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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	rt I	Annual Report Identification Information					
For o	calenda	er plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	2/31/2	2012	
A T	his ret	urn/report is for: a single-employer plan	multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
Вт	his ret	urn/report is: the first return/report th	e final return/report				
		an amended return/report as	short plan year retur	n/report (less than 12 m	onths)	1	
C	Check b	ox if filing under: Form 5558	utomatic extension			DFVC progra	ım
		special extension (enter description)				_	
Pa	rt II	Basic Plan Information—enter all requested information	nn				
	Name	•	<u> </u>		1b	Three-digit	
		ALTY SEAFOOD CO, INC. PENSION PLAN				plan number	
						(PN) •	003
					1c	Effective date o	•
2a	Plan sr	onsor's name and address; include room or suite number (emp	olover if for a single-	employer plan)	2h	Employer Identi	
		ALTY SEAFOOD CO, INC.	sieyer, ii rer a eirigie	omployor plany		(EIN) 13-35	
					2c	Sponsor's telep	
		STREET NY 10038			2d		see instructions)
-			П		O.L.	42499	
3a	Plan ad	Iministrator's name and address 🗵 Same as Plan Sponsor Nar	ne Same as Plar	n Sponsor Address	30	Administrator's	EIN
					3c	Administrator's	telephone number
4	If the n	ame and/or EIN of the plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
		EIN, and the plan number from the last return/report.					
		pr's name			4c	PN	
5a	Total r	umber of participants at the beginning of the plan year			5a		1
		number of participants at the end of the plan year			5b		1
С		er of participants with account balances as of the end of the pla ete this item)			5c		1
6a	Were	all of the plan's assets during the plan year invested in eligible	assets? (See instruc	etions.)			X Yes No
b		u claiming a waiver of the annual examination and report of an					
		29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No
		answered "No" to either line 6a or line 6b, the plan cannot					
		penalty for the late or incomplete filing of this return/report					
SB c	or Sche	Ities of perjury and other penalties set forth in the instructions, dule MB completed and signed by an enrolled actuary, as well rue, correct, and complete.					
SIGN	N	Filed with authorized/valid electronic signature.	04/03/2013	ALAN BIGEL			
HER		Signature of plan administrator	Date	Enter name of individ	ual siç	ning as plan adr	ninistrator
SIGN	7						
HER		Signature of employer/plan sponsor	Date	Enter name of individ	ual sid	ning as employe	r or plan sponsor
Prep	arer's	name (including firm name, if applicable) and address; include i					number (optional)

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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
<u>.</u>	Total plan assets	7a	1654				(6) =11	<u>u 0, 1</u>	1683	7	
	Total plan liabilities	7b	.00	0)	
	Net plan assets (subtract line 7b from line 7a)	7c	1654						1683	7	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(15)	Total			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	29	91							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							291		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
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								0	
	Net income (loss) (subtract line 8h from line 8c)	8i							29	1	
	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics	<u> </u>									
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	 2A 2E 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 										
Par	t V Compliance Questions			1		1					
10	During the plan year:				Yes	No		Am	ount		
<u> </u>	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					150	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е		ner person	s by an insurance carrier,								
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			X					
- i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h							
Dart	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
11											
	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a		·· L	Yes		No
12	Is this a defined contribution plan subject to the minimum funding				ction		ERISA?	[Yes	X	No
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo										
b	Enter the minimum required contribution for this plan year				🗍	12b					
											_

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С	Enter the amount contributed by the employer to the plan for this plan year.		12	C			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	- ·	120	d			
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?		X	Ye	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	138	3			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought under	the contr	ol		Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			_	
1	3c(1) Name of plan(s):		13c(2)	EIN	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					•	
14a 1	Name of trust		14b	Tru	ıst's EIN		

