Internal Revenue Service'       2017         Department of Labor Enclove Bedies Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).       2017         Pension Benefit Guarany Corporation       Complete all entries in accordance with the instructions to the Form 5500-SF.         Part I       Annual Report Identification Information         For calendar plan year 2017 or fiscal plan year beginning       01/01/2017       and ending       12/31/2017         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 one-participant plan       a foreign plan         B This return/report is for:       a one-participant plan       a foreign plan       b form 5558       automatic extension       DFVC program         Part II Basic Plan Information—enter all requested information         18       Automatic extension       DFVC program         gecial extension (enter description)         Part II Basic Plan Information—enter all requested information         18       automatic extension       DFVC program         SignATURE SEAFOODS 401((K) SAVINGS AND RETIREMENT PLAN		rm 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan						MB Nos. 1210-0110 1210-0089			
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this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4d PN         a Sponsor's name       4d PN         c Plan Name       5a       11         b Total number of participants at the beginning of the plan year	4 If the	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the	last re	turn/report filed for	4b EIN					
C       Plan Name         5a       Total number of participants at the beginning of the plan year       5a       11         b       Total number of participants at the end of the plan year       5b       11         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       6         d(2)       Total number of active participants at the end of the plan year       5d(2)       4         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         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.         SIGN       Filed with authorized/valid electronic signature.       07/01/2018       ANTON TONY MCNEIL         HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor	this p	plan, enter the plan spon										
5a       Total number of participants at the beginning of the plan year       5a       11         b       Total number of participants at the end of the plan year       5b       11         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c       10         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       6         d(2)       Total number of active participants at the end of the plan year       5d(2)       4         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         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.         SIGN       Filed with authorized/valid electronic signature.       07/01/2018       ANTON TONY MCNEIL         HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor	•						<b>4d</b> PN					
b       Total number of participants at the end of the plan year	₩ i lail i											
b       Total number of participants at the end of the plan year.       5b       11         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).       5c       10         d(1)       Total number of active participants at the beginning of the plan year.       5d(1)       6         d(2)       Total number of active participants at the end of the plan year.       5d(2)       4         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e       0         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.         SIGN       Filed with authorized/valid electronic signature.       07/01/2018       ANTON TONY MCNEIL         HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor	5a Total	number of participants a	at the beginning of the plan year				5a		11			
complete this item)       3C       10         d(1) Total number of active participants at the beginning of the plan year.       5d(1)       6         d(2) Total number of active participants at the end of the plan year       5d(2)       4         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e       0         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.         SIGN       Filed with authorized/valid electronic signature.       07/01/2018       ANTON TONY MCNEIL         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 sponsor							5b		11			
d(2) Total number of active participants at the end of the plan year       5d(2)       4         e       Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       0         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         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.         SIGN       Filed with authorized/valid electronic signature.       07/01/2018       ANTON TONY MCNEIL         HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor						-	5c		10			
e       Number of participants who terminated employment during the plan year with accrued benefits that were less       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         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.         SIGN       Filed with authorized/valid electronic signature.       07/01/2018       ANTON TONY MCNEIL         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 sponsor	<b>d(1)</b> ⊺o	tal number of active part	ticipants at the beginning of the pla	an year			5d(1)		6			
than 100% vested       Jee         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.         SIGN HERE       Filed with authorized/valid electronic signature.       07/01/2018       ANTON TONY MCNEIL         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	• •						5d(2)		4			
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.         SIGN HERE       Filed with authorized/valid electronic signature.       07/01/2018       ANTON TONY MCNEIL         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor							5e		0			
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.         SIGN HERE       Filed with authorized/valid electronic signature.       07/01/2018       ANTON TONY MCNEIL         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	Caution:	A penalty for the late o	r incomplete filing of this return	/report will be asse	essed u	inless reasonable cau						
SIGN HERE         Filed with authorized/valid electronic signature.         07/01/2018         ANTON TONY MCNEIL           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 sponsor	SB or Sch	edule MB completed an	d signed by an enrolled actuary, as									
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 sponsor				07/01/2018		ANTON TONY MCNE	IL					
SIGN HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor				Date		Enter name of individu						
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN											
	HERE			Date		Enter name of individu	dual signing as employer or plan sponsor					

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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b	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>									
_	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year					
а	<b>a</b> Total plan assets									
b	Total plan liabilities	7b	0		0					

C		7b		0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1889934	2195342
3	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	5637	
(	(2) Participants	8a(2)	13200	
(	(3) Others (including rollovers)	8a(3)	0	
-	Other income (loss)	8b	286571	
с.	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		305408
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f,	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h <sup>-</sup>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i I	Net income (loss) (subtract line 8h from line 8c)	8i		305408
j '	Transfers to (from) the plan (see instructions)	8j	0	
Part	t IV Plan Characteristics		•	
)a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 3H	feature co	des from the List of Plan Characteristic	Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Characteristic C	odes in the instructions:

10	During the plan year:	Yes	No	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	
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.)	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			

Page 3- 1

Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[	Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[	Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e 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 left of a 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   F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s)	)	13	c(3)	PN(s)

