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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Part I Annual Report	t Identification Information	1							
For calendar plan year 2015 or f	iscal plan year beginning 04/01/	2015 and ending 03	3/31/2016						
A This return/report is for: 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 foreign plan									
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)							
C Check box if filing under:	Form 5558 special extension (enter desc		DFVC	program					
Part II Basic Plan Info	ormation—enter all requested in	nformation							
1a Name of plan MUTUAL FISH CO., INC. PROFI	T SHARING PLAN		1b Three-digit plan numb (PN) ▶						
			1c Effective d	ate of plan 03/31/1978					
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) MUTUAL FISH CO., INC.				dentification Number 91-0784437					
				2c Sponsor's telephone number 206-322-4368					
2335 RAINIER AVE. S. SEATTLE, WA 98144			2d Business o	ode (see instructions) 311710					
3a Plan administrator's name a	and address Same as Plan Spon	ISOr.	3b Administra	tor's EIN					
MUTUAL FISH CO., INC.	—	AINIER AVE. S.		91-0784437					
,		E, WA 98144	3c Administra	tor's telephone number					
			2	06-322-4368					
	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
a Sponsor's name			4c PN						
5a Total number of participants	s at the beginning of the plan year.		5a	14					
b Total number of participants	s at the end of the plan year		5b	14					
	account balances as of the end of	the plan year (defined benefit plans do not	5c	10					
d(1) Total number of active pa	articipants at the beginning of the p	lan year	5d(1)	12					
d(2) Total number of active pa	articipants at the end of the plan ye	ear	5d(2)	12					
than 100% vested		e plan year with accrued benefits that were less	5e	0					
		n/report will be assessed unless reasonable cau							
Under penalties of perjury and o	ther penalties set forth in the instru	ictions, I declare that I have examined this return/rep	port, including, if a	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.	10/03/2016	HARRY YOSHIMURA	
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator	
SIGN				
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include r		oom or suite number	r) Preparer's telephone number	

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 Were all of the plan's assets during the plan year invested in eliging. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can 	f an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC is	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	7a		527	574			410093
b Total plan liabilities			507				440000
C Net plan assets (subtract line 7b from line 7a)	7с			574			410093
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total
(1) Employers	8a(1)						
(2) Participants	8a(2)						
(3) Others (including rollovers)	-						
b Other income (loss)				75			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						75
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		117	556			
e Certain deemed and/or corrective distributions (see instructions)							
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						117556
i Net income (loss) (subtract line 8h from line 8c)	8i						-117481
j Transfers to (from) the plan (see instructions)	·· 8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 3D	n feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions:
In the plan provides wellare serients, effect the applicable wellare	Todiaro oodi	55 HOM the List of Flat	ii Onaic	20101101	10 000	100 111 1110	motraotions.
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
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)	Voluntary 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	X			73000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so	ther persons me or all of t	by an insurance he benefits under					
the plan? (See instructions.)			10e		X		
f Has the plan failed to provide any benefit when due under the plantage of th			10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount	•	,	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 exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10i		X		
Part VI Pension Funding Compliance			. •,	1		<u> </u>	
11 Is this a defined benefit plan subject to minimum funding requirer 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							RISA? Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal	
b	Enter th	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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No	
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>	
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)
	100(1)	uno oi piuntoj.	130(2)	LII4(3)		130(3)	· v (3)
Dant		Turnet hafe amount on					
Part	Name o	Trust Information		14h 1	Γrust's Ell	N	
ı T a	Name 0	ii iiust		140	iusi s Lii	14	
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number			
				telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
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)?			ased safe arbor	∐ ADF test	P/ACP
450				method			
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No	
	2(a)(2)	(ii))?		□ Ra	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No	
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
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 fa	vorable	
18	Is the I	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

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).

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

	nefit Guaranty Corporation	▶ Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	Fut	nic inspection	
Part I		Identification Information						
For calenda	ar plan year 2015 or fis	scal plan year beginning	04/01/2015	and ending		/31/201		
A This return/report is for: A a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions)								
		a one-participant plan	a foreign plan					
B This retu	ırn/report is	the first return/report	the final return/report a short plan year return	n/report (less than 12 mg	onths)			
C 01 11	16.50							
C Check	oox if filing under:	Form 5558 special extension (enter descrip	automatic extension	TENTER		DFVC prog	ram	
Part II	Basic Plan Info	rmation—enter all requested info	rmation	EIVE				
1a Name		onto an requested into			1b Thre	o digit		
MUTUAL	FISH CO., INC	. PROFIT SHARING PLAN	1 00	CT 06 2016		ee-aigit number	001	
	·). 0 0 2010	(PN		001	
			EMPLO	YEE BENEF		ctive date o	f plan	
			700.00	arenement when A		31/197		
2a Plan s	ponsor's name (emplo	yer, if for a single-employer plan)		SOURCES			ification Number	
Mailing	address (include roo	m, apt., suite no. and street, or P.O.	Box)) 91-07		
		e, country, and ZIP or foreign postal	I code (if foreign, see instri	uctions)	_			
MUTUAI	L FISH CO., IN	NC.				71501 S telep 5 - 3 2 2 - 4	hone number	
2335 F	RAINIER AVE. S	3.				ness code	(see instructions)	
					311	. / 1 0		
SEATTI	ιE	WA 98144						
3a Plan a	dministrator's name ar	nd address Same as Plan Sponso	or		3h Adm	injetrator'e	CINI	
	FISH CO., IN	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3b Administrator's EIN 91-0784437			
		•			3c Administrator's telephone number			
2335 D	AINIER AVE. S				206-322-4368			
2333 10	AINIER AVE. 5	•			200	322 43		
CEAMOT	-							
SEATTL		WA 98144						
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 EIN				
	or's name	mber from the last return eport.			Ao Du			
					4c PN			
		at the beginning of the plan year			<u>5a</u>		14	
		at the end of the plan year			5b		14	
C Numb	er of participants with	account balances as of the end of the	ne plan year (defined bene	fit plans do not	5c			
		••••••			30		10	
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	n year	***************************************	5d(1)		12	
		rticipants at the end of the plan year			5d(2)			
e Numi	per of participants that	terminated employment during the	nlan year with accrued her	nofite that were less			12	
than	100% vested	***************************************			5e		0	
Caution: A	penalty for the late	or incomplete filing of this return.	report will be assessed	uniess reasonable car	ise is esta	blished.		
Under pena	alties of periury and ot	her penalties set forth in the instruct	ions. I declare that I have	examined this return/rea	and includ	ing if appli	cable, a Schedule	
SB or Sche	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as	s well as the electronic ver	sion of this return/report	t, and to the	e best of m	y knowledge and	
1	Ann S		1 11/1					
SIGN HERE	1/1004	Jefteenu	10/3/2016	Harry Yoshimu	ra		*	
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing	as plan ad	ministrator	
SIGN					<u></u>			
HERE								
Dranaror's	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ				
Liehaiei 2	name (including tirm r	name, if applicable) and address (inc	clude room or suite numbe	r)	Preparer's	s telephone	number	
		•						

