Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan					OMB Nos. 1210-0 1210-0			
	artment of the Treasury rnal Revenue Service	This form is required to be filed		4065 of the Employee R	etirement	2016	ວ	
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (		57(b) and 6058(a) of the		This Form is 0	Open to	
	enefit Guaranty Corporation	Complete all entries in a	,	,	50 <u>0-SF.</u>	Public Inspe	ection	
Part I		dentification Information						
For calend	lar plan year 2016 or fisc			J J J	1/31/2017	the this have much a		
A This ref	turn/report is for:	X a single-employer plan		olan (not multiemployer) (I mployer information in ac		-		
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension	-		orogram		
		special extension (enter descrip	ption)					
Part II		mation—enter all requested info	ormation					
	<b>1a</b> Name of plan THE NORTHERN FISH PRODUCTS, INCORPORATED 401(K) PROFIT SHARING PLAN				1b Three-digit plan number (PN) ▶ 001			
					1c Effe	ctive date of plan 11/30/1973		
Mailing	g address (include room,	er, if for a single-employer plan) a, apt., suite no. and street, or P.O. , country, and ZIP or foreign postal		tructions)	(EIN	loyer Identification I ) 91-0890894		
	I FISH PRODUCTS, INC				<b>2c</b> Spo	nsor's telephone nu 253-475-3858	ımber	
5440 S PRO TACOMA, W					2d Busi	ness code (see inst 424400	ructions)	
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Spons	sor.		<b>3b</b> Adm	inistrator's EIN		
						inistrator's telephon	ie number	
name	e, EIN, and the plan numb	plan sponsor has changed since the ber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN			
	sor's name	<u> </u>			4C PN	<u>г</u>		
		at the beginning of the plan year			5a		87	
		at the end of the plan year ccount balances as of the end of th			5b		114	
					5c 5d(1)		63	
		icipants at the beginning of the pla	,			69		
• •		icipants at the end of the plan year erminated employment during the p			5d(2)		96	
than	100% vested				5e		7	
Under pena SB or Sche	alties of perjury and othe	r incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as ete.	tions, I declare that I have	e examined this return/rep	port, includ	ing, if applicable, a		
SIGN	Filed with authorized/va	alid electronic signature.	06/23/2017	ROSS SWANES				
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrat	or	
SIGN HERE			<u> </u>		<u> </u>	<u>.                                </u>		
	Signature of employe	rer/plan sponsor Ime, if applicable) and address (inc	Date clude room or suite numb	Enter name of individu		as employer or plan s telephone number		
					l			

60		1		X Yes No
ba b	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	an indepen and conditio	dent qualified public accountant (IQPA	\)
	If you answered "No" to either line 6a or line 6b, the plan cann			
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	3743260	4299297
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	3743260	4299297
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	86697	
	(2) Participants	8a(2)	151647	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	477161	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		715505
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	158443	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	1025	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		159468
i	Net income (loss) (subtract line 8h from line 8c)	8i		556037
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$ $2T$	feature coo	les from the List of Plan Characteristic	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Characteristic	Codes in the instructions:

## Part V Compliance Questions

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		
С	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 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	×			2604
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			15765
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 א	′es	No
11a	Ente	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					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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 le tive 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	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🛛	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			<b>14b</b> ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
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:		Desigi safe h	n-basec arbor	[	Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	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	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [	No		

Form 5500-SF	Short Form Annu			oyee	(	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan		dromont		2016
Department of Labor Employeo Benofils Security Administration	Income Security Act of 1974		3057(b) and 6058(a) of the			orm is Open to Ic Inspection
Pension Benefit Guaranty Corporation	Complete all entries in a		structions to the Form 55	00-SF.	1 0.5	
For calendar plan year 2016 or fise	dentification Information	02/01/2016	and ending	01/3	31/2017	
	X a single-employer plan	-	r plan (not multiemployer) (F	in the second		
A This return/report is for:	a one-participant plan		employer Information in ac			
B This return/report is	the first return/report	the final return/repo	rt			
	an amended return/report	🗌 a short plan year re	turn/report (less than 12 mo	onths)		
C Check box if filing under:	Form 5558	automatic extensio	n [	DFVC p	rogram	
P	special extension (enter descr					
	mation-enter all requested int	formation				r
<b>1a</b> Name of plan THE NORTHERN FISH PRO	DUCTS, INCORPORATED	401(K) PROFIT	SHARING PLAN	1b Thre plan (PN)	number	001
					tive date o	f plan
					0/1973	
	er, if for a single-employer plan) , apt., suite no. and street, or P.C , country, and ZIP or foreign post		astructions)		oyer Identi 91-089	ficatlon Number 0894
NORTHERN FISH PRODUC					nsor's telep	hone number
5440 8 5			-			(see instructions)
5440 S Proctor				4244		· · ·
TACOMA	WA 98409					
3a Plan administrator's name and	l address 🕅 Same as Plan Spoi	nsor.		3b Admi	inistrator's	EIN
				3c Adm	Inistrator's	telephone number
15						
	plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN		
name, EIN, and the plan num a Sponsor's name	ber from the last return/report.			4c PN		
5a Total number of participants a	at the beginning of the plan year.		- De 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	5a		87
	at the end of the plan year		100000	5b		114
c Number of participants with a	ccount balances as of the end of	the plan year (only defin	ned contribution plans	5c		
	icipants at the beginning of the pl		14-90002	5d(1)		63
	icipants at the end of the plan ye		1	5d(2)		69 96
	erminated employment during the					90
than 100% vested				5e		7
Caution: A penalty for the late o Under penalties of perjury and other						cable a Schedule
SB or Schedule MB completed and belief, it is true, correct and compl	d signed by an enrolled actuary, a					
SIGN		6/23/2	or Ross Swanes			
HERE Signa are of plan ad	Iministrator	Date	Enter name of individu	ual signing	as plan ad	ministrator
SIGN						
HERE Signature of employ		Date	Enter name of individu			
Preparer's name (including firm na	ime, II applicable) and address (ii	nciude room of suite nur	mper)	Preparer'	s telephon	e number
				factor and the		Contract Section 201
						and the state
For Paperwork Reduction Act Notice	, see the instructions for Form 550	0-SF.		Contraction of the second		Form 5500-SF (2016)

