Form 5500-SF

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 section 6058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.					
		dentification Information								
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
	is return/report is for: first return/report final return/report									
	an amended return/report short plan year return/report (less than 12 mor									
C	Check box if filing under: Form 5558 automatic extension					DFVC program				
	special extension (enter description)					_				
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation							
1a	Name of plan	•			1b	Three-digit				
CLEA	RWATER FISH COMPANY C	ASH OR DEFERRED PLAN AND TR	RUST			plan number				
					4 -	(PN) 🕨				
					1C	Effective date of plan 01/01/2007				
2a	Plan sponsor's name and add	ress (employer, if for single-employe	r plan)		2b Employer Identification Number					
	ARWATER FISH COMPANY	coo (ep.o) e.,e. eg.e ep.o/e	. μ.ω,		(EIN) 13-2945384					
					2c Plan sponsor's telephone numb					
	FOOD CENTER DRIVE NO. 11 NX, NY 10474-0015	5			2d	718-943-7051 Business code (see instructions)				
					Zu	445220				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")					3b	Administrator's EIN				
CLEA	ARWATER FISH COMPANY	BRONX, NY	RIVE NO. 115 15	30	13-2945384					
			30	Administrator's telephone number 718-943-7051						
		port filed for this plan, enter the	4b EIN							
ı	name, EIN, and the plan number		4c PN							
5a	Total number of participants a		5a	2						
b		t the end of the plan year			5b	2				
C		vith account balances as of the end of			30	2				
					5c	2				
6a	Were all of the plan's assets	during the plan year invested in eligil	ole assets?	(See instructions.)		X Yes No				
b	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.)									
Pa	rt III Financial Inform		01111 0000	or and made motidae add r orm do						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
-	Total plan assets		7a	15531		16235				
b	. otal pian according				0					
С	•	7b from line 7a)		15531	_	16235				
8	Income, Expenses, and Trans			(a) Amount	(b) Total					
а	Contributions received or received					` /				
	• • • • • • • • • • • • • • • • • • • •			1073	-					
					-					
	, ,	s)		(_					
b	` ,			-369	9					
C	, , ,	8a(2), 8a(3), and 8b)	8c			704				
d	1 \	rollovers and insurance premiums	8d							
е	,	tive distributions (see instructions)		(
f		ers (salaries, fees, commissions)		()					
g	Other expenses		8g	(
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				0				
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i			704				
j	Transfers to (from) the plan (s	ee instructions)	8i	()					

Dorf IV	Dlan C	haracteristics
Part IV	Plan (naracteristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3D

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	ic Co	des in	ine instructi	ions:	
Part '	٧	Compliance Questions								
10	Dui	ing 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		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			•	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c		X			
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				10d		X			
	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 to provide any benefit when due under the plan?			10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				10g		X			
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				10h		X			
		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								
Part \	۷I	Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 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 instructions, and enter the date of the letter ruling									
granting the waiver Month Day Year										
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b. Enter the minimum required contribution for this plan year.									
	Enter the minimum required contribution for this plan year						12c			
d	 Enter the amount contributed by the employer to the plan for this plan year						12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A
	art VII Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						13a		<u> </u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plai	n(s) to	1		_	
13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3)) PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed υ	ınless reasonable	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	0/15/2010	WILLIAM CLEMAI	NS					
HERE	- Г	Signature of plan administrator	Date	Enter name of inc	dividu	ıal sig	ning as	s plan admi	nistrator	

Date

Enter name of individual signing as employer or plan sponsor

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Form 5500-SF

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Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be flied under sections 104 and 4055 of the Employee Retijement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form \$500-life.

