Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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**

	ii pian your zor+ or no	scal plan year beginning 01/01/	2014	and ending 12/	/31/2014						
A This retu	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)										
□ a one-participant plan □ a foreign plan ■ This return/report is □ the first return/report □ the final return/report											
B This retu	rn/report is										
		an amended return/report	a short plan year re	turn/report (less than 12 m	onths)						
C Check b	ox if filing under:	Form 5558	automatic extensio	n	DFVC p	orogram					
		special extension (enter des	cription)								
Part II	Basic Plan Info	rmation—enter all requested i	nformation								
1a Name of PACIFICA M.		PROFIT SHARING PLAN			1b Three-digi plan numb (PN) ▶						
					1c Effective of	date of plan 01/01/2002					
2a Plan sp PACIFICA MA		dress; include room or suite num	ber (employer, if for a sing	le-employer plan)	2b Employer Identification Number (EIN) 91-1784782						
PO BOX 8110					2c Sponsor's telephone number 206-764-1646						
SEATTLE, WA	A 98108				2d Business code (see instructions) 488210						
3a Plan administrator's name and address Same as Plan Sponsor.						itor's EIN					
					3c Administrator's telephone number						
					Administrator's telephone number						
A 15 4h a ra			a the class actions (as a set file	d fan this plans and an the	Ala su						
		plan sponsor has changed sinconber from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN						
	EIN, and the plan nun	plan sponsor has changed sinconber from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN 4c PN						
name, a Sponso	EIN, and the plan num or's name		·	· 	_	4					
name, a Sponso 5a Total n	EIN, and the plan num or's name umber of participants	nber from the last return/report.	·		4c PN	4					
name, a Sponso 5a Total n b Total n c Number	EIN, and the plan num or's name umber of participants a umber of participants a er of participants with a	nber from the last return/report.	of the plan year (defined be	enefit plans do not	4c PN 5a	-					
name, a Sponso 5a Total n b Total n c Numbe comple	EIN, and the plan num or's name umber of participants a umber of participants are or of participants with a te this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be	enefit plans do not	4c PN 5a 5b	4					
name, a Sponso 5a Total n b Total n c Number comple d(1) Total	EIN, and the plan number's name umber of participants aumber of participants are of participants with a te this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c 5d(1)	4					
name, a Sponso 5a Total n b Total n c Number comple d(1) Tota d(2) Total e Number	EIN, and the plan number's name umber of participants aumber of participants with a te this item)	at the beginning of the plan year at the end of the plan yearaccount balances as of the end of the plan year at the end of the plan year	of the plan year (defined be plan year eare	enefit plans do not	4c PN 5a 5b 5c	3					
name, a Sponso 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that	EIN, and the plan number's name umber of participants aumber of participants with a te this item)	at the beginning of the plan year at the end of the plan year	plan year (defined be plan yearear.	enefit plans do not enefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	4 3 1 3 0					
name, a Sponso 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Schee	EIN, and the plan number's name umber of participants and the plan participants are of participants with a steethis item)	at the beginning of the plan year at the end of the plan year	plan year (defined be plan yeareareaplan year with accrued be plan year will be assessed uctions, I declare that I ha	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	3 1 3 0 od. applicable, a Schedule					
name, a Sponso 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Scheet belief, it is tr	EIN, and the plan number's name umber of participants and the plan participants are of participants with a steet this item)	at the beginning of the plan year at the end of the plan year	plan year (defined be plan yeareareaplan year with accrued be plan year will be assessed uctions, I declare that I ha	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	3 1 3 0 od. applicable, a Schedule					
name, a Sponso 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under pena SB or Scheet belief, it is tr	EIN, and the plan number's name umber of participants and the plan participants are of participants with a steet this item)	at the beginning of the plan year at the end of the plan year	plan year (defined be plan yeareareaplan year with accrued be plan year will be assessed uctions, I declare that I ha	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at, and to the best	applicable, a Schedule of my knowledge and					
name, a Sponso 5a Total n b Total n c Number comple d(1) Total d(2) Total e Number less that Caution: A Under penal SB or Scheelbelief, it is tr SIGN HERE SIGN	EIN, and the plan number's name umber of participants and the plan participants are of participants with a steethis item)	at the beginning of the plan year at the end of the plan year	plan year (defined be plan yeareare plan year with accrued be plan year will be assessed uctions, I declare that I hat, as well as the electronic	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at, and to the best	applicable, a Schedule of my knowledge and					
name, a Sponso 5a Total n b Total n c Number comple d(1) Tota e Number less tha Caution: A Under pena SB or Schee belief, it is tr SIGN HERE	EIN, and the plan number's name umber of participants and the plan participants are of participants with a steethis item)	at the beginning of the plan year at the end of the plan year	plan year (defined be plan year with accrued be plan year with accrued be plan year will be assessed uctions, I declare that I hat, as well as the electronic plate.	enefit plans do not enefits that were enefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if at, and to the best ual signing as planual signing as emulated as emu	3 1 3 0 od. applicable, a Schedule of my knowledge and					

