For	m 5500-SF	Short Form Annu	al Return/Repo Benefit Pla		oyee		OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	This form is required to be file	- etirement	2015				
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to ic Inspection	
	enefit Guaranty Corporation	Complete all entries in a		nstructions to the Form 5	500-SF.			
For calenda	Annual Report IC	Ientification Information al plan year beginning 01/01/2		and ending 1	2/31/2015			
_	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers check	-		
B This retu	ırn/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	nonths)			
C Check b	box if filing under:	Form 5558 special extension (enter desci	automatic extensio	n		FVC progr	am	
Part II	Basic Plan Inforr	nation —enter all requested in						
1a Name					1b Three plan n (PN) 1c Effecti	umber ▶	001 plan	
		r, if for a single-employer plan) apt., suite no. and street, or P.C). Box)		2b Emplo (EIN)	yer Identif	cation Number	
	town, state or province,	country, and ZIP or foreign post		nstructions)		none number 11-0976		
					2d Busine	ess code (s	see instructions)	
5235 INDUS ⁻ FERNDALE,						3117	10	
3a Plan ad	dministrator's name and	address XSame as Plan Spons	sor.		3b Admin	istrator's E	IN	
					JC Admin		elephone number	
name,	EIN, and the plan numb	plan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN			
a Sponso		the beginning of the plan year			4c PN 5a		7	
		the beginning of the plan year					3	
C Numbe	er of participants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not	5c		3	
	,	cipants at the beginning of the pl			5d(1)		6	
• •		cipants at the end of the plan yea	-		5d(2)		1	
than '	100% vested	rminated employment during the incomplete filing of this return	•		5e	ichod	0	
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, a	ctions, I declare that I have a second se	ave examined this return/re	port, including	g, if applica		
SIGN	Filed with authorized/va	lid electronic signature.	06/29/2016	ROBERT SEIDEL				
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	lual signing as	s plan adm	inistrator	
SIGN HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	lual signing a	s employe	or plan sponsor	
Preparer's		ne, if applicable) and address (ir			Preparer's t			
For Paperwo	ork Reduction Act Notice a	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.			Form 5500-SF (2015)	

6a Were all of the plan's assets during the plan year invested in elig	ible assets?	(See instructions.)					X Yes No			
b Are you claiming a waiver of the annual examination and report of					,		X Yes No			
under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either line 6a or line 6b, the plan car		,					Yes No			
C If the plan is a defined benefit plan, is it covered under the PBGC							No Not determined			
Part III Financial Information	-			-						
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year			
a Total plan assets	7a	(,		059			132388			
b Total plan liabilities										
C Net plan assets (subtract line 7b from line 7a)			252	059		132388				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total			
a Contributions received or receivable from:		(4) /					(4) 1044			
(1) Employers	8a(1)			0						
(2) Participants	8a(2)		1	500	_					
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		-4	252						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		-2752			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		112	716						
e Certain deemed and/or corrective distributions (see instructions).	8e									
f Administrative service providers (salaries, fees, commissions)	8f		4	203						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					116919				
i Net income (loss) (subtract line 8h from line 8c)	8i				_		-119671			
j Transfers to (from) the plan (see instructions)	j Transfers to (from) the plan (see instructions)									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	n feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:			
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	cterist	ic Coo	des in th	ne instructions:			
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Amount			
a Was there a failure to transmit to the plan any participant contrib										
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	•	•	10a		x					
b Were there any nonexempt transactions with any party-in-intere			Tou							
reported on line 10a.)			1 0 b		Х					
C Was the plan covered by a fidelity bond?			10c	Х			250000			
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		х					
e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		Х					
f Has the plan failed to provide any benefit when due under the p	lan?		10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g		Х					
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	2520.101-3.) 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									
j Did the plan trust incur unrelated business taxable income?			10i							
Part VI Pension Funding Compliance			10j				I			

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scher 5500) and line 11a below)	dule SB	(Form	Yes	X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a 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								
lf	you c	ompleted 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					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		rract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
D		e PBGC?				Yes 🗙	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust		14b	Trust's E	IN			
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?							ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	. ,	Цр	atio ercentage est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Y€	es," enter amount		19					
 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? 						No	N/A		

Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan	'ee	2.12.1	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee		2015			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058	(a) of This Form is Open to Public				
Proving Report Guaranty Company		Inspection			
Part I Annual Report Identification Information	-or.				
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending	12/	/31/2015			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (formation in a list of participating employer information in a list of participating employer employer employer employer employer employer employer employer em	ccordan	•			
C Check box if filing under:		DFVC progra	m		
special extension (enter description)					
Part II Basic Plan Information enter all requested information 1a Name of plan	1h T	hree-digit			
NEW WEST FISHERIES 401(K) PLAN	pl	lan number			
NEW WEST FISHERIES FOI(N) FIEN		PN) ► ffective date o	001		
		1/01/1996	i pian		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		mployer Identi EIN) 91–20:	fication Number 13299		
ASTORIA HOLDINGS	2c Sponsor's telephone number (360) 671-0976				
5235 Industrial Pl	2d Business code (see instructions) 311710				
US Ferndale WA 98248					
3a Plan administrator's name and address 🗴 Same as Plan Sponsor Name	3b A	dministrator's I	EIN		
	3c A	dministrator's f	elephone number		
4 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.	4b EI	IN			
a Sponsor's name	4c PI	N			
5a Total number of participants at the beginning of the plan year	5a		7		
 b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 	5b		3		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c		3		
d(1) Total number of active participants at the beginning of the plan year	5d(1))	6		
d(2) Total number of active participants at the end of the plan year	5d(2)		1		
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e		0		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause.	ort, inclu	iding, if applica	able, a Schedule knowledge and		
SIGN HERE Signature of plan administrator Thurtee Ce Signature Signature of plan administrator Date Enter name of individual SIGN HERE Signature of employer/plan sponsor Date Enter name of individual Preparer's name (including firm name, if applicable) and address; include room or suite number Enter name of individual	signing	Seid	or plan sponsor		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.		Fc	orm 5500-SF (2015) v.150123		

	Form 5500-SF 2015		Page 2					
6a	Were all of the plan's assets during the plan year invested in eligib	le accete? (S				_		
b	Are you claiming a waiver of the annual examination and report of				nt (10)		*************	XYes No
	under 29 CFR 2520,104-46? (See instructions on waiver eligibility	and condition	c)	********	********		*******	XYes No
	If you answered "No" to either line 6a or line 6b, the plan cann	not use Form	5500-SF and must in	stead	use	Form	5500	
C	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance proj	gram (see ERISA secti	ion 4()21)?	******		No Not determine
P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar		(b) End of Year
а	Total plan assets	7a		252,	2000 BB			132,388
b	Total plan liabilities	7b					-	152,500
C	Net plan assets (subtract line 7b from line 7a)	7c	2	252,	059			132,388
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants			1.	500			
	(3) Others (including rollovers)			- /				
b	Other income (loss)		(4,2	52)			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						(2,752)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		4	10.	74.0			(2,152)
е	Certain deemed and/or corrective distributions (see instructions)		1	12,	/16			
F	Administrative service providers (salaries, fees, commissions)	- 8e -			202			
g	Other expenses			4,4	203			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	5			inde south			116 010
i	Net income (loss) (subtract line 8h from line 8c)	- 8i						116,919 (119,671)
i	Transfers to (from) the plan (see instructions)	. 8j						(119,011)
Pa	rt IV Plan Characteristics							
Pa	rt V Compliance Questions							
0	During the plan year:				Yes	No	N/A	A
а	Was there a failure to transmit to the plan any participant contribut	tions within th	e time period		Tes	NO	N/A	Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fiduci	ary Correction					
	Program)			10a		x		
b	reported on line 10a.)			10b		x		
C	Was the plan covered by a fidelity bond?			10c	х			250,000
d	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?		•••••••	10d		х		
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	er persons by e or all of the	an insurance benefits under					
	the plan? (See instructions.)	******	******	10e		х		
f	Has the plan failed to provide any benefit when due under the plan			10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruction	ns and 29 CFR	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	e required not -3	ice or one of the	10i				
i								
	Did the plan trust incur unrelated business taxable income?		**********	10j				
аг	Did the plan trust incur unrelated business taxable income? VI Pension Funding Compliance			10j				
	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Yes,'	" see instructions and o	comp	lete So	chedu	le SB (For	m
1	t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Yes,'	" see instructions and o	comp	********		le SB (For	m
1	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Yes,' m Schedule S	" see instructions and o BB (Form 5500) line 40	comp			11a	Yes 🗶 N

ф а.

Form 5500-SF 2015 Page 3-			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, soo instructions	nd enter th	the lot the lot	orruling
MODIO	Day	Year	errunng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			2
	12b		
c 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		
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?	- V	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 of the PBGC? 			s X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		5 (A) NO
13c(1) Name of plan(s):	3c(2) EIN(c) 12-	(2) DN/-)
		5) 130	(3) PN(s)
Part VIII Trust Information		•	
14a Name of trust	14b Tr	ust's EIN	/
	1.10		
140 News Structure of the			
14c Name of trustee or custodian		ustee or custodi	an's
	telep	hone number	
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan:	☐ Yes		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer	Des	ed safe 🦳 AD	P/ACP
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	harb met		t
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year			
testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-	Yes	No	
2(a)(2)(ii))?			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ratio		erage
	Perc Test	Bar	nefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes	No	
17a Has the Plan been timely amended for all required law changes?	Yes		□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted/_/ Enter the	ne applicab	le code (S	See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject to			
avidery letter, chief the date of that layorable letter / and the letter's serial number			r
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the dat determination letter / /	e of plan's	last favorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes	No	
19 Were in-service distributions made during the plan year?	Yes	No	
If Yes, enter amount	19		
20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?	Yes	No	□ N/A