	Form 5500-SF 2016		Page 2						
b A u li	Were all of the plan's assets during the plan year invested in eligib we you claiming a walver of the annual examination and report of inder 29 CFR 2520.104-46? (See instructions on walver eligibility f you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition ot use Forr	lent qualified public a ns.) n 5500-SF and mus	ccounta t instea	ant (IQ Id use	PA) Form	5500.		X Yes No
	the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determined
Part		and the second s		-	-				
1000	Ian Assets and Liabilities	Adapter .	(a) Beginning o				(	b) End o	
	otal plan assets	7a	3,	743,	260				4,299,297
-	otal plan llabilities	7b		742	0				0
	let plan assets (subtract line 7b from line 7a)	7c		743,	260		-	_	4,299,297
	ncome, Expenses, and Transfers for this Plan Year	LAIS FR.	(a) Amoun	t		No.	ALC: NO	(b) To	tal
	Contributions received or receivable from: 1) Employers	8a(1)		86,	597	3.343		1.3	Contraction of the
	2) Participants	8a(2)		151,	647	1000	1.358		ST. S. States
	3) Others (including rollovers)	8a(3)			0	112 12		e ( ) and ( ) a	AVASTIS 1 ST.
	other Income (loss)	8b		477,	161		11 R	in fit syle	
	otal Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	的月月的一个能力。	1.000	5.0.5				715,505
d B	enefits paid (including direct rollovers and insurance premiums p provide benefits)	8d		158,	443	4/5		(1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	
ec	Certain deemed and/or corrective distributions (see instructions)	8e			0	5.5.	fi 82		
fΑ	dministrative service providers (salaries, fees, commissions)	8f		1,	025	ど間	2745	- Palitani	Diane State Building
g c	Other expenses	8g			0	No. 13	W.C.	and they	
hт	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h	the second s	153	1.35				159,468
i M	let income (loss) (subtract line 8h from line 8c)	8i		e G.C	11.2				556,037
jт	ransfers to (from) the plan (see instructions)	18			100	坊村	S. WAR	1 39 AT	
_	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 f Compliance Questions					-			
0	During the plan year:				Yes	No	N/A		A
	Was there a failure to transmit to the plan any participant contribu				103		IVA		Amount
	described in 29 CFR 2510.3-102? (See Instructions and DOL's V Program)			10a		х	1 The		
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not ir	clude transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c	X		No.		500,000
d	Did the plan have a loss, whether or not relmbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х			
е	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.)	her persons ne or all of ti	by an Insurance he benefits under	10e	x				2,604
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		х	CTAT.		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-er	nd.)	10g	X		- 27		15,76
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	,		10h		x	E TO		
I	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i				ti me	

\*

Form 5500-SF 2016

 $\mathcal{X}$ 

Page 3	3- [	

Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruc (Form 5500) and line 11a below)					Yes	5 🗌 No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500			1			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 47						s 🛛 No
ERISA?	••••••••••••••••				Ye:	S K NO
<ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a walver of the minimum funding standard for a prior year is being amortized in this plan year</li> </ul>	ar see instruc	tione and	enter l	he date o	f the letter r	uling
granting the waiver.			Day		Year	unng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk	kip to line 13.					
b 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 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?	••••••			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 beneficiarles, transferred to another pla control of the PBGC?				Yes X	No	
C If, during this plan year, any assets or llabilities were transferred from this plan to another play which assets or liabilities were transferred. (See instructions.)	an(s), identify tl	ne plan(s)	to			
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information						
14a Name of trust			14h	Trust's El	N	
				114610 21		
14c Name of trustee or custodian					or custodla e number	n's
Part IX IRS Compliance Questions						
		Yes			No	
<b>15a</b> is the plan a 401(k) plan? If "No," skip b						
15b How dld the plan satisfy the nondiscrimination requirements for employee deferrals under se 401(k)(3) for the plan year? Check all that apply:	ction	Desig safe h	arbor		"Prior yea test	r" ADP
			ent year est		N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for year? Check all that apply:		Ratio	entage		erage nefit test	□ N/A
16b Dld the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and for the plan year by combining this plan with any other plan under the permissive aggregation		Yes			] No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a fave the letter and the serial number						
17b If the plan is an individually-designed plan that received a favorable determination letter from letter	n the IRS, ente	r the date	of the r	nost rece	nt determin	ation
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and h service?		ted from	Ye	es [	] No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior pla	an year?		Ye	s	No	