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 12/31/2014 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 first return/report the final return/report **B** This return/report is 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) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit SEA BIRD FISHERIES, INC. 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2014 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SEA BIRD FISHERIES, INC 86-1052685 (EIN) Sponsor's telephone number 503-338-9605 PO BOX 2771 1508 S. OCOSTA STREET Business code (see instructions) WESTPORT, WA 98595-2740 114110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 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 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 2 d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 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 Filed with authorized/valid electronic signature 10/14/2015 JACK BIRD **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/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 2014		Page 2						
	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 If you answered "No" to either line 6a or line 6b, the plan cannot	ın indepe ınd condi	ndent qualified public accounta	nt (IQ	PA)			X Yes X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance p	orogram (see ERISA section 40	21)? .		Yes	No	Not determ	nined
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
а	Total plan assets	7a						6250)0
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0				6250)0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from:	0-(4)	345	500					
	(1) Employers	8a(1)	280						
	(2) Participants	8a(2)	200						
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b						6250)O
	Benefits paid (including direct rollovers and insurance premiums	8c						0200	-
	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							0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						6250)0
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2J 2K 2F 2G 3D 3H 3B 2T	eature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions:	
b		oturo oo	doe from the List of Dian Chara	oto riot	io Cod	ا ما اما	ha inatruati		
b	If the plan provides welfare benefits, enter the applicable welfare fe	aluie col	des from the List of Flan Chara	ciensi	ic Coo	es in t	ne msuucu	JIIS.	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributi	ions with	in the time period described in						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		X			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		X			
	Was the plan covered by a fidelity bond?			10c		Χ			
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			10d		X			
е									
	insurance service, or other organization that provides some or all constructions.			100		X			
	instructions.)			10e					
	Has the plan failed to provide any benefit when due under the plan			10f		X			
<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		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e require	d notice or one of the	10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							☐ Yes	П No
112	Enter the unpaid minimum required contribution for current year fro					11a			
12	Is this a defined contribution plan subject to the minimum funding i						ERISA?	Yes	X No
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		, UI 3E	CHOIT	JUZ UI	LNIOA!		
a	If a waiver of the minimum funding standard for a prior year is being		•	ctions,	and e	enter th	e date of t	ne letter ruli	ng

	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

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).

