Form 5500-SF Short Form Annual Re				• • • •	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service		Benefit Plan d under sections 104 and 4065 of the Employee			2010					
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	(ERISA), and section 6058(a) of the Code (the Code).	This Form is Open to Public						
Р	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	the instructions to the Form 550	0-SF.	Inspection					
	Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010										
	This return/report is for:		•	mployer plan (not multiemployer)		one-participant plan					
B	This return/report is for:	first return/report	final retur	·	- (1)						
~		an amended return/report	•	year return/report (less than 12 mor	ntns)						
C (Check box if filing under:	Form 5558		extension		DFVC program					
Da	art II Basic Plan Inform	special extension (enter descriptio	,								
	Name of plan	Indulori —enter all requested information	ation		1b	Three-digit					
	DESTAD FISHERIES, LTD PRO	FIT SHARING PLAN				plan number 001					
					(PN) ►						
					TC	Effective date of plan 01/21/1991					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1366354					
	SHILSHOLE AVE. NW STE 41	0			2c	Plan sponsor's telephone number 206-783-3018					
SEAT	TTLE, WA 98107				2d	Business code (see instructions)					
3a KALC	Plan administrator's name and DESTAD FISHERIES, LTD	address (if same as Plan sponsor, er 5470 SHILSF	nter "Same	;") . NW STE 410	3b	Administrator's EIN 91-1366354					
		SEATTLE, W	A 98107		3c Administrator's telephone number 206-783-3018						
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN					
1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r'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	0					
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	0					
6a	· · · ·	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No					
-	Are you claiming a waiver of th	e annual examination and report of a	an indepen	dent qualified public accountant (IQI							
	,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		Yes No					
Pa	rt III Financial Informa										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	937456	5	0					
b	•		7b	007450							
<u> </u>		b from line 7a)	7c	937456		0					
8	Income, Expenses, and Transf			(a) Amount	_	(b) Total					
а	Contributions received or recei (1) Employers	vable from:	8a(1)	49000)						
	(2) Participants		8a(2)								
	(3) Others (including rollovers)		8a(3)								
b			8b	26489)	75.400					
C d		Ba(2), 8a(3), and 8b)	8c			75489					
d		ollovers and insurance premiums	8d	1012869)						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e								
f	Administrative service provider	s (salaries, fees, commissions)	8f	76	5						
g	Other expenses		8g			1010017					
h		3e, 8f, and 8g)	8h			-937456					
i		e 8h from line 8c)	8i			-937450					
J	mansiers to (from) the plan (se	e instructions)	8j								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 3B 3D
- **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							
10	Dur	ing the plan year:		Yes	No		Amo	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		x				
С	Wa	is the plan covered by a fidelity bond?	10c		Х				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		x				
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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		x				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))						Yes	No
12	ls ti	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	802 of E	ERISA?.		Yes	X No
	(If "`	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction nting the waiver							
lf y	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er 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 left ative amount)		L	12d				_
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	lo	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co			X	Yes	No
C	lf du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)							
1	3c(1)) Name of plan(s):		130	:(2) EII	N(s)		13c(3)	PN(s)
Caut	ion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is (establi	shed.			

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.	10/13/2011	KEVIN KALDESTAD
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

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C Check box if filing under: Form 5556 automatic extension DFVC program Part II Basic Plan Information-enter al requisited information 10 Three-digit plan number (price) 1a Name of plan Kall DESTAD FISHERIES, LTD PROFIT SHARING PLAN 10 Three-digit plan number (price) 2a Fish appropriate and plan information-enter al requisited information 12 The endigit plan number (price) 001 2a Fish appropriate and plan information-enter al requisited information 10 Three-digit plan number (price) 001 2a Fish appropriate and plan information-enter al requisited information 10 Three-digit plan number (price) 001 3a Fish appropriate and plan information information information information information information information information information 10 114 110 3a Fish and the plan number (price) information informatin informatin information information information informa	В	This return/report is for:	first return/report	X final retu	im/report						
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under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) M Yes No If you answered "No" to either & of b, the plan cannot use Form S500.SF and must instead use Form 5500. M Yes No Part III Financial Information (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities 7a 937,456 0 b Total plan assets 7b	6a	Were all of the plan's assets du	iring the plan year invested in eligi	ble assets?	' (See instructions.)		X Yes No				
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 937, 456 0 b Total plan liabilities 7c 937, 456 0 c Net plan assets (subtract line 7b from line 7a) 7c 937, 456 0 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 49,000 (2) Participants 8a(2)	b	Are you claiming a waiver of the upder 29 CEP 2520 104 462 (S	e annual examination and report of	of an indepe	ndent qualified public accountant (IQ	PA)					
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d Benefits paid (including direct rollovers and insurance premiums to provide benefits)					20,40		75 400				
to provide benefits)	-			·· ·· ·· ··		1-	10,489				
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i Net income (loss) (subtract line 8h from line 8c)	-										
j Transfers to (from) the plan (see instructions)	n					1					
	1					-	(937, 456)				
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Form 5500-SF 2010

SIGN HERE

Signature of employer/plan sponsor

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	rt IV	Plan Characteristics											
9a	If the	plan provides pension benefits, enter the applicable	le pension fe	ature codes from th	e List of Plan Char	acteri	stic Co	des in	the instr	uctio	ns:		
ь	if the	2E 2G 3B 3D plan provides welfare benefits, enter the applicable	e welfare fe	ature codes from the	e List of Plan Char	acteris	tic Co	des in	the instru	uction	5:		
Part	t V	Compliance Questions			- <u></u>		-						
10		ng the plan year:		·····			Yes	No					
а		there a failure to transmit to the plan any participan	nt contributio	ons within the time o	eriad described in		100			AI	nount		
	29 (CFR 2510.3-102? (See instructions and DOL's Volu	untary Fiduci	lary Correction Prog	ram)	10a		х					
D	Wen on fir	e there any nonexempt transactions with any party-i ne 10a.)	-in-interest?	(Do not include tran	sactions reported	10ь		x					
¢	Was	s the plan covered by a fidelity bond?				10c		x				· · · · · · · · · · · · · · · · · · ·	
d	Did t	he plan have a loss, whether or not reimbursed by t shonesty?	the plan's fig	delity bond that way	caused by fraud	10d		x					
e	Were	e any fees or commissions paid to any brokers, ager rance service or other organization that provides sor octions.)	ents, or other me or all of t	r persons by an insu the benefits under t	irance carrier, he plan? (See	10e		x					
f		the plan failed to provide any benefit when due und						x					
q		he plan have any participant loans? (If "Yes," enter a				10f							
•	If this	s is an individual account plan, was there a blackout	it period? (Si	ee instructions and	29 CFR	10g		X				•••••	
i	lf 10ł	.101-3.) n was answered "Yes," check the box if you either pr	provided the	required notice or a	ne of the	10h		X					
Part		ptions to providing the notice applied under 29 CFR Pension Funding Compliance	<u> 2520. IUI-</u>	2		10i							
11		s a defined benefit plan subject to minimum funding	requiremen	ts? (If "Vos " spo in	tructions and com		Salaadi		(F				
	5500)		grequiremen				SCHED		(Form	. [Yes	No No	
12	(if "Y∈	s a defined contribution plan subject to the minimum es," complete 12a or 12b, 12c, 12d, and 12e below,	, as applicab	ie.)							Yes	No No	
	មួរណាម	alver of the minimum funding standard for a prior ye			Mont	tions. h	and ei	nter the Day	e date of	the li Yei	etter rul er	ling	
	rou co	mpleted line 12a, complete lines 3, 9, and 10 of 9	Schedule N	AB (Form 5500), an	d skip to line 13.								
		the minimum required contribution for this plan year						12b					
C L	Enter	the amount contributed by the employer to the plan	n for this plai	n year			L	12c					
a	Subtra negat	act the amount in line 12c from the amount in line 12 ive amount)	2b. Enter th	e result (enter a mir	us sign to the left (ofa		12d		_			
e	Will th	e minimum funding amount reported on line 12d be	e met by the	funding deadline?					Yes	Π	No [N/A	
Part 1	VII	Plan Terminations and Transfers of As	ssets										
13a	Has a	resolution to terminate the plan been adopted durin	ng the plan	year or any prior year	¥?					X	Yes	No	
	If *Yes	s," enter the amount of any plan assets that reverted	d to the emp	lover this year				13a				0	
D	were of the	all the plan assets distributed to participants or bene PBGC?	neficiaries, tra	ansferred to anothe	r plan, or brought u	nder t	he cor	ntro:		x	Yes	 No	
С	ff duri	ng this plan year, any assets or liabilities were trans assets or liabilities were transferred. (See instructio	sferred from	this plan to another	plan(s), identify th	e plan	(s) to			L	J	1-1	
13	3c(1) h	ame of plan(s):				13c(2) EIN(s)				13c(3) PN(s)			
								· · · -					
			<u></u>										
Cautio	n: A	penalty for the late or incomplete filing of this re	eturn/renort	will he accessed									
Under SB or S	penali Sched	lies of perjury and other penalties set forth in the ins ule MB completed and signed by an enrolled actuar re. correct, and complete.	structions 1	declare that I have	avamined this rotu	nlinn	-	مما امر ا	if analia	able, knov	a Sche /ledge :	idule and	
		Veri 2400 to 1	T	10/10/11	Ves	77	11						
SIGN		mature of plan administrato-	<u> </u>	10/12/11	Kevin			estad					
	- 31	gnature of plan administrator		Date	Enter name of inc	lividua	l signi	ng as	olan adm	ninistr	ator		

Date

Enter name of individual signing as employer or plan sponsor