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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 sunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a superior of the plan answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Yes
Par		Surance p	orogram (see LINOA section 40	/21): .		163	
			(a) Deplements as (Ver	_			(h) F., d. ()
	Plan Assets and Liabilities Fotal plan assets	7a	(a) Beginning of Yea				(b) End of Year 102118
_	Fotal plan liabilities	7a 7b	0.0				
	Net plan assets (subtract line 7b from line 7a)	7c	940)17			102118
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		(a) ranount				(2) : 0 :
	1) Employers	8a(1)					
	2) Participants	8a(2)					
	3) Others (including rollovers)	8a(3)	04	01			
	Other income (loss)	8b	01	01			04.04
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					8101
	o 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					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	Net income (loss) (subtract line 8h from line 8c)	8i					8101
<u>j</u> .	Transfers to (from) the plan (see instructions)	8j					
Par							
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 3D	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 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			IVa			
	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		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er person of the ber	s by an insurance carrier, nefits under the plan? (See	10e		X	
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			_		X	
	If this is an individual account plan, was there a blackout period? (-	·	10g		^	
	2520.101-3.)			10h		X	
i	exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	<u> </u>						T
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	•••••		· 	·····		
	Enter the unpaid minimum required contribution for current year from					11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						a data afth - 1-00- P
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6 	enter tr Day	

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and s	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)		-		12d		
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 t	his year			13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?				control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another pl	an(s), identify	the plan(s)	to		
1	3c(1) Name of plan(s):			1	3c(2) Ell	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						<u> </u>
	Name of trust FICA MARINE, INC. 401(K) PROFIT SHARING PLAN					ust's EIN 10730105	

14a Name of trust
PACIFICA MARINE, INC. 401(K) PROFIT SHARING PLAN

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Form 5500-SF

Department of the Treasury Internal Revenue Service

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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

OMB Nos. 1210-0110 1210-0089

2014

Department of Labor Employee Banefits Security Administration Pencion Benefit Guaranty Corporation Pencion Benefit Guaranty Corporation Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection							
Part I Annual Report Identification Information							
For calendar plan year 2014 or fiscal plan year beginning	01/01/2014	and ending	12/3	1/2014			
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box in of participating employer information in accordance with the form instruction in a one-participant plan a foreign plan a for							
C Check box if filling under: X Form 5558 special extension (enter description)	automatic extension			DFVC program			
Part II Basic Plan Information — enter all requested inform	nation						
1a Name of plan Pacifica Marine, Inc. 401(K) Profit Sharing P		se-digit n number n) > 001					
			1c Effe	ective date of plan /01/2002			
2a Plan sponsor's name and address; include room or suite number (en Pacifica Marine, Inc.	nployer, if for a single-	employer plan)	2b Employer (dentification Number (EIN) 91–1784782				
PO Box 61106				onsor's telephone number 06) 764-1646			
. US SEATTLE WA 98109				siness code (see instructions) 8210			
3a Plan administrator's name and address X Same as Plan Sponsor	Name		3b Adr	ministrator's EIN			
• •			3c Adr	ninistrator's telephone number			
• .							
4 If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	st retum/report filed fo	r this plan, enter the	4b EIN				
a Sponsor's name	,		4c PN	T			
5a Total number of participants at the beginning of the plan year			1	4			
b Total number of participants at the end of the plan year			5b	4			
C Number of participants with account balances as of the end of the placement of the placem		***************************************	5c	3			
d(1) Total number of active participants at the beginning of the plan year	BF	*************	5d(1)	1			
· · · · · · · · · · · · · · · · · · ·			5d(2)	3			
e Number of participants that terminated employment during the plan y less than 100% vested	year will accided beni	######################################	5e	0			
Caution: A penalty for the late or incomplete filing of this return/rep	ort will be assessed	uniess ressonable ça	use is esta	ablished.			
Under penalties of perjunt and other penalties set forth in the instructions SB or Schedule MF completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete.	s. I declare that I have	examined this return/or	mort, includ	fing if applicable, a Schedule			
SIGN	10-13-19	15/11/19	2_				
HERE Signature of plan administrator	Date	Enter name of individu	al signing a	as plan administrator			
SIGN SIGN	10-13-15	B:11 VE	12				
'HERE Signature of employer/plan sponsor	Date	Enter name of individu	al signing :	as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include	e room or suite numbe	r (optional)	,	's telephone number (optional)			
	***		The second				

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					X Yes	 7No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)]No		
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must instead ເ	se Fo	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section 402	l)? .		Ye	s No	Not deter	rmined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	f Year	
а	Total plan assets	7a	94,0	L7				102,11	8
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	94,0	L7				102,11	.8
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
•	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	8,1)1					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8,10)1
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u> h	Other expenses (add lines 2d, 2e, 2f, and 2g)	8g 8h							
"	Total expenses (add lines 8d, 8e, 8f, and 8g)	8i						8,10)1
÷	Transfers to (from) the plan (see instructions)	8j						0,10	
Pa	rt IV Plan Characteristics	_ <u></u>							
\Box	2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte	ristic (Codes	in the	e instruction	3:	
Pa	rt V Compliance Questions				ı		1		
<u>10</u>	During the plan year:				Yes	No	-	Amount	
а	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			
b		? (Do not ir	nclude transactions reported	10b		х			
С				10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's to dishonesty?	•	•	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other								
	insurance service, or other organization that provides some or all o			40-		x			
	instructions.)			10e					
	1 7 1			10f		х			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as		,	10g		x			
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 2520.101			10i					
Pa	rt VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Yes 🗵	X No
11:	Enter the unpaid minimum required contribution for current year from the contribution for current year.			•••••					
12	Is this a defined contribution plan subject to the minimum funding r					2 of F	ERISA?	Yes X	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			,,,,,,					
a	If a waiver of the minimum funding standard for a prior year is bein	ıg amortize	ed in this plan year, see instruct]
	granting the waiver	•••••	IVIOI	iui _		_ 08	ау	. ı caı	

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a negative amount)	•		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?	••••••		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	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 an of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), iden	ntify the plan(s) to			
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a N	Name of trust			14b ⊤ı	ust's EIN	
F	Pacifica Marine, Inc. 401(K) Profit Sharing Plan				01-0730	105