OMB Nos. 1210-0110 1210-0089

2009

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	art Annual Report Identification Information				
	arti Annual Report Identification Information calendar plan year 2009 or fiscal plan year beginning	1/01/2	009 and en	ling -	12/31/2009
Α	This (etum/report is for:	multiple-e	mployer plen (not multiern	olayar)	one-participant plan
B	This return/report is for:	final retur	n/report		
	Bn amended return/report	short plan	year return/report (less th	an 12 months)	
	Check box it filling under: X Form 555B	automatic	extension		☐ DFVC program
•	special extension (enter description)				
	art II Basic Plan Information—enter all requested inform	etion.	<u> </u>		31.11
14	Name of plan CLEARWATER FISH COMPANY CASH OR			. 10	Three-digit
	CLEARWATER FIBE COPPANI CASE OR			•	(PN) 001
	DEFERRED PLAN AND TRUST		•		Effective date of plan
				, ,	01/01/2007
78	Plan sources's name and address (employer, if for single-employer	Diam)		- in	Employer Identification Number
-4	Plan sourcor's name and address (employer, if for single-employer CLEARWATER FISH COMPANY				(EIN) 13-2945384
				- Tile	Plan aponsor's telephone number
	800 FOOD CENTER DRIVE NO. 115		•	<u>L</u>	(718)943-7051
		٠.٠			Business code (see instructions) 445220
	BRONX	4.11	NY 10474-0		
38	Plan administrator's name and address (if same as Plan sponsor, a	inter Same	r)	3/10	Administrator's EIN
					Administrator's telephone number
				. "-	
4 (If the name and/or EIN of the plan aponeer has changed since the la	at returnire	port filled for this pipm, ante	the 4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	r's name		· -	
					PN
5 a	Total number of participants at the beginning of the plan year	ammuna)	<		2
þ	Total number of participants at the end of the plan year		 		2
c	Total number of participants with account balances as of the end of	f the plan y	ear (defined benefit plans (lo noi 🗀	
	complete this item)			& C	<u> </u>
6±	Were all of the plan's assols during the plan year invested in eligib	10 250037	(See Instructions.)		X Yes No
	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accou	intant (IQP/I)	<u>_</u>
	under 29 CFR 2620.104-48? (See Instructions on waiver eligibility				
	if you answered "No" to sither 6s or 6b, the plan cannot use Fo	orm 5500	P and must instead use	Farm 5500,	
P	int IIII Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of '	/ear	(b) End of Year
R	Total plan massis	7a	<u> </u>	16,631	16,235
b	Total plan liabilities	_ 7b		0	0
C	Net plan sasets (subtract line 75 from line 72)	76		15,531	16,235
B	Income, Expanses, and Transfers for this Plan Year		(a) Amount		(b) Total
_	Contributions received or receivable from:		3-1	1	
_	(1) Employers	On(1)		1,073	
	(2) Participants	Ba(2)		0	
	(3) Others (including rollovers)			۵	
ь				(369)	
	Total Income (add lines \$4(1), \$9(2), \$2(3), and \$5)				704
C	Benefits paid (including direct relievers and insurance premiums	DC -		' 	, was 123 1 1 1 1 1 1 1 1 1
d	to blonge papelits) Bellett tomboars and managed blammars	8d		o ,	
	U MVVIU4 POHOLIE / 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
•		Be I	,	o	
a	Certain deemed and/or corrective distributions (see instructions)			<u> </u>	
f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (saleries, fees, commissions)	BY		0	
1	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (saleries, fees, commissions) Other expenses	BY BO			
f	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	By Bo Bh		0	
1	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	By Bg Bh Bi		0	0
f 9 h [Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	BY BO Bh BI		0	7 0 4 Porm 5500-5F (2015) V-092308.1

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Form 5500-SF 2009 Page 2-Part IV Plan Characteristics If the pien provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 26 25 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 Y BS No Amount During the plan year. Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510,3-1027 (See Instructions and DQL's Voluntary Fiduciary Correction Program) X 10s Were there any nonexampt transactions with any party-in-interest? (Do not include transactions reported 10b X on line 10s.) 100 Was the plan covered by a fidelity bond? x Did the plan have a lose, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 104 or dishoneavy?....... Were any less or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurence service or other organization that provides some or all of the benefits under the plan? (Bee х 10a Has the plan falled to provide any benefit when due under the plan? X 101 Did the plan have any participant loans? (If "You," enter amount as of year end.)...... x 100 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 10h 2520.101-3.) If 70h was answered "Yes," check the box if you alther provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3...... 101 Part VI Pension Funding Compliance is this a defined barefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc redule SB (Form Yes X No is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (if "Yes," complete 12s or 12b, 12c, 12d, anti 12s below, as applicable.) A If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13. 12b 12c Enter the amount contributed by the employer to the plan for this plan year...... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 124 Pegalive amount) No N/A e Will the minimum funding emount reported on line 12d be met by the funding deadline? Part VII | Plan Terminations and Transfers of Assets Yes X No 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? if "Yes," enter the amount of any plan assets that reverted to the employer this year......... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control ∏ Yes 🕅 No C If during this plan year, any maxets or liabilities were transferred from this plan to enother plan(s), identify the plan(s) to which assets or liabilities were transferred. (See Instructions.) 13c(2) E(N(s) 13c(3) PN(e) 13c(1) Name of plan(s): Caution: A penalty for the late or incomplete filling of this return/report will be sessed unless reasonable cause is established. Under pensities of perjury and other pensities set forth in the lightructions, I declare that I have exemined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled adjustry, as well as the electronic version of this return/report, and in the best of my knowledge and bellef, it is true, correct/ and complete. OTIVED BEMAT SIGN HERE Enter name of individual signing as plan administrator Date Signature of plan administrate BIGN HERE Date Enter name of Individual signing as employer or plan sponsor Signature of employer/plan sponsor