Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

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 sections 6057(b) and 6058(a) of 2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report the final return/report **B** This return/report is: an amended return/report a 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) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit plan number ALBA SPECIALTY SEAFOOD CO, INC. PENSION PLAN (PN) ▶ 003 1c Effective date of plan 01/01/1996 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ALBA SPECIALTY SEAFOOD CO, INC 13-3571327 (EIN) 2c Sponsor's telephone number 233 WATER STREET NEW YORK, NY 10038 Business code (see instructions) 424990 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 13-3571327 ALBA SPECIALTY SEAFOOD CO, INC. 233 WATER STREET NEW YORK, NY 10038 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. 4c Sponsor's name 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 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 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) 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. Financial Information Plan Assets and Liabilities (b) End of Year (a) Beginning of Year 17464 16546 Total plan assets..... 7a 0 0 Total plan liabilities..... 7b 16546 17464 Net plan assets (subtract line 7b from line 7a)

	Net plan assets (subtract line 7b from line 7a)	76		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	-555	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-555
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	363	
е	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	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		363
i	Net income (loss) (subtract line 8h from line 8c)	8i		-918
j	Transfers to (from) the plan (see instructions)	8i	0	

Form	5500.	SF.	201

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

						_		
	During the plan year:		Yes	No		Am	ount	
a	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	Was the plan covered by a fidelity bond?	10c	Χ					15000
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		X				
е	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		Χ				
_	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						
art '	VI Pension Funding Compliance	1						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and coi 5500))						Yes	Пи
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod							
_		e or se	ction 3	302 of F	FRISA	>	Yes	X No
		le or se	ction 3	802 of E	ERISA′	?	Yes	× No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	uctions,	and e	nter th	e date	of the le	tter rul	ing
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	uctions,	and e	nter th	e date	of the le	tter rul	ing
a If y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	uctions, nth	and e	nter th	e date	of the le	tter rul	ing
a If y b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	uctions, nth	and e	nter th Day ₋	e date	of the le	tter rul	ing
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	uctions, nth t of a	and e	nter th Day _	e date	of the le	tter rul	ing
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moou 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 lef	uctions, nth t of a	and e	nter th Day 12b 12c 12d	e date	of the le	tter rul	ing
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	uctions, nth t of a	and e	nter th Day 12b 12c 12d	e date	of the le	etter rul	ing
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moou 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 lef negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	uctions, nth	and e	12b 12c 12d	e date	of the le	etter rul	ing
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moou 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	uctions, nth t of a	and e	12b 12c 12d	e date	of the le	etter rul	ing
a If y b c d e irt '	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moou 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 lef 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 in any plan 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	t of a	and e	12b 12c 12d 	e date	of the le	etter rul	ing
a If y b c d e Irt ' Ba	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moou 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WIII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	t of a	and e	12b 12c 12d	e date	of the le	etter rul	ing
a If y b c d e Irt ' Ba b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moou 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 lef 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 in any plan 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 of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify	t of a	and e	12b 12c 12d	Yes	of the leYea	etter rul	ing
a If y b c d e Irt ' Ba b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moou 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WIII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan 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 of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	t of a	and e	12b 12c 12d	Yes	of the leYea	No Yes	ing

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/11/2012	ALAN BIGEL
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

Form 5500-SF

Department of the Treasury Internal Revenue Service

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 sections 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2011

Empl	oyee Benefits Security Administration		the Internal	Reveлue (Code (the Code).			s Open to r spection	upiic
Pen	sion Benefit Guaranty Corporation	► Complete all entri	s in accord	ance with	the instructions to the Form	1 5500-SF.	1	pection	_ :
Par	t I Annual Report Id	entification Inform							
	alendar plan year 2011 or fisca			1/01/2	011 and ending		12/31/201	1	-
Δ Τ	is return/report is for:	a single employer plan	, n	a multiple-	employer plan (not multiemplo	over)	a one-partici	pant plan	
_	no roterra roport in ror.	the first return/report			tum/report	,,	<u>ا</u>		
B (1	nis return/report is:	Ξ'	=			40 anth			
	: 1	an amended return/re	. '=	•	year return/report (less than	12 months			
CC	neck box if filing under:	Form 5558	∐ :	automatic	extension		DFVC progr	am	
		special extension (ent	er description	1)					-
Par	t II Basic Plan Inforr	nation—enter all reque	ested informa	tion					
1a N	lame of plan					1b	Three-digit		
ALBA	A SPECIALTY SEAFOO	D CO, INC. PENS	SION PLAN	N			plan number	003	
						10	(PN) ▶ Effective date	ــــــــــــــــــــــــــــــــــــــ	
						10	01/01/199		
20 0	Plan sponsor's name and addr	acu iaduda room as suit	o number /en	anlover if	for a single-employer plan)	2h	Employer Iden		nhar
ALB	A SPECIALTY SEAFOOI	CO, INC.	e uminer (er	iipioyei, ii	or a single-employer plant	25	(EIN) 13-35		iDei
	WATER STREET					20	Sponsor's tele		er
							212-349-5		
NIETA	YORK	NY 10	038			2d	Business code		tions)
MEM	IORK	141 10	7030				424990	,	
3a 9	Plan administrator's name and	address (if same as pla	n sponsor, en	ter "Same)	3b	Administrators	EIN	
ALE	BA SPECIALTY SEAFOOL WATER STREET	CO, INC.			•		13-357132		
233	WATER STREET					3c	Administrators		umber
	YORK		0038				212-349-5	730	
	if the name and/or EIN of the parme, EIN, and the plan number			ast return/r	eport filed for this plan, enter t	the 4b	EIN		
	name, Env., and the plan num Sponsor's name	net itolii trie iast tefnimi	sporc			: PN			
	Total number of participants a	t the beginning of the pla	in vear						2
	Total number of participants a		: -						1
	Number of participants with a					31	<u>' </u>		
C	complete this item)					5c	: [1
6a	Were all of the plan's assets							X Yes	No
	Are you claiming a waiver of t	he annual examination a	nd report of a	n indepen	dent qualified public accounta	nt (IQPA)			
	under 29 CFR 2520.104-46?	(See instructions on wait	ver eligibility a	and conditi	ons.)			X Yes	No.
	If you answered "No" to eit		annot use Fo	rm 5500-	SF and must instead use Fo	rm 5500.			
	t III Financial Inform	iation	<u></u>						
-	Plan Assets and Liabilities		1		(a) Beginning of Ye		(b) En	d of Year	
	Total plan assets			7a		17464			16546
	Total plan liabilities		i			0			0
_ <u>c</u>	Net plan assets (subtract line	7b from line 7a)		7c		17464			16546
8	Income, Expenses, and Trans	sfers for this Plan Year			(a) Amount		(b)	Total	
а	Contributions received or received			0-(0)		ol.			1
	(1) Employers		i	8a(1)					1
	(2) Participants			8a(2)		<u> </u>			!
	(3) Others (including rollover	•	:	_8a(3)					
	Other income (loss)			8b		-555			
	Total income (add lines 8a(1)			8c					<u>-555</u>
d	Benefits paid (including direct to provide benefits)			8.8		363			
A	Certain deemed and/or correct		:	8c		0			.]
_	Administrative service provide	•		8f		0			
		•	: 1			<u>, o</u>		•. •	
g	Other expenses			8p	·.		· · · · · ·		363
n !	Total expenses (add lines 8d		1	8h					
! :	Net income (loss) (subtract lin	•	•						-918
	Transfers to (from) the plan (s			1		0			0 PE (22-41)
For P	aperwork Reduction Act Notice and C	JMIS COMTOI NUMBERS, SEE THE	instructions for	Form 5500-5	- .			rom 550	0-SF (2611) v.012611

