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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 03/31/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit MUTUAL FISH CO., INC. PROFIT SHARING PLAN plan number (PN) ▶ 001 Effective date of plan 03/31/1978 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number MUTUAL FISH CO., INC. (EIN) 91-0784437 Sponsor's telephone number 206-322-4368 2335 RAINIER AVE. S. SEATTLE, WA 98144 Business code (see instructions) 311710 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 91-0784437 MUTUAL FISH CO., INC. 2335 RAINIER AVE. S. SEATTLE, WA 98144 **3c** Administrator's telephone number 206-322-4368 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 16 **b** Total number of participants at the end of the plan year..... 5b 15 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 11 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 14 d(2) Total number of active participants at the end of the plan year..... 5d(2) 12 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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.					
SIGIA	Filed with authorized/valid electronic signature.	08/28/2015	LAURIE HARMON, AS PRACTITIONER			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or p			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)		

	Form 5500-SF 2014		Page 2				
b	Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable wi	an indepei and condit	ndent qualified public accounta ions.)	int (IQ	PA)		
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	5379	904			527574
	Total plan liabilities	7b			_		
	Net plan assets (subtract line 7b from line 7a)	7c	5379	904			527574
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)		68			
b	Other income (loss)	8b					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					68
	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	8d	103	398			
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10398
i	Net income (loss) (subtract line 8h from line 8c)	8i					-10330
j	Transfers to (from) the plan (see instructions)	8j					
b	2E 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	es from the List of Plan Charad	cterist	ic Coc	les in t	the instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian)	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		73000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	
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 as	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)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule 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	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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.

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

	ual Report Identification Information				
For calendar plan		04/01/2014	and ending	03/31/	2015
A This return/repo	x a single-employer plan crt is for:	a multiple-employer p of participating emplo	olan (not multiemployer) over information in accord	(Filers checking t	his box must attach a list
	a one-participant plan	a foreign plan	,	16.	In the defendant in the
B This return/repo	rt is the first return/report	the final return/report			o # 004E
•	an amended return/report	╡ .	n/report (less than 12 m	onths)	AUG 2 7 2015
C Check box if fili	ng under: Form 5558	automatic extension		DFVC	PLOYEE BENEFIT
	special extension (enter descripti	on)			
Part II Basi	c Plan Information—enter all requested inform	n e ši e u			
1a Name of plan	C i iaii imormationeitter air requested imorr	nation		4b ====================================	
	CO., INC. PROFIT SHARING PLAN			1b Three-digition plan numb	I
				1c Effective of 03/31/	
2a Plan sponsor's MUTUAL FISH	name and address; include room or suite number (CO., INC.	employer, if for a single	-employer plan)	2b Employer	Identification Number
2335 RAINIE	R AVE S			2c Sponsor's	telephone number
				206-32	
SEATTLE	WA 98144			311710	code (see instructions)
3a Plan administr	ator's name and address Same as Plan Sponsor.			3b Administra	itor's FIN
MUTUAL FISH	· · · · · · · · · · · · · · · · · · ·			91-078	4437
2335 RAINIE	R AVE. S.			206-322	
SEATTLE	WA 98144				
	d/or EIN of the plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b EIN	
a Sponsor's nam				4c PN	
5a Total number	of participants at the beginning of the plan year			. 5a	16
b Total number	of participants at the end of the plan year	•••••	•••••	. 5b	15
C Number of pa	rticipants with account balances as of the end of the	plan year (defined ben	efit plans do not	5c	
d(1) Total numb	tem)er of active participants at the beginning of the plan	vear			11
				5d(1)	14
	er of active participants at the end of the plan year			5d(2)	12
less than 100%	icipants that terminated employment during the plar 6 vested	year with accrued ben	efits that were	5e	0
Caution: A penalt	y for the late or incomplete filing of this return/re	port will be assessed	unless reasonable cau	use is establishe	d.
SB or Schedule Mi	perjury and other penalties set forth in the instruction of completed and signed by an enrolled actuary, as we rect, and completed in	ns, I declare that I have vell as the electronic vel	examined this return/re rsion of this return/report	port, including, if t, and to the best	applicable, a Schedule of my knowledge and
SIGN HERE	Morey Mollenene	8/20/2015	Harry Yoshimu	ra	
Signa	ture of plan administrator	Date	Enter name of individ	ual signing as pla	n administrator
SIGN HERE					
Signa	ture of employer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor
Preparer's name (i	ncluding firm name, if applicable) and address (inclu	ide room or suite numbe	er) (optional)		phone number (optional)
1					

Form 5500-SF 2

Page 2

6a b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a land 20 CER 2520 104 452 (See instructions or religible in the plan's assets during the plan year invested in eligible.	an indeper	ndent qualified public accounta	nt (IQ	PA)			X	,		No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann	and condit	rm 5500-SE and must instead	d	F		*********	X	Yes	Ц	No
С	if the plan is a defined benefit plan, is it covered under the PBGC in										
	rt III Financial Information	- ance p	Togram (see ERISA section 40			Yes	∐No L	No	deter	mine	<u></u>
7	Plan Assets and Liabilities		(a) Beginning of Yea		_	_	(b) End	of Y	ear		
	Total plan assets	7a	5:	3790)4					275	574
b	Total plan liabilities	7b			_						
	Net plan assets (subtract line 7b from line 7a)	7c	5.	3790)4					275	574
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\bot		(b) T	otal			
a	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)			+						—
	(3) Others (including rollovers)	8a(3)			8						
b	Other income (loss)	8b									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_						
d	Benefits paid (including direct rollovers and insurance premiums	00			+-						68
	to provide benefits)	8d		1039	8						
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								103	398
i	Net income (loss) (subtract line 8h from line 8c)	8i								103	330
j	Transfers to (from) the plan (see instructions)	8j									_
Pai	t IV Plan Characteristics									_	
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions	:		
	2E 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:										
	Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in		Yes	No		Am	ount		
_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	rection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	100		7,	<u> </u>				
	on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?	•••••		10c	Х					730	000
d	Frenchier a load introduct of not relinbaraca by the plants	fidelity bo	nd, that was caused by fraud			v					_
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	er person	s by an insurance carrier,								
	instructions.)	or the ben	erits under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan					Х	·				_
				10f							
	If this is an individual account plan, was there a blackout period?			10g		X					
•	2520.101-3.)	(See Instru	ictions and 29 CFR	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	1011							
	exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Pari	VI Pension Funding Compliance										_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form		Yes	Пі	No
_11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding					-	ERISA?		Yes	X I	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								50	<u> [] </u>	
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instruc	ctions	and e	enter th	e date of t	ne le	tter rui	ina	
	granting the waiver.		Mon	th		Day		Yea			

	Form 5500-SF 2014	Page 3 -				
If :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and sk	ip to line 13.			
b	Enter the minimum required contribution for this plan year			12b		
c	Enter the amount contributed by the employer to the plan for this plan y	ear		12c		
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by the fu	nding 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 No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, tran 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.)	is plan to another pla	n(s), identify the plan(s)	to		
	13c(1) Name of plan(s):		1	3c(2) EIN	(s)	13c(3) PN(s)
					:	
Part	VIII Trust Information (optional)					
14a	Name of trust			14b Tru	st's EIN	