Fo	rm 5500-SF	f Small Employ	/ee	OMB Nos. 1210-0110 1210-0080			
Occadement of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4085 of the Employ						2	012
Employee	Department of Lation Benefits Geounly Administration Benefit Guarauty Cosperation	(3) 01	This Form is Open to Public Inspection				
Part !	Annual Report Id	Complete all entries in acceptification Information	LUIGANCO WIGH ME MARGE	done w the Faint 350	U-OF.	L	
	dar plan year 2012 or fisca		01/01/2012	and ending		12/31/2012	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pla	n (not multiemptoyer)	1	a one-particip	ant plan
	elurn/report is:	the first return/report	the final return/report		-		•
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C Charle	box if filling under:	report (1033 that 12 th	٠,	DFVC progra	m		
C Check	pox ii iiiirig under:	Form 5558	sutomatic extension		ι	T DI AC DIDRIG	
D- 41	Design Dies Jefens	special extension (enter descri	· · · · · · · · · · · · · · · · · · ·	·····			
Part II		nation—enter all requested info	omation		1h	Three-digit	
1a Name	•	D CO, INC. PENSION	PLAN			plan number	
110217		2 22, 202, 2002				(PN) >	003
						Effective date of	
						1/01/1996	
		ess; Include room or suite numba	ir (employer, if for a single-e	employer plan)		Employer Identif	
WINN D	SPECIALTY SEAFOO	a co, inc.				(EIN) 13-357	
מיש ככב	TER STREET					Sponsor's telepi	
233 He	TEN SINEE					212-349-57	see instructions)
NEW YO) h K	NY 10038			ł	424990	see instructions)
11.57. 10				- fly			
3a Plans	administrator's name and	address MSame as Plan Sponso	or Name Y Same as Plan :	Spansor Address	3b	Administrator's E	
3a Plana	administrator's name and	address Same as Plan Sponso	or Name XSame as Plan	Spansar Address	3b /	Administrator's f	
3a Plan	administrator's name and	address Same as Plan Spons	or Name XSame as Plan	Spansar Address			elephone number
3a Plana	administrator's name and	address 전Same as Plan Spons	or Name XSame as Plan	Spansar Address			
3a Plana	administrator's name and	address 전Same as Plan Spons	orName ∐XSamerasPlan∶	Spansar Address			
3a Plana	administrator's name and	address 전Same as Plan Spons	orName ∐XSamerasPlan∶	Spansar Address			
		_			3c /	Administrator's t	
4 If the	name and/or EIN of the p	address (ASame as Plan Sponson as Plan Sponson as Changed Since the form the last returning or the section of the last returning or				Administrator's t	
4 If the	name and/or EIN of the p	lan sponsor has changed since t			3c /	Administrator's t	
4 If the name a Spons	name and/or EIN of the p e, EIN, and the plan numb sor's name	lan sponsor has changed since t	the last return/report filed for	r this plan, enter the	3c /	Administrator's t	
4 If the name a Spons	name and/or EIN of the p e, EIN, and the plan numb sor's name number of participants at	lan sponsor has changed since t er from the last return/report.	the last return/report filed for	r this plan, enter the	3c /	Administrator's t	elephone number
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Form 5500-SF 2012

Pa	rt III Financial Information						
7	Plan Assets and Liabilities	ļ	(a) Beginning of Yes	ar			(b) End of Year
a	Total plan assels	7a		165	46		16837
	Total plan liabilities	7b			0		0
	Net plan assets (subtract fine 7b from line 7a)	70		1654	46	***************************************	16837
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	82(2)			9		
	(3) Others (including rollovers)	8a(3)			0		
	Other income (loss)	85		2	91	· ·	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	·				291
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8di			٥.		
6	Certain deemed and/or corrective distributions (see instructions)	80			U		
	Administrative service providers (salaries, fees, commissions)	8f			0		· · · · · · · · · · · · · · · · · · ·
	Other expenses	89			0		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	·.				0
i	Net income (loss) (subtract line 8h from line 8c)	81					291
j	Transfers to (from) the plan (see instructions)	8j			0		
Pa	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Char	acteri	stic Co	ides in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature ccd	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
<u></u>							
Par					112		
10	During the plan year:		4 4	····	Yes	No	Amount
a	Was these a failure to transmit to the plan any participant contribut 20 CFF 2510.3-102? (See Instructions and DOL's Voluntary Fidure)			10a		χ	
	Were there any nonexempt transactions with any party-in-interest on line 13a.).	-	•	10b		х	
c	Was the plan covered by a fidelity bond?			10c	х		150000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishertisty?			10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth						
	insurance service or other organization that provides some or all of instructions.)			10e		x	
f	Has the plan falled to provide any benefit when due under the plan			101		х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х	
h	If this is an individual account plan, was there a blackout period? (10h		х	
i	If Add with inswered "Yes," check the box if you either provided the emitted him to providing the notice applied under 29 CFR 2520.10			101			
Par	VI Pession Funding Compliance						
11	Is this a dillured benefit plan subject to minimum funding requirem 555:0 and line 11a below)			plete	Sched	Jule SE	(Form Yes No
112	Enter the amount from Schedule SB line 39					11a	
12	is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If " for 1 peoplete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				
a	If a waive: of the minimum funding standard for a prior year is being	~			, and e		
	granting the walver. you have it and line 12a, complete lines 3, 9, and 10 of Schedule					Day	Year
					T	125	
	Fig. 2.4. Cherry required contribution for this plan year	*************	************************************		1		

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c	Enter the amount contributed by the employer to the	e plan for this plan year .			12c			·
ti	Subtract the amount in line 12c from the amount in negative amount)				12d			
е	Will the minimum funding amount reported on line	12d be met by the fundin	g deadline?			Yes	No	NVA
Part	Vil Plan Terminations and Transfers	of Assets						
13a	Has a resolution to terminate the plan been adopted in	any plan year?			XY	'es 📗	No	
	If "Yes," enter the amount of any plan assets that r	everted to the employer t	his year	***************************************	13a			0
b	Were all the plan assets distributed to participants of the PBGC?						∏ Ye	s 🛭 No
C	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See In		an to another plan(s)	, identify the plan(s) !	.0			
	3c(1) Name of plan(s):			1:	3c(2) El	N(s)	130	(3) PN(s)
Part	VIII Trust Information (optional)							
	Name of trust				14b Tr	ust's ElA	1	