Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

than 100% vested......

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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x 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** This return/report is for: 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) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number THE NORTHERN FISH PRODUCTS, INCORPORATED 401(K) PROFIT SHARING PLAN 001 (PN) • 1c Effective date of plan 11/30/1973 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-0890894 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number NORTHERN FISH PRODUCTS, INC. 253-475-3858 2d Business code (see instructions) 5440 S PROCTOR TACOMA, WA 98409 424400 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 81 5a Total number of participants at the beginning of the plan year..... 5b 87 **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 70 complete this item) 5d(1) 62 d(1) Total number of active participants at the beginning of the plan year 5d(2) 69 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 5e

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.

	adj derreetj aria derripieter						
SIGN	Filed with authorized/valid electronic signature.	06/29/2016	ROSS SWANES				
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 plan				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number			
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 cannot be a second to the plan cannot be a second t	an independand condition	dent qualified public a	account	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		3635		-		3743260
b Total plan liabilities	7b		3634	648			3743260
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		514			(b) Total
a Contributions received or receivable from:		(a) Amou	anı				(b) Total
(1) Employers	8a(1)		83	431			
(2) Participants	8a(2)		131	949			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b		-106	107			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						109273
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			42			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f			485			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						527
i Net income (loss) (subtract line 8h from line 8c)	8i						108746
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension							
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	Х			500000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d	^	X		300000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e	X			2587
f Has the plan failed to provide any benefit when due under the pla			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount a			10g	X			23078
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g	^	X		23070
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	he required	notice or one of the	10ii				
j Did the plan trust incur unrelated business taxable income?			10i				
Part VI Pension Funding Compliance			,	1	<u> </u>	<u> </u>	
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 all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of EF	RISA? Yes X No

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	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	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		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	b Trust's EIN			
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
140 Haine of tracted of eastedian					telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / / and the letter's serial number							
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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,

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information								
For calendar	plan year 2015 or	fiscal plan year beginning	02/01/2015	and ending	01/31/20	L6				
A This return	n/report is for:	X 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										
B This return	/report is	the first return/report	the final return/report							
	nonths)									
C Check box	x if filing under:	Form 5558	automatic extension DFVC program							
V		special extension (enter descri								
Part II	Basic Plan Inf	ormation—enter all requested info	ormation							
1a Name of THE NORT		PRODUCTS, INCORPORATED	401(K) PROFIT SH	ARING PLAN	1b Three-digit plan number (PN) ▶	001				
					1c Effective date 11/30/197					
Mailing a	ddress (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	Box)		2b Employer Iden (EIN) 91-08					
	wn, state or provir RN FISH PROI	nce, country, and ZIP or foreign posta DUCTS, INC.	I code (if foreign, see instruc	tions)	2c Sponsor's telephone number 253-475-3858					
5440 S	Proctor				2d Business code 424400	(see instructions)				
TACOMA		WA 98409								
3a Plan adm	ninistrator's name	and address XSame as Plan Sponso	or.		3b Administrator's EIN					
					3c Administrator's					
name, E	IN, and the plan n	he plan sponsor has changed since the plan sponsor has return/report.	he last return/report filed for	this plan, enter the	4b EIN					
a Sponsor'			117-117-117-117-117-117-117-117-117-117		4c PN					
		ts at the beginning of the plan year				81				
		ts at the end of the plan yearh account balances as of the end of the				87				
	•				5c	70				
d(1) Total	number of active p	participants at the beginning of the pla	nn year			62				
		participants at the end of the plan yea			5d(2)	69				
		at terminated employment during the	•		5e	1				
Caution: A p	enalty for the lat	e or incomplete filing of this return	/report will be assessed u	nless reasonable ca						
	to a fine a division and		Comment along the at the account of		eport including if appl					
	ule MB completed	other penalties set forth in the instruc and signed by an enrolled actuary, as molete.								
belief, it is tru		and signed by an enrolled actuary, as								
belief, it is tru SIGN HERE	ule MB completed	and signed by an enrolled actuary, as mplete.	s well as the electronic versi	on of this return/repor		ny knowledge and				
SIGN HERE	ule MB completed ue, correct and co	and signed by an enrolled actuary, as mpiete.	s well as the electronic versi	on of this return/report Ross Swanes Enter name of indiv	rt, and to the best of n	ny knowledge and administrator				
SIGN HERE SIGN HERE	Signature of em	and signed by an enrolled actuary, as mplete.	S well as the electronic version by the section of	Ross Swanes Enter name of indiv	rt, and to the best of n	ny knowledge and administrator oyer or plan sponsor				

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								X Yes	No No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	1021)?	[Yes [No 🗌	Not determ	ined	
Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End	of Year		
_ a	Total plan assets	7a		3,63	5,16	2			3,743	3,260	
b	Total plan liabilities	7b			64	8	1			0	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		3,63	4,51	4			3,743	3,260	
	Income, Expenses, and Transfers for this Plan Year	1-	(a) Amo	unt			(b) To	otal			
	Contributions received or receivable from: (1) Employers	8a(1)		8	3,43	1					
	(2) Participants	8a(2)			1,94	_					
-	(3) Others (including rollovers)	8a(3)			11/24	0		211		_	
b	Other income (loss)	8b		-10	6,10	7	-				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					109,273			273	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			4	2	112.5	r, F	J. H		
e	Certain deemed and/or corrective distributions (see instructions)	8e				0			5		
f	Administrative service providers (salaries, fees, commissions)	8f			48	5		Name of		n	
g	Other expenses	8g				0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		F.			52				
	Net income (loss) (subtract line 8h from line 8c)	81							108	746	
Par	Transfers to (from) the plan (see instructions)	8j							807		
9a B	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E vertically applicable pensio										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest					Х	8				
	reported on line 10a.)			10b							
c	Was the plan covered by a fidelity bond?			10c	Х				50	00,000	
d 	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	e or all of the benefits under							2,587	
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	s of year e	nd,)	10g	Х				2	3,078	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g		Х					
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	es," see instructions	and cor	mplete	Sched	lule SB (Form	Yes	No	
11a	Enter the unpaid minimum required contribution for all years from										
12	Is this a defined contribution plan subject to the minimum funding	requireme	ints of section 412 of t	ha Cad	lo or so	otion '	202 of E	DISAS	☐ Yes [X No	

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the walver	nd enter th Day		e letter ruling Year				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		т-					
<u>b</u>	Enter the minimum required contribution for this plan year	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						
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?		Yes	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 PBGC?			Yes X No				
	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						
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 EIN					
14c	Name of trustee or custodian	14d	Trustee's of telephone in	or custodian's number				
Part	IRS Compliance Questions							
15a	Is the plan a 401(k) plan?	Ye	es	No				
	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)?	b	esign- ased safe arbor nethod	ADP/ACP test				
	If the ADP/ACP test is used, 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 sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye	3 8	No				
21++	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .	📙 р	Ratio ercentage est	Average benefit 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?	Ye	es	No				
	Has the plan been timely amended for all required tax law changes?			□ No □ N/A				
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).								
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number								
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter	of the pla	ın's last favo	orable				
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)?	Ye	.S	No				
	Were in-service distributions made during the plan year?	3	9S	No				
-	If "Yes," enter amount	33.019						
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or no retired), as required under section 401(a)(9)?		es es	No N/A				