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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 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) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit SEA CREATURES LLC 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2015 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) 46-3258561 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number SEA CREATURES LLC 734-320-1846 2d Business code (see instructions) 3621 STONE WAY N, SUITE E 722511 SEATTLE, WA 98103 **3a** Plan administrator's name and address X Same 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 49 5a Total number of participants at the beginning of the plan year 5b 81 **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 (only defined contribution plans 33 5c complete this item)..... 48 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 74 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 than 100% vested

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

<u>belief, it is t</u>	true, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2017	7 CHAD DALE			
	Signature of plan administrator	Enter name of individual signing as plan administrator				
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number		

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b Any you claiming a walver of the annual examination and report of an independent qualified public accountant (IOPA)		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
If you answered "No" to either line 6 aor line 8b, the plan cannot use Form 5500-\$F and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	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)								
Part III Financial Information 7 Plan Assets and Liabilities 8 (a) Beginning of Year 7 Plan Assets and Liabilities 9 75 75270 277157 b Total plan liabilities 7 75 75270 277157 c Net plan assets (subtract line 7b from line 7a) 75 75270 277157 c Net plan assets (subtract line 7b from line 7a) 75 75270 277157 c Net plan assets (subtract line 7b from line 7a) 75 75270 277157 d National Responses, and Transfers for this Plan Near (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 49643 (2) Participants 8a(2) 137769 (3) Others (including rollovers) 8a(3) (3) Others (including rollovers) 8a(3) (3) Others (including rollovers) 8a(3) (4) Other income (das) 8a(2) 8a(3), and 8b) 8c (5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (6) Estain deemed and/or corrective distributions (see instructions) 8d (7) Estain deemed and/or corrective distributions (see instructions) 8d (8) Other expenses (add lines 8d, 6e, 6f, and 8g) 8d (9) Other expenses (add lines 8d, 6e, 6f, and 8g) 8d (1) Net income (loss) (subtract lines 8 from line 8b(.) 8d (1) Net income (loss) (subtract lines 8 from line 8b(.) 8d (1) Net income (loss) (subtract lines 8 from line 8b(.) 8d (1) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 If the plan provides pension benefits, enter the applicable welfare feature codes from t										
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?	🗌	Yes	No Not o	letermined
a Total plan assets	Pa	rt III Financial Information								
B Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year	
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a		75270				277	157
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Other income (loss). (6) Dither income (loss). (7) Employers. (8) Dither income (loss). (8) Dither income (loss) (loss). (8) Dither income (loss). (8) Dither income (loss). (8) Dither income (loss) (loss). (8) Dither expenses. (8) Dither expenses. (8) Dither expenses. (8) Dither expenses. (9) Dither expenses. (1) Dither expenses (loss). (1) Not income (loss) (subtract line 8h from line 8c). (1) Not income (loss) (subtract line 8h from line 8c). (1) Dither plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (1) Dither plan provides verifiers benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) Dither plan provides verifiers benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) Dither plan provides verifiers benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (8) Dither plan provides verifiers benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (8) Dither plan provides verifiers benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (8) Dither plan provides verifiers benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (8) Dither	<u>b</u>	Total plan liabilities	7b							
a Contributions received or receivable from: (i) Employers. (ii) Employers. (iii) Employers. (iiii) Employers. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		Net plan assets (subtract line 7b from line 7a)	7c		75270			2//15/		
(2) Participants		·		(a) Amoun	ıt			(b) Total		
(2) Participants	а		8a(1)		49643					
(3) Other s(including rollovers)					137769					
b Other income (loss)		•								
d Benefits paid (including direct rollowers and insurance premiums to provide benefits)	b	Other income (loss)	8b		17056					
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						204	468
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	d		0.4							
f Administrative service providers (salaries, fees, commissions)										
g Other expenses (add lines 8d, 8e, 8f, and 8g)										
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u> </u>				2581					
i Net income (loss) (subtract line 8h from line 8c)						2581				
Transfers to (from) the plan (see instructions) 8j	ī								2018	387
Part IV Plan Characteristics	j	Transfers to (from) the plan (see instructions)								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Pa	rt IV Plan Characteristics								
Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H 2T 3B	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in	the instructions:	
10 During the plan year: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	ne instructions:	
10 During the plan year: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Par	t V Compliance Questions								
a 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)						Yes	No	N/A	Δμοιι	nt
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			utions withi	n the time period					Amou	
reported on line 10a.)		_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	-		10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		X			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X			
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	• • • • • • • • • • • • • • • • • • • •	•	·	10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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					X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan?					X			
2520.101-3.)	9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X			
	h	·	•		10h		X			
	i	·			10i					

