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

Part I	Annual Report Identification Information				
For calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2013		and ending 0	08/31/2013	
A This ret	urn/report is for:	multiple-employer pla	an (not multiemployer)	a one-partion	cipant plan
B This ret	urn/report is: the first return/report X th	e final return/report			
	an amended return/report X a s	short plan year return	/report (less than 12 mo	onths)	
C Check b	pox if filing under: Form 5558	utomatic extension		DFVC prog	ıram
	special extension (enter description)			ш	
Part II	Basic Plan Information—enter all requested information	on			
1a Name	·	•		1b Three-digit	1
ALBA SPEC	IALTY SEAFOOD CO, INC. PENSION PLAN			plan number	
				(PN)	003
				1c Effective date	of plan 01/1996
2a Plan sı	consor's name and address; include room or suite number (emp	blover, if for a single-	emplover plan)	2b Employer Iden	
	IALTY SEAFOOD CO, INC.	,,g			3571327
				2c Sponsor's tele	ephone number
233 WATER				212-3	349-5730
NEW YORK	, NY 10038			2d Business code	
20.01		По	0 411	4249	
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b Administrator's	s EIN
				3c Administrator's	s telephone number
					·
4 If the r	name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b EIN	
	EIN, and the plan number from the last return/report.	return/report med to	i tilio piari, criter tile	4D EIIV	
a Sponso	or's name			4c PN	
5a Total r	number of participants at the beginning of the plan year			5a	1
b Total r	number of participants at the end of the plan year			5b	0
	er of participants with account balances as of the end of the plan	• '	-	F.0	0
·	ete this item)			5c	
	all of the plan's assets during the plan year invested in eligible abut claiming a waiver of the annual examination and report of an				X Yes No
	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				
Caution: A	penalty for the late or incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	ıse is established.	
	alties of perjury and other penalties set forth in the instructions, l				
	edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	as the electronic vers	sion of this return/report	i, and to the best of m	ly knowledge and
,		I			
SIGN	Filed with authorized/valid electronic signature.	09/12/2013	ALAN BIGEL		
HERE	Signature of plan administrator	Date	Enter name of individu	ual signing as plan ad	dministrator
SIGN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employ	yer or plan sponsor
Preparer's	name (including firm name, if applicable) and address; include r		(optional)	Preparer's telephon	ne number (optional)

Form 5500-SF 2012 Page **2**

			- 0							
	t III Financial Information		I							
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of		_	
	Total plan assets	7a	1683						0	
	Total plan liabilities	7b _	4000	0	-		0			
	Net plan assets (subtract line 7b from line 7a)	7c	1683	37					0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	ıl		
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants									
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	13	34						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						134	4	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1629	6						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	67	5						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1697	1	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1683	7	
j	Transfers to (from) the plan (see instructions)	8i		0						
Par	t IV Plan Characteristics		1							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruction	าร:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	3:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No	l			
a		tions withi	n the time period described in		163	NO	AI	nount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X				
С				10c	Χ				150	0000
d				100					150	0000
	or dishonesty?	•		10d		X				
е	,									
	insurance service or other organization that provides some or all cinstructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a					Χ				
- 9 h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X				
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the s			10h		^				
-	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes		No
11a	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	ction	302 of	ERISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•								
a	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		letter ru ear	lling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	rm 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2012 Page 3 - 1				
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding 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	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan							OMB Nos. 1210-01				
Department of the Transury Internal Revenue Service	This form is required to be f	lovee	yee 2012								
Department of Labor Employee Benefits Society Administration	Retirement Income Security Act	9058(a) o	I MIS LAMI	s Open to Public							
Pension Benefit Guaranty Corporation	the internal Revenue Code (the Code). Complete all ontries in accordance with the instructions to the Form 5500-SF.										
Part I Annual Report ic	ientification information										
For calendar plan year 2012 or fisc		01/01/201	.3		and ending		08/31/201	3			
A This return/report is for:	X a single-employer plan	a multiple-	भव्याम	yer pla	an (not multiomploy	rec)	a one-partici	pant plan			
B This return/report is:	the first return/report	the final re		•							
	an amended return/report	a short plan	ı year	retum	/report (less than 1	2 months	•)				
C Check box if filing under:	Form 5558	automatic	exten	sion			DFVC progr	Prm			
	special extension (enter descrip	ption)						·, ·			
Part II Basic Plan Infon	mation—enter all requested info	rmation				1 45					
1a Name of plan ALBA SPECIALTY SEAFO	OD CO, INC. PENSION	MALIE				10	Three-digit plan number (PN)	003			
						10	O1/O1/199				
2a Plan sponsor's name and addr ALBA SPECIALTY SBAFO	ress; include room or sulte number OD CO, INC.	r (employer, If	(or a	Inglo-	employer plan)	2b	(EIN) 13-35				
233 WATER STREET						20	Sponsor's telep 212-349-5				
NEW YORK	NY 10038					2d		(see Instructions)			
3a Plan administrator's name and		r Name XS	me s	s Plan	Sponsor Address	3b	Administrators	EIN			
						3c	Administrator's	telephone number			
	plan eponsor has changed since the ber from the last return/report.	ne last return/m	port	lied fo	r this plan, enter th	e 4b	EIN				
a Sponsor's name						4c	PN				
5a Total number of participants a	n the beginning of the plan year	***************	******	********		5a		1			
b Total number of participants a	at the end of the plan year			1474) (4		5b		. 0			
	ccount balances as of the and of the					6c		0			
6a Were all of the plan's assets	during the plan year invested in eli	gible assets?	See i	nstruct	ions.)			X Yes No			
under 29 CFR 2520.104-46?	the annual examination and report (See instructions on waiver eligibili her tine 5e or line 6b, the plan co	ity and condition).snc		***************************************			X Yes No			
Caution: A ponalty for the late of											
Under penalties of perjury and other SB or Schedule MB completed after belief, it is true, correct, and completed	er penalties set forth in the instruct d signed by an enrolled actuary, as	ions, i declare	that I	have e	examined this retu	n/report,	including, if appli	cable, a Schedule knowledge and			
sign x lu un		Px_	12	13	Alan Bigel						
HERE Signature of plan ed	ministrator	Date			Enter name of in	dividual si	gning as plan ad	ministrator			
SIGN						-					
HERE Signature of employ	ar/plan sponsor	Date			Enter name of In-	dividual si	igning as employ	er or plan sponsor			
Preparer's name (Including firm na		lude room or s	wite r	umber	(optional)	Pre	parer's telephone	number (optional)			
For Paburwurk Reduction Act Notice	and Cash Cashal Assessment					:					