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					_	_						_					
	rt IV		Plan Characteristics		_												
9a	If the	ne p A	an provides pension benefits, enter the applicable pension feature $2E-3D$	ne c	:od	es	fron	n the L	ist of Plan Chan	acteris	tic Co	des in	the in	structio	ns:		
b	lf tr	е р	lan provides welfare benefits, enter the applicable welfare feature	e ço	de	s fr	om	the Lis	st of Plan Charai	cteristi	ic Cod	es in t	ne insi	notion	s:		
Par	ťΥ	C	Compliance Questions														:
10	Du	ıring	ı the plan year:								Yes	No		A	moun	t	•
а		Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)										х					
b			there any nonexempt transactions with any party-in-interest? (Do:							10b)	х					:
c	: v	/as	the plan covered by a fidelity bond?		••••					10c	х	Γ -				15	0000
d			e plan have a loss, whether or not reimbursed by the plan's fideli nonesty?							10d		х					
e	ins	sura	any fees or commissions paid to any brokers, agents, or other punce service or other organization that provides some or all of the	bei	nei	fits	und	er the	plan? (See	10e		x					
f	На	9S 11	ne plan failed to provide any benefit when due under the plan?				,,,,,,	••••••	***********	10f		х					
g	j Di	d th	e plan have any participant loans? (If "Yes," enter amount as of	year	r eı	nd.))	•••••••	***************************************	10g		Х		-			
ŀ			is an individual account plan, was there a blackout period? (See							10h		х					
i	if	10h	was answered "Yes," check the box if you either provided the re- tions to providing the notice applied under 29 CFR 2520.101-3	quir	ed	no	tice	or one	of the	10i							
Par	t VI	~~	Pension Funding Compliance							···		···					
11	ls 55	this	a defined benefit plan subject to minimum funding requirements	? (If	· "Y	es,	," SE	e instr	uctions and con	nplete	Sche	lule Si	3 (Fon	n	<u> </u>		:No
12			s a defined contribution plan subject to the minimum funding requ] Y	es [No
	(if	"Ye	s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	:.)			- 46-	·			اسمما			a af iba	lotter		_
	or	anti	alver of the minimum funding standard for a prior year is being ar		,.,,	,,.		*******	Mor	າໄກ	, and	Day			ear_	Tunn	y
1	f you	1 CO	mpleted line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (F	on	m 5	500	l), and	skip to line 13.	•	_						
1			the minimum required contribution for this plan year									12b	ļ				
+	CE	nter	the amount contributed by the employer to the plan for this plan	yea	r		•••••					12c	├				
	ne	egat	act the amount in line 12c from the amount in line 12b. Enter the ive amount)	•••••			•••••			********	[12d			3 11-	П	hWA.
	e v	/ill ti	ne minimum funding amount reported on line 12d be met by the f	und	jng	g de	eadl	ine?		·····			Y	es	No		N/A
	rt VI		Plan Terminations and Transfers of Assets									X	Y00	No			
13			resolution to terminate the plan been adopted in any plan year?									لشاخ	Yes	INO		••	0
	lf	Ye	s," enter the amount of any plan assets that reverted to the emp	loye	er ti	his	yea	Γ			13a						
	0	f the	all the plan assets distributed to participants or beneficiaries, trae			• • • • • •				*****	*******	******			[] Y	res	X No
	C 11	dui hic	ing this plan year, any assets or liabilities were transferred from h assets or liabilities were transferred. (See instructions.)	เมเร	Dis.	an t		ioniei	piants), rectury	uie hi		3c(2) E	=1NI/e\	····	12	c/3)	PN(s)
	130	(1)	Name of plan(s):							+-		30(2)	114(5)		1-3	C(3)	14(3)
		/	penalty for the late or incomplete filing of this return/report	t wil	ll b	e a	15SE	ssed	uniess reasona	ble ca	use i	s esta	blishe	d,			
Ur	nder (pen Sche	alties of perjury and other penalties set forth in the instructions, it edule MB completed and signed by an enrolled actuary, as well a	4		~~ 41		have.	avaminad this n	a 10 11 17 7 / C	മ്പവന	maua	na. # :	ятконса	ble, a nowie	Sche edge :	dule and
pe	Het, I	IC IS	the correct (and complete.	_	1	a	+	7	ALAN BIGE	L							
t	IGN	\vdash	Will May V	Da Da	+-		f^-		Enter name of		dual s	igning	as pla	n admi	nistral	tor	
H	ERE	+	Signature of planyadministrator	٥٥		7											
	IGN ERE		A f f	Da	ate	,			Enter name of	f indivi	idual s	igning	as en	ployer	or pla	n spo	nsor
יוו	-1/5		Signature of employer/plan sponsor														