at the end of the plan year				
	ccount balances as of the end of th			5c	
complete this item)					5
<b>G(1)</b> Total number of active parti	icipants at the beginning of the pla	in year		5d(1)	
<b>d(2)</b> Total number of active parti	icipants at the end of the plan year	r	51. 150/16	5d(2)	5
M	minated employment during the pl			5e	
Caution: A penalty for the late of	r incomplete filing of this return	/report will be assess	ed unless reasonable ca	use is estat	lished.
Under penalties of perjury and othe SB or Schedule MB completed and	d signed by an enrolled actuary, as	tions, I declare that I has swell as the electronic	ave examined this return/revention of this return/report	port, includi t, and to the	ng, if applicable, a Schedule best of my knowledge and
belief, it is true, correct, and compl	icic.	6/8/201	<b>C</b> Ross Swanes		
SIGN HERE				tual ciapina	as plan administrator
Signature of plan ad	mmmstrator	Date		zuai siyriing	as plan administrator
HERE Signature of employ	ver/plan sponsor	Date	Enter name of individ	tual signing	as employer or plan sponsor
Preparer's name (including firm na	ame, if applicable) and address (ind	clude room or suite nu	nber ) (optional)	Preparer's	s telephone number (optional)

	Form 5500-SF 2014	Page 2	
6a	Were all of the plan's assets during the plan year invested in a	eligible assets? (See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and repo under 29 CFR 2520.104-46? (See instructions on waiver eligit	nt of an independent qualified public accountant (IQPA) bility and conditions.)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan	cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBC	GC insurance program (see ERISA section 4021)? 🗌 Yes 🔲 No	Not determined
Pa	rt III Financial Information		

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	3199418	3635162
b	Total plan liabilities	7b		648
С	Net plan assets (subtract line 7b from line 7a)	7c	3199418	3634514
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	62663	
	(2) Participants	8a(2)	121677	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	253117	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		437457
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2036	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	325	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2361
i	Net income (loss) (subtract line 8h from line 8c)	8i		435096
j	Transfers to (from) the plan (see instructions)	8j		

## 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 2G 2J 2K 3D 2T
 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			Yes	No	1	•		
10	During the plan year:	_	res	NO		Amoun	τ	
а	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)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	Was the plan covered by a fidelity bond?	10c	Х				500	0000
d	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				
e	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				2	2319
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				10	876
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x				
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	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)					[] Y	es 🗌	No
_11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection	302 of	ERISA?	[] Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.					ie letter Year	ruling	

	Form 5500-SF 2014	Page <b>3</b> -			
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME	B (Form 5500), and skip to line 13			
b	Enter the minimum required contribution for this plan year		12b		
	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 negative amount)		1 124		
е	Will the minimum funding amount reported on line 12d be met by the f			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?			Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employed	loyer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN