## Form 5500-SF

Department of the Treasury

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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

0040

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

**Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number ALBA SPECIALTY SEAFOOD CO. INC. PENSION PLAN 003 (PN) ▶ 1c Effective date of plan 01/01/1996 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number ALBA SPECIALTY SEAFOOD CO. INC. 13-3571327 (EIN) 2c Plan sponsor's telephone number 233 WATER STREET NEW YORK, NY 10038 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN ALBA SPECIALTY SEAFOOD CO, INC. WATER STREET 13-3571327 NEW YORK, NY 10038 3c Administrator's telephone number 212-349-5730 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. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 17464 608223 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 608223 17464 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers ..... 0 8a(2) (2) Participants ..... 0 (3) Others (including rollovers)..... 8a(3) -37240 Other income (loss)..... 8b -37240 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 550724 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 2795 Administrative service providers (salaries, fees, commissions)...... 8f 0 Other expenses..... 8g 553519 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -590759 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) ..... 0

Form 5500-SF 2010	Page <b>2-</b>	
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Part IV	Plan	Characteristics	c
railiv i	ГІАП	CHALACLEH SUC:	

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 3D

D		e plan provides welfare benefits, enter the applicable welfare teatu			0.01101		200 111			
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Define 10a.)		•						
С	Wa	as the plan covered by a fidelity bond?			10c	X				150000
d		the plan have a loss, whether or not reimbursed by the plan's fidel			10d		X			
е	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		X			
f	Has	s 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			
•		is is an individual account plan, was there a blackout period? (See			iog					
	252	0.101-3.)			10h					
i		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements 0))							Yes	No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
	gra	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter rul Year	-
		completed line 12a, complete lines 3, 9, and 10 of Schedule ME	,	•			401			
		er the minimum required contribution for this plan year				T	12b			
		er the amount contributed by the employer to the plan for this plan	•			⊢	12c			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)					12d	<b>1</b>	<b>7</b> F	1
		the minimum funding amount reported on line 12d be met by the fu	unding deadline?	ne?Yes				No	N/A	
Part '	VII	Plan Terminations and Transfers of Assets							-	_
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					X Yes	No
		es," enter the amount of any plan assets that reverted to the emplo					13a			0
	of t	re all the plan assets distributed to participants or beneficiaries, transe PBGC?							Yes	X No
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai	n(s) to			<del>-</del>	
1:	3c(1	) Name of plan(s):				130	c(2) EI	N(s)	13c(3)	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.	1	
Under SB or	r pei Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applical		
SIGN	ı	iled with authorized/valid electronic signature.	05/25/2011	ALAN BIGEL						
HERI	E	Signature of plan administrator         Date         Enter name of individual signing as plan administrator								

Date

Enter name of individual signing as employer or plan sponsor

## 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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public

Part   Annual Report Identification Information	accordan	ce with the instructions to the Form	5500-8	SF. Ins	pection
osiondar plan year 2010 or fiscal plan year beginning		01/2010 and ending			
A This return/report is for: X single-employer plan	_	ltiple-employer plan (not multiemployer		12/31/2010	
B This return/report is for: first return/report	∏ fina	il return/report	)	one-participa	nt plan
an amended return/report					
C Check box if filing under: Form 5558	aut	ort plan year return/report (less than 12 comatic extension	months	~	
special extension (enter des	scription)			☐ DFVC program	m
Part II Basic Plan Information—enter all required	nformation				
			141		
ALBA SPECIALTY SEAFOOD CO, INC. PENS	ION PLA	N.	18	Three-digit plan number	
				(PN)	003
20.51			1c	Effective date of	
2a Pian sponsor's name and address (employer, if for single-emp ALBA SPECIALTY SEAFOOD CO, INC.	loyer plan)			01/01/1996	
			20	Employer Identific (EIN) 13-3571	ation Number
233 WATER STREET			2c	Plan sponsor's tel	Sphone number
NEW YORK NY 10038				<u> 212-</u> 349-573	30
			20	Business code (se 424990	e instructions)
3a Plan administrator's name and address (if same as Plan sponsor ALBA SPECIALTY SEAFOOD CO, INC.	or, enter "S	ame")	3b	Administrator's EIN	
NEW YORK STREET				<u>13-3571327</u>	
4 If the name and/or FIN of the plan enems to			3C	Administrator's tele	phone number
4 If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. Spo	e last returi	n/report filed for this plan, enter the	4b	EIN	U
				* · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
<ul><li>5a Total number of participants at the beginning of the plan year</li><li>b Total number of participants at the end of the plan year.</li></ul>			4c 5a	T	
b Total number of participants at the end of the plan year  C Total number of participants with account halances as at the	•••••••		5b	<del> </del>	9
C Total number of participants with account balances as of the encomplete this item)	of the pla	n year (defined benefit plans do not	30		2
6a Were all of the plan's assets during the plan year invested in the			5c		2
6a Were all of the plan's assets during the plan year invested in eligible b. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility).	Jivie assett of an inden	37 (See instructions.)	•••••	<u>[</u> 5	Yes No
under 29 CFR 2020, 104-467 (See instructions on	andop	angent desiried briblic seconutant (IOt	201		- <u>-</u>
Part III Financial Information	Form 550	0-SF and must instead use Form 550	00.	······	Yes No
7 Plan Assets and Liabilities		T			
a Total plan assets	<u> </u>	(a) Beginning of Year		(b) End of Y	9ar
o i otal plan liabilities		608223			17464
C Net plan assets (subtract line 7b from line 7a)	7b	0	<del></del>		0
income, Expenses, and Transfers for this Plan Year	76	608223	ļ		17464
a Contributions received or receivable from:		(a) Amount	<u> </u>	(b) Total	
	. 8a(1)	0			
(2) Participants	8a(2)	0	1		
(3) Others (including rollovers)	8a(3)	0			
Other income (loss)	8b	-37240			
Denemis paid (including direct rollovers and incurence	8c				-37240
to provide beliefits)	8d	55050			J.210
Certain deemed and/or corrective distributions (see instructions)	8e	550724			
Administrative service providers (salaries, fees, commissions)	8f	2795			
Other expenses	8g	2/95			
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
Net income (loss) (subtract line 8h from line 8c)	8i				553519
Transfers to (from) the plan (see instructions)	Q!				-590759