Short Form Annual Return/Report of Small Employee

Benefit Plan

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Information				
For calend	ar plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/2	
A This re	turn/report is for:	x a single-employer plan	a multiple-employer p of participating emplo a foreign plan	olan (not multiemployer) oyer information in acco) (Filers checking thi ordance with the forn	s box must attach a list n instructions)
B This ret	urn/report is	X the first return/report	the final return/report			
D THISTER	ини ориг в	an amended return/report	-	n/report (less than 12 r	months)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descri	ption)			
Part II	Basic Plan Info	ormation—enter all requested info	ormation			
1a Name Sea Rii		Inc. 401(k) Profit S	haring Plan		1b Three-digit plan number (PN) ▶	
					1c Effective da 01/01/2	
2a Plans Sea Bi:	ponsor's name and ac rd Fisheries,	ddress; include room or suite numbe Inc .	r (employer, if for a single	-employer plan)	2b Employer Id (EIN) 86-	lentification Number 1052685
PO Box	2771				2c Sponsor's t 503-338	elephone number
1508 S	. Ocosta Stre	et				ode (see instructions)
Westpo		WA 98595-2740			114110	
3a Plan a	dministrator's name a	and address XSame as Plan Spons	or,		3b Administrate	or's EIN
					3c Administrato	or's telephone number
					,	
					*1	
4 If the r	name and/or EIN of th	e plan sponsor has changed since the	he last return/report filed f	or this plan, enter the	4b EIN	ALL THE STATE OF T
name a Spons	, EIN, and the plan nu or's name	imber from the last return/report.			4c PN	
a Spons 5a Total	, EIN, and the plan nu or's name number of participants	imber from the last return/report. s at the beginning of the plan year			4c PN 5a	2
a Spons 5a Total	, EIN, and the plan nu or's name number of participants	imber from the last return/report.			4c PN 5a	
a Spons 5a Total r b Total r c Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan years at the end of the plan years at the end of the plan year	ne plan year (defined bene	efit plans do not	4c PN 5a 5b	2 2 2
a Spons 5a Total r b Total r c Numb comple d(1) Total	, EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	imber from the last return/report. s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan.	ne plan year (defined beno	efit plans do not	4c PN 5a 5b	2
b Total in C Numb completed (1) Total d(2) Total	, EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)al number of active pa	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year	ne plan year (defined beno n year	efit plans do not	4c PN 5a 5b 5c	2
b Total in complete d(1) Total d(2) Total e Numbe	, EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	articipants at the end of the plan year articipants at the end of the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan	ne plan year (defined beno n yearr	ofit plans do not	4c PN 5a 5b 5c 5d(1)	2 2 2
b Total in b Total in completed (1) Total d(2) Total d(, EIN, and the plan nu or's name number of participants number of participants with ete this item)	ant the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan or incomplete filing of this return/	ne plan year (defined bend in year ran vear with accrued bend	ofit plans do not ofits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	2 2 2 2 2
b Total in b Total in comple d(1) Total d(2) Total e Numbe less the Caution: A Under pena SB or Sche	, EIN, and the plan nu or's name number of participants number of participants with ete this item)	s at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the beginning of the plan year erminated employment during the plan year erminated employment employment during the plan year erminated employment employm	ne plan year (defined bendern year	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	2 2 2 2 0 0
name a Spons 5a Total i b Total i c Numb comple d(1) Total d(2) Total e Numbe less the Caution: A Under pena SB or Sche belief, it is t	, EIN, and the plan nu or's name number of participants number of participants with ete this item)	s at the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the beginning of the plan year erminated employment during the plan year erminated employment employment during the plan year erminated employment employm	ne plan year (defined bendern year	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	2 2 2 2 0 0
b Total in C Number Completed (1) Total in C Number Completed (2) Total in C Number Countries in C Number Countries in C Number Countries in C Number Countries in C Number C	, EIN, and the plan nu or's name number of participants number of participants with ete this item)	at the beginning of the plan year	ne plan year (defined bendan year	efits that were unless reasonable ca examined this return/resion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use Is established. eport, including, if aprt, and to the best of	2 2 2 2 plicable, a Schedule my knowledge and
name a Spons 5a Total i b Total i c Numb comple d(1) Total d(2) Total e Numbe less the Caution: A Under pena SB or Sche belief, it is t	, EIN, and the plan nu or's name number of participants number of participants with ete this item) all number of active participants that the participants of perjudy and of the participants that the participants of perjudy and of the participants of perjudy and the participants of participants o	at the beginning of the plan year	ne plan year (defined bendern year	efit plans do not efits that were unless reasonable ca examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use Is established. eport, including, if aprt, and to the best of	2 2 2 2 plicable, a Schedule my knowledge and
name a Spons 5a Total i b Total i c Numb comple d(1) Total d(2) Total e Numbe less the Caution: A Under pena SB or Sche belief, it is t SIGN HERE	, EIN, and the plan nu or's name number of participants number of participants with ete this item) and number of active participants that the participants that the an 100% vested	at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan or incomplete filing of this return/ ther penalties set forth in the instructing signed by an enrolled actuary, as plete.	r	efit plans do not efits that were unless reasonable ca examined this return/repor sion of this return/repor JACK BIRD Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use Is established aport, including, if aport, and to the best of dual signing as plan	2 2 2 2 0 plicable, a Schedule my knowledge and
name a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena SB or Sche bellief, it is t SIGN HERE	, EIN, and the plan nu or's name number of participants number of participants with ete this item) all number of active participants that the participants the participants that the participants that the participants the participants that the participants that the participants the participa	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan or incomplete filling of this return/ ther penalties set forth in the instructiond signed by an enrolled actuary, as plete.	ne plan year (defined bendern year	efit plans do not efits that were unless reasonable ca examined this return/repor sion of this return/repor JACK BIRD Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use Is established aport, including, if aport, and to the best of dual signing as plan	2 2 2 2 0 plicable, a Schedule my knowledge and administrator
name a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena SB or Sche bellief, it is t SIGN HERE	, EIN, and the plan nu or's name number of participants number of participants with ete this item) all number of active participants that the participants the participants that the participants that the participants the participants that the participants that the participants the participa	at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan or incomplete filing of this return/ ther penalties set forth in the instructing signed by an enrolled actuary, as plete.	ne plan year (defined bendern year	efit plans do not efits that were unless reasonable ca examined this return/repor sion of this return/repor JACK BIRD Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use Is established aport, including, if aport, and to the best of dual signing as plan	2 2 2 2 0 plicable, a Schedule my knowledge and
name a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena SB or Sche bellief, it is t SIGN HERE	, EIN, and the plan nu or's name number of participants number of participants with ete this item) all number of active participants that the participants the participants that the participants that the participants the participants that the participants that the participants the participa	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan or incomplete filling of this return/ ther penalties set forth in the instructiond signed by an enrolled actuary, as plete.	ne plan year (defined bendern year	efit plans do not efits that were unless reasonable ca examined this return/repor sion of this return/repor JACK BIRD Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use Is established aport, including, if aport, and to the best of dual signing as plan	2 2 2 2 0 plicable, a Schedule my knowledge and administrator
name a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena SB or Sche bellief, it is t SIGN HERE	, EIN, and the plan nu or's name number of participants number of participants with ete this item) all number of active participants that the participants the participants that the participants that the participants the participants that the participants that the participants the participa	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan or incomplete filling of this return/ ther penalties set forth in the instructiond signed by an enrolled actuary, as plete.	ne plan year (defined bendern year	efit plans do not efits that were unless reasonable ca examined this return/repor sion of this return/repor JACK BIRD Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use Is established aport, including, if aport, and to the best of dual signing as plan	2 2 2 2 0 plicable, a Schedule my knowledge and administrator
name a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less the Caution: A Under pena SB or Sche bellief, it is t SIGN HERE	, EIN, and the plan nu or's name number of participants number of participants with ete this item) all number of active participants that the participants the participants that the participants that the participants the participants that the participants that the participants the participa	s at the beginning of the plan year s at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the plan or incomplete filling of this return/ ther penalties set forth in the instructiond signed by an enrolled actuary, as plete.	ne plan year (defined bendern year	efit plans do not efits that were unless reasonable ca examined this return/repor sion of this return/repor JACK BIRD Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use Is established aport, including, if aport, and to the best of dual signing as plan	2 2 2 2 0 plicable, a Schedule my knowledge and administrator