Form 5	500-SF	Short Form Annu		t of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089			
Department of Internal Reve	the Treasury enue Service	This form is required to be file	Benefit Plan	4065 of the Employee B	Retirement	2017			
Departmen Employee Benefits Se		057(b) and 6058(a) of the	the Internal This Form is Open t						
Pension Benefit Gu	aranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	accordance with the ins	tructions to the Form 5	500-SF.	Public Inspection			
Part   Anı	nual Report I	dentification Information							
For calendar plan	year 2017 or fis	cal plan year beginning	01/01/2017	and ending	12/3	1/2017			
A This return/rep	port is for:	X a single-employer plan	Long L			ing this box must attach a ith the form instructions.)			
B This return/rep	ort is								
		the first return/report       Image: state of the state	the final return/report	ırn/report (less than 12 n	nonths)				
C Check box if f	iling under:				_				
Check box in i	ning under,	Form 5558	automatic extension			rogram			
Dart II Bar	sie Blan Info								
· · · · · · · · · · · · · · · · · · ·		mation—enter all requested inf	ormation		16 Thurs				
<b>1a</b> Name of plan Signature S		1(k) Savings and Ret	irement Plan		1b Three plan i (PN)	number 001			
						tive date of plan 1/1994			
<ul> <li>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)</li> <li>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</li> <li>SIGNATURE SEAFOODS, INC.</li> <li>4257 24TH AVENUE W.</li> </ul>						2b Employer Identification Number (EIN) 91-1720265			
						<b>2c</b> Sponsor's telephone number 206-285-2815			
						2d Business code (see instructions) 114110			
SEATTLE		WA 98199-1214							
<b>3a</b> Plan adminis	trator's name an	d address 🛛 Same as Plan Spor	nsor.		3b Admii	histrator's EIN			
					<b>3c</b> Admir	nistrator's telephone number			
4 If the name a	and/or EIN of the	plan sponsor or the plan name ha sor's name, EIN, the plan name a	as changed since the last	return/report filed for	4b EIN				
a Sponsor's na c Plan Name				and hast retains report.	<b>4d</b> PN				
						·			
5a Total numbe	er of participants a	at the beginning of the plan year			5a	11			
		at the end of the plan year			. 5b	11			
		ccount balances as of the end of			5c	10			
<b>d(1)</b> Total num	ber of active par	ticipants at the beginning of the pla	an year		5d(1)	6			
		ticipants at the end of the plan yea			5d(2)	4			
		terminated employment during the			5e	0			
Caution: A pena	Ity for the late o	r incomplete filing of this return	1/report will be assessed	d unless reasonable ca	use is estab	lished.			
Under penalties of SB or Schedule M belief, it is true, co	//B completed an	er penalties set forth in the instruc d signed by an enrolled actuary, a lene.	stions, I declare that I have swell as the electronic ve	e examined this return/re ersion of this return/repo	eport, includir rt, and to the	ng, if applicable, a Schedule best of my knowledge and			
SIGN (	(Water)	R	7/1/2	Anton Tony Mc	Neil	· · · · · · · · · · · · · · · · · · ·			
HERE Sign	ature of plan ac	Iministrator	Date	Enter name of individ	lual signing a	as plan administrator			
SIGN (1	HAR	1 Junio	7/1/19	William R Orr	¥¥_				
HERE Sign	nature of employ	/er/plan sponsor	Date	Enter name of individ	lual signing a	as employer or plan sponsor			
		, see the Instructions for Form 5500				Form 5500-SF (2017)			

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v.170203

Form 5500-SF 2017

Page 2

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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi I <b>ot use Fo</b>	indent qualified public a itions.) orm 5500-SF and mus	account at instea	ant (IC ad use	PA) Form	X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the						
Pa	rt III Financial Information	-					, , , , , , , , , , , , , , , , ,
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
	Total plan assets	7a		889,			2,195,342
<u> </u>	Total plan liabilities	7b			0		0
	Net plan assets (subtract line 7b from line 7a)	7c	1,	889,	934		2,195,342
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			637		······
	(2) Participants	8a(2)		13,	200		
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b		286,	571		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	to.				305,408
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0		
e	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0		
g	Other expenses	8g			0		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
į	Net income (loss) (subtract line 8h from line 8c)	8i					305,408
j	Transfers to (from) the plan (see instructions)	8j			0		
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$ $3H$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	in Chara	acterist	tic Coo	les in the instructions:
Pa	rt V Compliance Questions	-					
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period				Anount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	/oluntary l	Fiduciary Correction	10a		х	
ł	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	•		10b		х	

Х C Was the plan covered by a fidelity bond? 500,000 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х 10d by fraud or dishonesty?..... Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е carrier, insurance service, or other organization that provides some or all of the benefits under Х the plan? (See instructions.)..... 10e f Has the plan failed to provide any benefit when due under the plan? Χ 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ..... Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 2520.101-3.) ..... 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the i exceptions to providing the notice applied under 29 CFR 2520.101-3 ..... 10i

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Page 3-

Yes No
Yes X No
Yes X No
te of the letter ruling Year
No N/A
es X No
Yes X No
13c(3) PN(s)
1
-