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).

2009

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

P	'art I	Annual Report	Identification Information							
Fo	r calenda	ar plan year 2009 or fis	scal plan year beginning 01/01/200)9	and ending 1	2/31/2	2009			
Α	A This return/report is for:				employer plan (not multiemployer)		one-participant plan			
					n/report					
_	11113 160	um/report is ior.	an amended return/report	<u> </u>	•	nthe)				
_				<u>.</u> 1	n year return/report (less than 12 mo	111115)				
С	Check b	oox if filing under:	Form 5558	automatio	extension		DFVC program			
			special extension (enter description	on)						
Р	art II	Basic Plan Info	rmation—enter all requested inform	nation						
1a	Name	of plan				1b	Three-digit			
DA	COLD P	ACKAGING INC. 401(F	K) PLAN				plan number			
						_	(PN) F			
						1c	Effective date of plan 01/01/1997			
20	Di-		dana (anadana (finalana	\		26				
		onsor's name and add ACKAGING, INC.	dress (employer, if for single-employer	r pian)		20	Employer Identification Number (EIN) 20-8990374			
	002517	101010110, 1110.				2c	Plan sponsor's telephone number			
		SURE VALLEY WAY					208-467-4992			
NAN	ЛРА, ID 8	83687				2d	Business code (see instructions)			
						01	493100			
		dministrator's name an ACKAGING, INC.	d address (if same as Plan sponsor, 6 6198 TREAS			30	Administrator's EIN 20-8990374			
<i>-</i>	002517	101010110, 1110.	NAMPA, ID			3c	Administrator's telephone number			
							208-467-4992			
4			plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
	name, E	IN, and the plan numb	per from the last return/report. Sponso	or's name		4c	PN			
5a	1 Total r	number of participants	at the beginning of the plan year			5a				
			at the end of the plan year			5b				
			with account balances as of the end of			35	0			
·					•	5c	0			
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No			
b		ou claiming a waiver of								
			(See instructions on waiver eligibility		,		X Yes No			
_			ther 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
P	art III	Financial Inforn	nation		I	-1				
7	Plan A	ssets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total p	olan assets		7a	23857	7	0			
b	Total p	olan liabilities		7b	()				
С	Net pla	an assets (subtract line	e 7b from line 7a)	7с	23857	7	0			
8	Incom	e, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) Total			
а										
	` ,	. ,				2				
	` ,	•			(<u>)</u>				
	(3) Ot	hers (including rollover	rs)	8a(3)		4				
b	Other	income (loss)		8b	1739	9				
С		, , ,), 8a(2), 8a(3), and 8b)	8c			1739			
d			ct rollovers and insurance premiums	64	25596	3				
_	to provide benefits) Certain deemed and/or corrective distributions (see instructions)				25590	-				
e			,							
t		•	lers (salaries, fees, commissions)			_				
g	•	•								
h		. ,	I, 8e, 8f, and 8g)				25596			
į			ne 8h from line 8c)				-23857			
j	Transf	ers to (from) the plan (see instructions)	·· 8j						

Form 5500-SF 2009	Page 2- 1
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Part IV Plan Characteris	stics
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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 2J

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

	/ Compliance Questions						
)	During the plan year:		Yes	No		Amount	
а	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			
	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	X				30000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ			
	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		X			
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
	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					
rt \	/I Pension Funding Compliance						
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (5500))					Yes	s X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of I	ERISA?	Yes	s X No
1	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
9	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver						
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	1			
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
rt \	/II Plan Terminations and Transfers of Assets						
а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			X Yes	s No
	f "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			C
b '	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up the PBGC?	under		ntrol		X Yes	s No
	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.)	ne plai	n(s) to				
13	c(1) Name of plan(s):		130	(2) EII	N(s)	13c(3) PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e c3:	isa is	ostabl	ishad		
uul	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu						

