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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pe	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
	art I			ntification Information							
For	calenda	ar plan year 2009 or f	fiscal	plan year beginning 06/01/200	9	and ending $$ $$ $$	5/31/2	2010			
Α 1	Γhis retu	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
		urn/report is for:	П	first return/report	final return/report						
						n year return/report (less than 12 mo	nthe)				
•							11113)	П вемо			
C	Check b	oox if filing under:	^	Form 5558	ı	extension		DFVC progra	ım		
	special extension (enter description)										
Pa	rt II	Basic Plan Info	orma	ation—enter all requested inform	ation						
	Name of						1b	Three-digit	İ		
OBEF	RT COL	D STORAGE INC 40	01(K)	SAVINGS PLAN AND TRUST				plan number	001		
							4 -	(PN) •			
							10	Effective date o			
22	Dlan on	oncor's name and a	ddroo	o (ampleyer if for single ampleyer	· nlon)		2h			ımhar	
		DONSONS HAME AND A	aures	s (employer, if for single-employer	piari)		20	Employer Identi (EIN) 91-092		inper	
OBL	001	D OTOTOTOL INO					2c	Plan sponsor's		number	
		TERRA ROAD						509-86	•		
ZILLA	AH, WA	98953					2d	Business code	•	ctions)	
								115110			
		dministrator's name a LD STORAGE INC	and a	ddress (if same as Plan sponsor, e			30	Administrator's 91-092			
OBLI	VI COL	D STORAGE INC		ZILLAH, WA			30	number			
							30	Administrator's 509-86		Hullibei	
4 If	the na	me and/or EIN of the	plan	sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b	EIN			
r	name, E	EIN, and the plan nun	mber f	from the last return/report. Sponso	or's name		4 -				
							4c	PN			
5a	Total n	number of participants	s at th	ne beginning of the plan year			5a			15	
b Total number of participants at the end of the plan year							5b			14	
С				account balances as of the end of		•	F			40	
							5c		V v-	12	
						(See instructions.)			X Ye	s No	
b						ndent qualified public accountant (IQiions.)			X Ye	s \square No	
						SF and must instead use Form 55			ш	- 🗆	
Pa	rt III	Financial Infor		· · · · · ·							
7	Plan A	ssets and Liabilities				(a) Beginning of Year		(b) End	of Year		
					. 7a	144396	3	(3) =::	<u> </u>	128210	
b						()				
	•			from line 7a)		144396	-			128210	
8		e, Expenses, and Tra				(a) Amount		(b) 7			
		outions received or re				(a) Amount		(D)	Γotal		
u					. 8a(1)	228	3				
						4967	,				
	` '	•			` '						
b	` '	, ,	,			15045	;				
C		` ,		a(2), 8a(3), and 8b)		10010	100.10			20240	
d				llovers and insurance premiums	60		200				
J					. 8d	36256	36256				
е	•	•		e distributions (see instructions)							
f				(salaries, fees, commissions)		170)				
g		•									
h		•		e, 8f, and 8g)						36426	
i				Bh from line 8c)						-16186	
i				instructions)							
J	i i di i di	ore to (morn) the plan	. (300		· 8j	1					

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

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 2K 3D

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

art	V Compliance Questions									
0	During the plan year:		Yes	No		Amou	ınt			
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)	in 10a		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	d 10b		X						
С	Was the plan covered by a fidelity bond?	10c	X					25000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau or dishonesty?	d 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		X						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X						
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (5500))						Yes	X No		
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C						Yes	X No		
	(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 ins granting the waiver	lonth								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		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 negative amount)		-	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No)	N/A		
art	VII Plan Terminations and Transfers of Assets									
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X 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 brougof the PBGC?	ht under	the co	ontrol			Yes	X No		
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s):	13	c(2) El	N(s)	1;	3c(3) l	PN(s)			
auti	aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
ВВ ог	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retif, it is true, correct, and complete.				·	,				
פופי	Filed with authorized/valid electronic signature. 03/11/2011 ASSOCIATED	PENSI	ON CO	NSUL [*]	TANTS					
	ERE Signature of plan administrator Date Enter name of			individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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2000

