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C Plan Name 5a Total number of participants at the beginning of the plan year 5a 12 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 9 d(1) Total number of active participants at the beginning of the plan year 5d(1) 5 d(2) Total number of active participants at the end of the plan year 5d(2) 5 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. 08/29/2019 ANTON TONY MCNEIL HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor										
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C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 9 d(1) Total number of active participants at the beginning of the plan year 5d(1) 5 d(2) Total number of active participants at the end of the plan year 5d(2) 5 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. 08/29/2019 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			
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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				s well as the electronic ve	rsion of this return/report	, and to the	e best of my knowledge and			
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		Filed with authorized/	valid electronic signature.	08/29/2019	ANTON TONY MCNEI	L				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing	as plan administrator			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
	HERE				Enter name of individu	ual signing				

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

Form 5500-SF (2018) v.171027

6a								
D	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.)							
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF 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)?								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
Part III Financial Information								
7	Plan Assets and Liabilities	(a) Beginning of Year (b) End of Year						

7	Plan Assets and Liabilities		(a) Beginning o	of Year		(b) End of Year			
а	Total plan assets	7a	219	95342			1790462		
b	Total plan liabilities	7b		0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	219	95342			1790462		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)		5803					
	(2) Participants	8a(2)		15850					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-(92572					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-70919		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	33	33911					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		50					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					333961		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-404880			
j	Transfers to (from) the plan (see instructions)	8j		0					
9a b	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$ $3H$ If the plan provides welfare benefits, enter the applicable welfare for								
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty?			10d		Х			
e	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.).					Х			
f	f Has the plan failed to provide any benefit when due under the plan?					Х			
g				10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the						

 2520.101-3.)
 10h
 X

 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	VI	Pension Funding Compliance						
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
C Enter the amount contributed by the employer to the plan for this plan year								
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," 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 beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employ	yee	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be filed	d under sections 104 and	4065 of the Employee Reti	rement	2018	
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60	57(b) and 6058(a) of the In	ternal	This Earm is Onen to	
Pension Benefit Guaranty Corporation		Revenue Code (the Cod	-,-	[This Form is Open to Public Inspection	
	Complete all entries in a	accordance with the inst	ructions to the Form 550	0-SF.	•	
Part I Annual Report Id	dentification Information	01/01/0010	1		4 / 4 4 4 4	
-		01/01/2018	and ending		1/2018	
A This return/report is for:	X a single-employer plan		lan (not multiemployer) (Fil nployer information in acco			
B This return/report is						
•	the first return/report	the final return/report				
	an amended return/report	a short plan year retu	m/report (less than 12 mon	ths)		
C Check box if filing under:	X Form 5558	automatic extension		DFVC pro		
Ĵ · · · · · [₹:				giam	
	special extension (enter descri	. ,				
-	mation-enter all requested info	ormation				
1a Name of plan	401(k) Savings and	Botivomont Dior		b Three	-digit umber	
Signature Searoous	401(K) Savings and	Recifement Pla	1	(PN)		
					ve date of plan)1/1994	
2a Plan sponsor's name (employe	r, if for a single-employer plan)		2	b Emplo	yer Identification Number	
	, apt., suite no. and street, or P.O.		1	(EIN) 91-1720265		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SIGNATURE SEAFOODS, INC.				2c Sponsor's telephone number 206-285-2815		
4257 24TH AVENUE W.				2d Business code (see instructions)		
	•					
SEATTLE	WA 98199-1	L214		1141	10	
3a Plan administrator's name and	address X Same as Plan Spon:	sor.	3	b Admin	istrator's EIN	
			3	C Admin	istrator's telephone number	
4 If the name and/or EIN of the p this plan, enter the plan spons	plan sponsor or the plan name has or's name, EIN, the plan name ar	s changed since the last r od the plan number from t	eturn/report filed for 4	b EIN		
a Sponsor's name	· · · · · · · · · · · · · · · · · · ·			d PN		
c Plan Name						
5a Total number of participants at	t the beginning of the plan year			5a	12	
b Total number of participants at	t the end of the plan year			5b	11	
	count balances as of the end of th			Ea		
	·····			5c	9	
d(1) Total number of active partic	cipants at the beginning of the pla	n year		5d(1)	5	
d(2) Total number of active partie	cipants at the end of the plan year	r		5d(2)	5	
e Number of participants who terminated employment during the plan year with accrued benefits that were less				5e		
than 100% vested	····· <u>·</u> ······				0	
Caution: A penalty for the late or Under penalties of perjury and othe						
SB or Schedule MB completed and belief, it is true, correct, and completed	i signed by an enrolled actuary, as					
SIGN	V.	8/29/10	Anton Tony McNe	il		
HERE Signature of plan adr	ninistrator	Date	Enter name of individual	signing eq	s plan administrator	
1 T MA inc		9/7G/IC	William R Orr	ogening at	pran aoministrator	
SIGN HERE		1121117				
For Paperwork Reduction Act Notice,		Date	Lenter name of individual	signing as	s employer or plan sponsor Form 5500-SF (2018)	
					v.171027	

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	t III Financial Information	

Part III Financial	nformation	-						
7 Plan Assets and Liabi	lities		(a) Beginning (of Year			(b) End of Y	ear
a Total plan assets		7a	2,	,195,342 1,79				
b Total plan liabilities		7b			0			0
C Net plan assets (subt	act line 7b from line 7a)	7c	2,	195,	342			1,790,462
8 Income, Expenses, ar	nd Transfers for this Plan Year		(a) Amoun	t			(b) Total	
	a Contributions received or receivable from: (1) Employers				803			
		8a(2)		15,	850			
(3) Others (including	rollovers)	8a(3)			0			
		8b		-92,	572			
c Total income (add line	es 8a(1), 8a(2), 8a(3), and 8b)	8c						-70,919
	g direct rollovers and insurance premiums	8d		333,	911			
e Certain deemed and/o	or corrective distributions (see instructions)	8e			0			
f Administrative service	providers (salaries, fees, commissions)	8f			50			
g Other expenses		8g			0			
h Total expenses (add I	ines 8d, 8e, 8f, and 8g)	8h						333,961
i Net income (loss) (su	otract line 8h from line 8c)	8i		-40				-404,880
j Transfers to (from) the	e plan (see instructions)	8j			0			
Part IV Plan Chara	cteristics	-						
	2K 3D 3H relfare benefits, enter the applicable welfare for e Questions	eature coo	les from the List of Pla	n Chara	acterist	ic Codes	in the instructio	ns:
10 During the plan year					Yes	No	Amo	unt
a Was there a failure t described in 29 CF Program)	o transmit to the plan any participant contribu R 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction	10a		x		
	exempt transactions with any party-in-interest)	•		10b		х		
C Was the plan cover	ed by a fidelity bond?			10c	Х			500,000
	loss, whether or not reimbursed by the plan's ty?			10d		Х		
carrier, insurance se	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		x		
f Has the plan failed t	o provide any benefit when due under the pla	n?		10f		Х		
g Did the plan have ar	y participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		
	I account plan, was there a blackout period?			10h		х		
	I "Yes," check the box if you either provided thing the notice applied under 29 CFR 2520.10	•		10i				

Page 3-

Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)			В	Yes No	C
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			f 	Yes X No	<u></u>
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter _ Day		of the letter ruling Year	
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		•		
b	Ente	r the minimum required contribution for this plan year		12b			
С	Entei	the amount contributed by the employer to the plan for this plan year		12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?			[[Yes X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identication is the set of liabilities were transferred.	ify the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	_
							_