Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2016

This Form is Open to Public Inspection

Part I		t Identification Information							
For calenda	ar plan year 2016 or	fiscal plan year beginning 04/01/20	016 	and ending 0	3/31/2017				
Δ This rat	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer) nployer information in a					
A mister	uni/report is for.	a one-participant plan	a foreign plan	nproyer information in a	ooordanoo war are	Tom mondonon,			
B This retu	ırn/report is	the first return/report	X the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	1			
		special extension (enter descri	iption)		_				
Part II	Basic Plan Inf	ormation—enter all requested info							
1a Name		·			1b Three-digit plan number (PN) ▶	er 001			
					1c Effective da	te of plan			
		loyer, if for a single-employer plan)			2b Employer Id	03/31/1978 dentification Number			
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)					(EII4)	91-0784437			
MUTUAL FIS	SH CO., INC.					elephone number -322-4368			
2335 RAINIE	RAVE S					ode (see instructions)			
SEATTLE, W						311710			
3a Plan a	dministrator's name a	and address Same as Plan Spon	sor.		3b Administrate	or's EIN			
MUTUAL FIS	MUTUAL FISH CO., INC. 2335 RAINIER AVE. S.					91-0784437			
		SEATTLE,	WA 98144		3c Administrator's telephone number				
					200	5-322-4368			
4 If the r	name and/or EIN of the	he plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN				
name, a Sponso		umber from the last return/report.			4c PN				
		s at the beginning of the plan year			5a				
		s at the end of the plan year			5b				
		n account balances as of the end of t	. , , ,	•	5c				
		articipants at the beginning of the pla			5d(1)	13			
d(2) Tota	al number of active p	articipants at the end of the plan yea	ır		5d(2)				
		at terminated employment during the			5e	C			
		or incomplete filing of this return							
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a notete							
SIGN		d/valid electronic signature.	06/08/2017	HARRY YOSHIMURA	\				
HERE	Signature of plan administrator Date Enter name of individual signing as plan administrator								
SIGN HERE									
		loyer/plan sponsor	Date			oloyer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (in	clude room or suite numb	er)	Preparer's teleph	none number			
Ī									

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6a Were all of the plan's assets during the plan year invested in eligible	ole assets?	(See instructions.)						X Yes	No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
If you answered "No" to either line 6a or line 6b, the plan can		,						□	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	☐ No ☐	Not determ	nined
Part III Financial Information									-
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of	Year	
a Total plan assets	7a		410093				•	0	
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		410093					0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tota	al	
a Contributions received or receivable from:	2 (1)								
(1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3) 8b		62						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							62	
d Benefits paid (including direct rollovers and insurance premiums	00								
to provide benefits)	8d		410143						
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f		12						
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						-410155 -410093		
Net income (loss) (subtract line 8h from line 8c)	8i				-410093				
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 co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	tions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in t	he instructi	ons:	
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 contribu									
described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X				
b Were there any nonexempt transactions with any party-in-interes			100		Х				
reported on line 10a.)			10b	X					7300
C Was the plan covered by a fidelity bond?			10c						7000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor									
the plan? (See instructions.)			10e		Х				
f Has the plan failed to provide any benefit when due under the pla	an?	·····	10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	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 to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i						
-1				1					

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		he 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		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			n-based arbor	d [erior y test	/ear" ADP
			IП '	"Curre	ent year est	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No	
	the le		-					
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s [No	

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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