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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 con 5500) and line 11a below)				Y	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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the 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		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	nation
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		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

. 0101011 20	enent Guaranty Corporation	Complete all entries in	accordance with the in	nstructions to the Form 5	500-SF.				
Part I		Identification Information							
For calend	ar plan year 2016 or fi	scal plan year beginning	01/01/2016	and ending	12/31/20	16			
A This ref	turn/report is for:	X a single-employer plan			r) (Filers checking this box must attach a accordance with the form instructions.)				
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/repo						
C Check	box if filing under:	an amended return/report	a snort plan year re	eturn/report (less than 12 m					
• CHECK	box ii iiiiiig diidei.	on	DFVC program						
Part II	Rasic Plan Info	special extension (enter descontant) special extension (enter descontant)	. ,						
1a Name		That of the fall requested in	IIOITTAGOTI		1b Three-digit				
	atures LLC 40	1(k) Plan			plan numbe	001			
					1c Effective da 01/01/20				
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.	O. Box)			entification Number			
City or		ce, country, and ZIP or foreign pos		instructions)	2c Sponsor's te	elephone number			
2601 81		=			734-320- 2d Business co	1846 de (see instructions)			
	cone Way N, Si	lite E			722511				
Seattle	9	WA 98103							
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN	·			
	, EIN, and the plan nu or's name	mber from the last return/report.			4c PN				
		at the beginning of the plan year			5a	4.9			
		s at the end of the plan year			5b	81			
C Numb	er of participants with	account balances as of the end of	f the plan year (only defin	ned contribution plans	5c	33			
		irticipants at the beginning of the p			5d(1)	48			
			•		5d(2)				
` ,		articipants at the end of the plan year terminated employment during the			` '	7-			
than	100% vested				5e	(
Under pena	alties of perjury and of	or incomplete filing of this return ther penalties set forth in the instru- nd signed by an enrolled actuary,	ictions, I declare that I ha	ave examined this return/re	eport, including, if a	oplicable, a Schedule			
	true, Arrect, and com		1	·					
SIGN US Z			7/17/2017	Chad Dale	Chad Dale				
HERE	Signature of plan administrator Date			Enter name of individual signing as plan administrator					
SIGN HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	fual signing as amo	loyer or plan sponsor			
Preparer's		name, if applicable) and address (i			Preparer's teleph				
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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No
b	Are you claiming a waiver of the annual examination and report of		c accountant (IQPA)					₩ Vaa	_ □ Na	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann								X Yes	_ NO
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_			Not deterr	mined
	rt III Financial Information				/-					
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End of	Voor	
<u> </u>	Total plan assets	7a	(a) Deginning	75,				(b) Liid Oi		7,15
	Total plan liabilities	7b		,						
	Net plan assets (subtract line 7b from line 7a)	7c		75,	270				277	7,15
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	al	
а	Contributions received or receivable from:		(17		(42			(-/	-	
	(1) Employers	8a(1)		49,	_					
	(2) Participants	8a(2)		137,	/69					
_	(3) Others (including rollovers)	8a(3)		17	0.5.6					
	Other income (loss)	8b		17,	056				20/	4,46
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							204	1,40
u	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		2,	581					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	2,58
i_	Net income (loss) (subtract line 8h from line 8c)	8i							201	1,88
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 2J 2K 2F 2G 3D 3H 2T 3B	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the instruc	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	cterist	ic Cod	les in t	he instruct	ions:	
Pai	rt 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 contribu	tions withi	in the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
				10c		Х				
С	Did the plan have a loss, whether or not reimbursed by the plan's					Х				
	by fraud or dishonesty?			10d						
	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	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 a	s of year-	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
i										