SIGN	Filed with authorized/valid electronic signature.	10/14/2010	CORDY ROST
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/14/2010	CORDY ROST
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Form 5500-SF		al Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110			
	Department of the Treasury Internet Revenue Service	This form is required to be filed	ired to be filed under sections 104 and 4065 of the Employee			2009				
Description of Labor Retirement Income Security A				Act of 1974 (ERISA), and section 6058(a) of the ovenue Code (the Code).						
$\overline{}$	Pension Benefit Guarenty Corporation	Inspection.								
ÿ₽.	artil Annual Report le	dentification information		the instructions to the Form 5500-						
For	the calendar plan year 2009 or	fiscal plan year beginning	2009-	01-01 and ending	20	09-12-31				
A '	This return/report is for:	x single-employer plan	multiplo-om	ployer plan (not multiemployer)	Ļ	one-participan	plan			
В	This return/report is for:	first return/report	final return/	report						
		_ · · · <u> </u>	short plan y	ear return/report (less than 12 months)	, ,	_				
C	Check box if filing under:	<u> </u>	automatic e	extension	DFVC program					
_		special extension (enter description)								
_		mation — enter all requested inform	ation.		1h	Three-digit				
18	Name of plan					plan number				
	Idacold Packaging In	c. 401(k) Plan		F		(PN) ► Effective date of	001			
		·_				1997-01-01	pian			
2a	-	ss (employer, if for single-employer plan	1)			Employer Identifi		er		
	Idacold Packaging, I	nc.				(EIN) 20-899 Plan sponsors to		par		
	6198 Treasure Valley	Way		L		(208) 467-4	992			
บร	Иатра	ID 83687				Business code (5 493100	ce Instruction	Instructions)		
_		address (if same as plan employer, ente	r "Same")		3b	Administrator's E	in .			
					3c	C Administrator's telephone number				
		•				·				
4		lan sponsor has changed since the last	retum/repor	t filed for this plan, onter the	4b	4b ein				
	name, EIN and the plan numbe	r from the last return. Sponsor's Name		F	4C PN					
5 a	Total number of participants at t	the beginning of the plan year			5a		6			
Þ		the end of the plan year			5b		0			
C		h account balances as of the end of the			5c		0			
6a		ring the plan year invested in eligible as					X Yos [No		
Ь		e annual examination and report of an in- See instructions on walver eligibility and o					X Yes	ח _{No}		
		er 6a or 6b, the plan cannot use Form			• •	• • • •	الآياني ا			
P	artilli Financial Inform	nation								
7	Plan Assets and Liabilities			(a) Beginning of Year	上	(b) End (of Year			
8	Total plan assets	• • • • • • • • • • • • • • • • • • • •	7a	23,857	L_			0		
Þ	Total plan liabilities		7b	0	_					
c	Net plan assets (subtract line 7)		7 c	23,857	-			0		
8 a	Income, Expenses, and Transfe Contributions received or receiv		建树树	(a) Amount	£.::1.	(b) T	otal	nengaran		
	(1) Employers		8a(1)	0				計論		
	(2) Participants		Ba(2)	0						
	(3) Others (Including rollovers)		_8a(3)		幽					
b			8b	1,739	(A)		ETTER SE			
d	Total income(add lines 8a(1), 8. Benefits pald (including direct re	a(2), 8a(3), and 8b)	8c	rhemanean deallas (1900)	5.44		1,7	39 73887634		
	to provide benefits)		8đ	25,596		ASSESSED FOR				
e	Certain deemed and/or corrective	vo distributions (see instructions)	8e							
f	Administrative service providers	s (salarles, fees, commissions)	8f				THE STATE OF			
9	·	• • • • • • • • • • • • • • • • • • • •	89	School-distriction (tank-the advices of	ंस्ट्रे		DATE OF	n nezer		
h		· · ·	8h	Control Contro			25,5			
;	Net income (loss) (subject line in	•	81		37,1%	undergrand filter	(23,85)			
Fo	Transfers to (from) the plan (se or Paperwork Reduction Act No	tice and OMB Control Numbers, see:	8j the instruc	tions for Form 5500-SF.	i ak	TO THE SECOND	m 5500-SF			
							···· ********			