	Form 5500-SF 2015		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 fithe plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public a iions.) rm 5500-SF and must	ccounta	ant (IQI	PA) Form	5500.		X Yes No X Yes No
Par			(000 2.110.100				103	7140 1714	
	Plan Assets and Liabilities		()5			$\overline{}$			
	Total plan assets	7-	(a) Beginning		ar 7,57	_		(b) End of	
	Total plan liabilities	7a 7b		52	7,57	*			410,093
	Net plan assets (subtract line 7b from line 7a)	7 c		52	7,57	1			410,093
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amou		,,5,	-		(b) T-4-	
а	Contributions received or receivable from: [1] Employers	8a(1)	(a) Amot	int_		\top		(b) Tota	11
	(2) Participants	8a(2)					**		·
	(3) Others (including rollovers)	8a(3)							
b_	Other income (loss)	8b			7	5			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					_		75
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		117,556					
	Certain deemed and/or corrective distributions (see instructions)	8e				\bot			
f_	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g				\bot			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	117				117,556		
	Net income (loss) (subtract line 8h from line 8c)	8i	-11					-117,481	
	Transfers to (from) the plan (see instructions)	8j							
Par								 	
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	odes from the List of Pl	an Chai	racteris	tic Co	des in t	he instruction	ns:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	cteristi	c Coc	les in th	e instruction	s:
Part	V Compliance Questions								
10	During the plan year:	10			Yes	No	N/A	А	mount
a	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 F	Fiduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х			
С	Was the plan covered by a fidelity bond?		***************************************	10c	х				73,00
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		х			
f				10f		Х			
g				10g		Х			
h		(See instr	uctions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
٦ j	Did the plan trust incur unrelated business taxable income?			10j		х			
Part	VI Pension Funding Compliance							1	
11	Is this a defined henefit plan subject to minimum funding requirem	onto 2 /If!	Was II and instructions			0 -1		<i>i</i> =	

Yes No

Yes X No

5500) and line 11a below).....

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

	F	orm 5500-SF 2015 Page 3 -					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver		nter the		e letter ruli Year	ng
If	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		r		
b	Enter tl	ne minimum required contribution for this plan year		12b			
С	Enter th	e 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 ve amount)		12d			
е	Will th	e 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?			X Yes	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a			0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?		ontrol		Yes X	No
С	lf duri which	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
,						_	
Pari	t VIII	Trust Information					
14a	Name (of trust		14b	Trust's EIN		
140	Name	of trustee or custodian		14d	Trustee's telephone		an's
Pai	t IX	IRS Compliance Questions					
15:	le the			ΠYε	es	No	
	i is the	plan a 401(k) plan?					
15h	If "Yes match	," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals aring contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer	Design- based safe ADP// harbor test method			
150	testing	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "operation of the plan year using the plan year. Also we have a subject to the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year using the plan year. Also we have the plan year.	401(m)-	Ye	es	No	
16a	3 Check	the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	. ⊔р	atio ercentage est		erage nefit test
161		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by cor an with any other plans under the permissive aggregation rules?		Y	es	No	
17a	a Has th	e plan been timely amended for all required tax law changes?		. Y	es	☐ No	N/A
171		he last plan amendment/restatement for the required tax law changes was adopted law changes and codes).	Enter the	applica	ble code _	(See i	nstruction
	adviso	olan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plory letter, enter the date of that favorable letter and the letter's serial	number				or
	deterr	plan is an individually-designed plan and received a favorable determination letter from the IRS, on ination letter		f the pla	ın's last fav	orable	
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. Virgi		Ye	es	No	
19	Were	in-service distributions made during the plan year?		. Y	es	No	
	If "Ye	s," enter amount		. 19			
20		required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of vd.), as required under section 401(a)(9)?		Y	es	No	□ N/A