Page 2

,	Form 5500-SF 2012		Page 2								
Par	IN Financial Information	,									_
7	Plan Assets and Liabilities	100 m	(a) Boginning of Yea	r			_(b) End	of Ye	ar		
	Total plan assots	. 7a	1	.683	7						0
	Total plan Rabilities	7b		- (Ó
	Net plan assets (subtract line 7b from line 7a)	7c	1	6831	7						0
_	Income, Expenses, and Transfers for this Pian Year	28.50.50	(a) Amount		Τ		(b)	otal			_
	Contributions received or receivable from:				120	725			201.00	:: 1	····
	(1) Employers	8a(1)			0			1.13	April 8	- :	<u>:</u>
	2) Participante	8a(2)			0	(100 oc.)	9450	::::::::::::::::::::::::::::::::::::::	Far. 17	<u>:: (1</u> ,	·
	(3) Others (including rollovers)	. 8a(3)					åävi 🖂				<u>':</u>
b	Other Income (loss)	8b					$\lambda_{i} = i \left(\frac{\lambda_{i}}{\lambda_{i}} \right)^{i}$		3.00		• .,
	Total Incomé (add lines 8s(1), 8s(2), 8a(3), and 8b)	8c	网络沙尔斯克斯克罗罗斯 斯				1.00			1	34
	Benefits paid (Including direct rollovers and Inaurance premiums to provide benefits)	8d	3	629	6				K (1
	Certain desmed and/or corrective distributions (see instructions)	89			0 : :	· · · · · · · · · · · · · · · · · · ·	A. 181.	· •; · ·	· · · ·	<u>. ::1:</u>	<u>, </u>
f	Administrative service providers (salaries, fees, commissions)	. Bf		67	5	<u> 24 % </u>	44.1.15	20 T	٠	<u></u>	
g	Other expenses	. 8g					30 A 1	<u>(</u>	<u></u>	<u>. j.</u>	<u> </u>
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	of the participation of the pa		· .					169	71
i	Net income (loss) (subtract line 8h from line 8c)	81		(Men						16B	
j	Transfers to (from) the plen (see instructions)	- 81			o	1.00		×,/3	11,800	<u>. , </u>	- \
Par	t IV Plan Characteristics										_
b Pari	28 3D If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature cod	es from the List of Plan Charac	teristic	God	es in ti	ie Instruc	ilons:			
10	During the plan year:			T	Yes	No		Ame	ount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flot	tions withit uciary Con	n the time period described in ection Program)	10a		ж					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	Include fransactions reported	10b		х					
C				10c	x				1	500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			108		х					
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	her person of the ben	s by an insurence carrier, efits under the plan? (See	10e		ж					
f	Has the plan falled to provide any benefit when due under the pla	n?	***************************************	101		*				- ,,	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	109		x					
h	if this is an individual account plan, was there a blackout period? 2520,101-3.)	•		10h		х	M. W.	(5.1)	:AD		
1	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require 01-3	d notice or one of the	101							
Parl	Vi Pension Funding Compliance										
11	is this a defined benefit plan subject to minimum funding requirer 5500) and line 11s below)								Yes		۷o
11a	Enter the amount from Schedule SB line 39					11a					
12	is this a defined contribution plan subject to the minimum funding			orse	ction	302 of	ERISA?.		Yes	X N	No
	(If "Yos," complete line 12s or lines 12b, 12c, 12d, and 12e below	v, as applic	able.)		·						
a	If a walver of the minimum funding standard for a prior year is be	ing amorliz	ed in this plan year, see instruc	tions,	artd (e date of			ing	
	granting the waiver			<u>th</u>		Day		Yea		-	_
	you completed line 12s, complete lines 3, 9, and 10 of Schodu			th	····	12b		Yea			_

PAGE U3/U3

	Form 5500-SF 2012		Page 3 -						
	Enter the amount contributed by the employer to the	ne plan for this plan year			12c	Т			
	Subtract the amount in line 12c from the amount in negative amount)	The 12b, Enter the result (enter a minus sign t	o the left of a	120				······································
e	Will the minimum funding amount reported on line	12d be met by the funding	deadline?			Yes		No	N/A
Part	VII Plan Terminations and Transfers	of Assets							
13a	Has a resolution to terminate the plan bean adopted i	n any plan yeat?	***************************************	***************************************	X	Yes 🗌	No		
	If "Yes," enter the amount of any plan essets that			1,00	13a				0
ь	Were all the plan essets distributed to participants of the PBGC?							Yes	□ N₀
c	If during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See it	re transferred from this plan							
	Sc(1) Name of plan(s):			1	3¢(2) E	IN(a)	_	13c(3)	PN(s)
								γ	
					,				
Рап	VIII Trust Information (optional)		7. 7. 7						
						Trust's Elf	1		
	12.					17.07			