OMB Nos. 1210-0110

1210-0089

2009

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in acco	rdance with	the instruction	ons to the Form 550	00-SF.		, p		
P	art I Annual Report I	dentification Information					·			
*******	the calendar plan year 2009 or		06/01	/2009	and ending	05	/31/2010			
_	This return/report is for:	x single-employer plan] multiple-en	nolover plan (no	ot multiemployer)	Γ	one-participal	nt plan		
	This return/report is for:	first return/report	final return		, , , , , , , , , , , , , , , , , , , ,	L		in pien		
	This return report is for.	નું ' '	╡	·		.				
_	ļ	an amended return/report	╡ '	•	ort (less than 12 mont	ns) F	7 55.00			
С	Check box if filing under:	x Form 5558	automatic e	extension		L	DFVC progra	m		
		special extension (enter description	n) 							
P	art II Basic Plan Infor	mation enter all requested info	ormation.			1				
1a	Name of plan						Three-digit plan number			
	OBERT COLD STORAGE IN	IC 401 (K) SAVINGS PLAN ANT	TRUST				(PN) ►	001		
						1c	Effective date of	plan		
_							06/01/1998			
2a		ess (employer, if for single-employer p	lan)				Employer identit (EIN) 91-092		ber	
	OBERT COLD STORAGE IN	ic				-	Plan sponsor's t		mber	
	131 BELLA TERRA ROAD						(509) 865-4			
US	ZILLAH	WA 98953					Business code (see instruction	ons)	
_		address (If same as plan employer, er	nter "Same")				115110 Administrator's E	EIN		
	SAME	(
						3c	Administrator's t	elephone nu	mher	
						"	, idililinoti di ci	o opiono na		
_						41-	-			
4		an sponsor has changed since the las r from the last return/report. Sponsor's		return/report filed for this plan, enter the			4b EIN			
						4c	PN			
5a	Total number of participants at	the beginning of the plan year				5a		15		
þ	· · ·			<u>5b</u>				14		
С	' '	h account balances as of the end of the	, , ,		-	5c		12		
6a		ring the plan year invested in eligible a						X Yes	∏No	
b	, -	annual examination and report of an			accountant (IQPA)				_	
	•	See instructions on waiver eligibility an	,					X Yes	No	
		r 6a or 6b, the plan cannot use For	m 5500-SF ai	nd must instea	d use Form 5500.					
	art III Financial Inform	nation	Kr. es			<u> </u>				
7_	Plan Assets and Liabilities		880 (P) (1)	(a) Be	ginning of Year		(b) End			
a	Total plan assets		· 7a		144,396			128,	210	
b	Total plan liabilities		· 7b		0	:				
<u>c</u>	Net plan assets (subtract line 7	b from line 7a)	. 7c		144,396			128,	210	
8	Income, Expenses, and Transfe			(;	a) Amount		(b)	Total		
а	Contributions received or received (1) Employers	rable from:	. 8a(1)		228					
	(2) Participants		. 8a(2)		4,967	\neg				
	(3) Others (including rollovers)		. 8a(3)			-		: 	(** ***)	
b	• • • •		. 8b		15,045					
c	Total income(add lines 8a(1), 8	a(2) 8a(3) and 8h1	. 8c		,	- -			240	
ď		ollovers and insurance premiums				 		(T) (K) (A)		
	to provide benefits)		. 8d		36,256		and the Second Constitution of the Constitution of the Constitution of the Constitution of the Constitution of			
е	Certain deemed and/or correcti	ve distributions (see instructions) .	. 8e							
f	Administrative service providers	s (salaries, fees, commissions)	. 8f		170					
g	Other expenses		· 8g				V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
h	Total expenses (add lines 8d, 8	ie, 8f, and 8g)	. 8h					36,	426	
i	Net income (loss) (subject line	8h from line 8c)	. 8i					(16,1	86)	
i	Transfers to (from) the plan (se	a instructions)	- Ri			1413	ergen .			

Part	V Plan Characteristics	<u>,</u>								
9a ı	f the plan provides pension benefits, enter the applicable pension feature 2E 2G 2J 2K 3D	re codes from the List	of Plan Characteristic	Codes in	n the ins	structions:				
b I	> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions	•					-			
10	During the plan year:	 :		Yes	No	Am	ount			
, a	Was there a failure to transmit to the plan any participant contribution	within the time period	described in		x					
-	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program)	<u> 11</u>)a	 					
b		lo not include transacti	ons reported	\k.	х					
	on line 10a.)			_			25,000			
C	Was the plan covered by a fidelity bond?			C A	 					
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, that was cau		od	x		·			
е	Were any fees or commisions paid to any brokers, agents, or other pe	ersons by an insurance	carrier,			İ				
	insurance services or other organization that provides some or all of the instructions.))e	x					
f	Has the plan failed to provide any benefit when due under the plan?			nf	x					
,					x					
9	Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (See			' 9 -	+	N Greek	15 J. 16 W			
h	2520.101-3.)	e instructions and 29 c	".` <u>1</u> 1)h	х					
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one o	of the	Di .						
Par	V Pension Funding Compliance		<u>.</u>							
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see instru	ctions and complete S	chedule	SB (Fo		Yes X No			
12	Is this a defined contribution plan subject to the minimum funding requ	uirements of section 4	12 of the Code or sect	ion 302 (of ERIS	A?	Yes X No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)								
а	If a waiver of the minimum funding standard for a prior year is being a	mortized in this plan y	ear, see instructions,	and ente	r the da	te of the letter	ruling			
	granting the waiver		Month		Day	/ <u></u> Y	ear			
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME				12b					
b	Enter the minimum required contribution for this plan year					-				
C	Enter the amount contributed by the employer to the plan for this plan			• •	12c					
þ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		12d							
_	Will the minimum funding amount reported on line 12d be met by the					Yes	No □N/A			
Pari	VAMA//	toriging codomic.								
0.73930	Has a resolution to terminate the plan been adopted during the plan y	rear or any prior year?					Yes X No			
1 Ja	If "Yes," enter the amount of any plan assets that reverted to the emp]	13a					
	-	·	an, or brought under t	he contr						
D	of the PBGC?						Yes X No			
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pla	an(s), identify the plan-	(s) to		<u>.</u>				
	13c(1) Name of plan(s):			1	3c(2) E	IN(s)	13c(3) PN(s)			
	<u> </u>						<u> </u>			
	on: A penalty for the late or incomplete filing of this return/report									
\$B or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as	leclare that I have exa s the electronic version	mined this return/report, a of this return/report, a	t, includind to	ing, if a e best c	pplicable, a Se of my knowlede	chedule ge and			
pellet	it is true, correct, and complete.		./		<i>i</i> -					
SIC	N Try ma fful		Virginia	-						
HE	RE Signature of plan administrator	Date 3/4/11	Enter name of indivi			plan administi	ator			
SIC	N Juginia West	<u> </u>	Virginia	06	eit					
HE	Signature of employer/plan sponsor	Date 3/4/1/	Enter name of indivi	dual sigi	ning as	employer or p	lan sponsor			

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Form 5500-SF 2009