2016

This Form is Open to Public Inspection

		Identification Information				#X#	[
For calendar	plan year 2016 or fi	scal plan year beginning	04/01/		and ending	04/34	12017717			
A This retu	m/report is for:	a single-employer plan					g this box must attach a			
		a one-participant plan	a fore	eign plan		EMPL	OYEE BENEFIT			
B This retur	n/report is	the first return/report	X the fin	al return/report		R	ESOURCES			
		an amended return/report	a shor	t plan year return	/report (less than 12 m					
C Check be	ox if filing under:	Form 5558	auton	natic extension		DFVC pro	gram			
		special extension (enter desc								
Part II	Basic Plan Info	ormation—enter all requested in	nformation							
1a Name o	•	(4)				1b Three- plan no	•			
MUTUAL F	ISH CO., INC	PROFIT SHARING PLAN	N			(PN)				
				1		1	ve date of plan ./1978			
		oyer, if for a single-employer plan)				1 ' '	yer Identification Number			
	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)						01-0784437			
MUTUAL FISH CO., INC.							or's telephone number			
							ess code (see instructions)			
2335 RA	INIER AVE. S					31171	,			
SEATTLE		WA 98144		ű						
		and address Same as Plan Spo	onsor.				istrator's EIN			
MUTUAL FISH CO., INC.						91-0784437 3c Administrator's telephone number				
2335 RAI	INIER AVE. S	_		į		206-322-4368				
		•		1						
SEATTLE		WA 98144	<u>.</u>	G						
		he plan sponsor has changed since umber from the last return/report.	e the last re	eturn/report filed f	or this plan, enter the	4b EIN				
a Sponso						4c PN				
5a Total r	number of participan	ts at the beginning of the plan year	r				15			
		ts at the end of the plan year				5b	0			
		h account balances as of the end o				5c	0			
d(1) Tota	al number of active p	participants at the beginning of the	plan year			5d(1)	13			
d(2) Tota	al number of active p	participants at the end of the plan y	/ear			5d(2)	0			
e Numb	per of participants the	at terminated employment during tr	he plan yea	r with accrued be	nefits that were less	5e	0			
Caution: A	penalty for the lat	e or incomplete filing of this retu	ırn/report v	will be assessed	unless reasonable c	ause is estab				
SB or Sche	alties of perjuly and edule MB/completed true, correct, and co	other penalties set forth in the instr and signed by an emolled actuary	uctions, I d as well as	eclare that I have the electronic ve	examined this return/r rsion of this return/repo	eport, includir ort, and to the	ng, if applicable, a Schedule best of my knowledge and			
SIGN	1/1/1/20	Mollemen		<i>(</i>)	Harry Yoshim	ıra				
HERE	Signature of plan	Λ ///		Date 6/8/17	Enter name of indiv	idual signing a	s plan administrator			
SIGN	1	200		101/						
HERE	Signature of emp	ployer/plan sponsor		Date	Enter name of indiv	idual signing a	as employer or plan sponsor			
Preparer's		name, if applicable) and address					telephone number			
		1								
1										

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6a Were all of the plan's assets during the plan year invested in eligible. b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibility our answered "No" to either line 6a or line 6b, the plan ca	of an independ ity and conditio I nnot use For n	lent qualified public ac ns.) n 5500-SF and must	countant	(IQP	PA) 5 Form 5	 5500.	X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC Part III Financial Information	- insurance pro	gram (see ERISA sec	xion 402	1)?	···· 📙 `	Yes	No Not determined
7 Plan Assets and Liabilities		(a) Paginning at	f Vac-	Т			L\ P_ 4 - 5\/.
a Total plan assets	7a	(a) Beginning of	110,09	13			b) End of Year
b Total plan liabilities			110,03	1			
C Net plan assets (subtract line 7b from line 7a)		4	110,09	3			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total
Contributions received or receivable from: (1) Employers	8a(1)						(5).560
(2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		6	2			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							62
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10,14	3			
 Certain deemed and/or corrective distributions (see instructions) 							
f Administrative service providers (salaries, fees, commissions)	8f		1	2			
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)				_			410,155
Net income (loss) (subtract line 8h from line 8c)				_			-410,093
j Transfers to (from) the plan (see instructions)	···· 8j			\perp			
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 3D							
b If the plan provides welfare benefits, enter the applicable welfar	e feature code	s from the List of Plan	Charact	eristic	Code	s in t	he instructions:
Part V Compliance Questions							
10 During the plan year:			Y	'es	No 1	N/A	Amount
a Was there a failure to transmit to the plan any participant contr	ibutions within	the time period		\dashv	_		

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
C	Was the plan covered by a fidelity bond?	10c	Х			73,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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	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 of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
i	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	10i				

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Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)				Yes No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?		1 302 of		Yes X No		
	(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, see instru granting the waiver	ctions, and	l enter t Day		letter ruling ear		
if	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
<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 negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes N	N/A		
Part	/II 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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?			X Yes No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to				
	3c(1) Name of plan(s):	13c(2)	EIN(s)	1	3c(3) PN(s)		
_		<u>.</u>					
Pari	VIII Trust Information						
14a	Name of trust		14b	Trust's EIN			
14c	Name of trustee or custodian		14d	Trustee's or cu	stodian's		
				telephone nun	nber		
Pai	IX IRS Compliance Questions		1				
		☐ Yes		∏ No			
158	Is the plan a 401(k) plan? If "No," skip b						
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ safe	n-base harbor	☐ tes	ior year" ADP		
		ADP	ent yea test	N/A	\		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rati	o entage	Average benefit t	est N/A		

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

☐ No

∏ No

☐ No

Yes

Yes

Yes

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

service?

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?.....

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?