Part IV Plan Characteristics					
sa il tre plan provides pension benefits, optostic					
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan  2A 2E 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	-				
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan  Part V Compliance Questions	Charac	eristic	Codes	s in the i	nstructions:
could ecodes from the list of Plant	haracı	mi_4:			
Part V Compliance Questions	or large	RISUC (	Codes	in the in	structions:
During the plan year:					
d Was there a fall					
Was there a failure to transmit to the plan any participant contributions within the time period described by Were there any nonexempt transactions within the time period described by Were there any nonexempt transactions with	. <del></del>	Ye	s No	2	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	.1	l x		
on line 10a.)	ed 10	-	+		
TOTAL DV A IMABITURA NA LA COMPANIA	1	,	х	1	
Uil the plan have	100	+	<del> </del>	<del> </del>	
	_	X	<del> </del>		15
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, instructions.)	10d	1	x	1	
instructions.) or other organization that provides some or all of the contractions.	1.00		├	<del> </del>	
insurance service or other organization that provides some or all of the benefits under the plan? (See  f Has the plan failed to provide any benefit when due under the plan?			l I	1	
to provide any benefit when	10e		X		
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  If this is an individual account plan, was there a blackout period? (See instance)	10f		х		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10-	-			
i If 10h was a second period? (See instructions and 29 CFR	10g		X		
	10h		x		
The House applied under 20 occ and required House or one of the					
The Instantian Communication of the Instantian o	10i				
5500))			(I		Yes
(If "Yes," complete 12a or 12b, 12c, 12d, and 12a helping requirements of section 412 of the Code	or secti	on 30:	2 of ED	DICAG	
a If a waiver of the minimum fundation 120, 120, and 12e below, as applicable.)	or secu	on 30;	2 of ER	RISA?	Yes X
If a waiver of the minimum funding standard for a prior year is being amortized in this plan.	or secu	on 30;	2 of ER	RISA?	Yes X
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions from the plan year, see instructions of you complete line 12a, complete lines 2.0 and 12e below, as applicable.)	tions, ar	on 30; Id ente	of ER	RISA? date of th	Yes X
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	tions, ar	on 30; Id ente	of ER	RISA? date of th	Yes X
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.	tions, ar	on 30; Id ente	of ER er the d	RISA? date of th	Yes X
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.	tions, ar	on 30;	of ER	RISA? date of th	Yes X
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If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver.  Mont you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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 negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  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 unconfidence of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	tions, ar	12d	er the coay	Yes	Yes X  ne letter ruling Year  No N/A  Yes No
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ALAN BIGEL

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an administrator	Enter name of individual signing as plan administrator		3	Date	Signature of plan administrator	HERE
	Enter name of individual air-	·		Date	Signature of employer/plan sponsor	SIGN HERE
nploye	Enter name of individual signing as employe		<u> </u>	Date	Signature of employer/plan sponsor	