	Form 5500-SF (2009)		Page 2-							
Pär	IV Plan Characteristics									
9a 1	the plan provides pension benefits, onter the applicable pension feature	re codes from the Lis	of Plan Characteristic	Codes is	n the in	structions:				
	2B 2G 2J 3D									
٠,	b If the plan provides welfare benefits, onter the applicable welfare toature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions	·,								
10	During the plan year:			Yes	No	A	mount			
а	Was there a failure to transmit to the plan any participant contribution	within the time period	described in		×					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Wore there any nonexempt transactions with any party-in-interest? (D	Correction Program)	0a	 					
	on line 10s.)			0Ь	x					
C	Was the plan covered by a fidelity bond?			Oc X			30,000			
đ	Did the plan have a loss, whether or not reimbursed by the plan's fideli	ty bond, that was car	ised by traud		1					
	or dishonosty?	· · · · · <u>1</u>	Dd	×						
e	Were any fees or commisions paid to any brokers, agents, or other pe insurance services or other organization that provides some or all of the	rsons by an insurance	e carrier,			ĺ				
	instructions.)		pien7 (See	De	×					
f	Has the plan falled to provide any benefit when due under the plan?		1	01	×					
9	Did the plan have any participant loans? (if "Yes," enter amount as of	year end.)	1	Dq	x					
h	If this is an individual account plan, was there a blackout period? (Sco	Instructions and 29 (x	362 F.Q.				
3	2520.101-3.)			on	1-	5000 HIGH	Halleneste vieren.			
	exceptions to providing the notice applied under 29 CFR 2520,101-3	daned nonce or otle		DI .						
	VI Pension Funding Compliance					٠.				
11	Is this a defined benefit plan subject to minimum funding requirements (5500))	i? (If "Yes," soo instr	iclions and complete S	chedule	SB (Fc	ım	Yes X No			
12	Is this a defined contribution plan subject to the minimum funding requ		112 of the Code or sect	lon 302	of ERIS	A?	Yos X No			
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable					. •				
а	If a waiver of the minimum funding standard for a prior year is being as granting the waiver	mortized in this plan ;	/ear, see instructions, a	ınd ente						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi			_		<u> </u>				
Þ	Enter the minimum required contribution for this plan year	· · · · · · ·		[12b					
Ç	Enter the amount contributed by the employer to the plan for this plan			٠ ٠ لـ	12c					
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		s sign to the left of a		12d	}				
е	Will the minimum funding amount reported on line 12d be met by the fi	• •		• • •		☐Yes 「	No NA			
Part		arrang accounts		••••	<u> </u>					
13a	Has a resolution to terminate the plan been adopted during the plan ye	ar or any prior year?					X Yes No			
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year .		`. `.ſ	13a		0			
b	Were all the plan assets distributed to participants or beneficiaries, tran	nsferred to another pl	an, or brought under th	e contre						
C	of the PBGC?				• •	· · · ·				
	which assets or liabilities were transferred. (See instructions.) 3c(1) Neme of plan(s):			4	3o(2) E	IMre	13c(3) PN(s)			
		****			10(2) 10	114(5)	134(3) 7 (4(3)			
<u></u>	ma A manath. Franks to the management of the state of the									
	n: A penalty for the late or incom plete filling of this return/report									
SB or	ponetties of perjury and other ponellips sat forth in the instructions, I do Schedule MB completed and signed by an enrolled actuary, as well as the	ciare mat i nave exar he electronic version	nined this return/report, an of this return/report, an	, includin d to the l	g, if ap sest of	plicable, a Sci my knowlodge	hadule e and			
SIG	it is true, correct and complete.	10/8/10	1							
SIG		17/1	CORDY ROST							
SIG	Signature of man administrator	Date / / / / / / / / / / / / / / / / / / /	Enter name of individ	uai signi	ng as p	uso soministr	NOT			
SIG		10/8/10	CORDY ROST							
A:17.20	Checker Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									