	Form 5500-SF Short Form Annual Return/Report of Small Employ					OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2010					
Er	Department of Labor Employee Benefits Security Administration Internal Revenue Code (the Code).					This Form is Open to Public					
Р	ension Benefit Guaranty Corporation	0-SF.	Inspection								
	Person benefit Guaranty collocation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information										
_	calendar plan year 2010 or fisca			g	0/31/2						
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan					
B	This return/report is for:	first return/report	final retur	n/report) year return/report (less than 12 mo							
-		an amended return/report	, <u> </u>								
C	C Check box if filing under:										
special extension (enter description)											
	Art II Basic Plan Inform Name of plan	nation—enter all requested informa	ation		1h	Three-digit					
	TTLE REFRIGERATION COMP.	ANY PROFIT SHARING PLAN			12	plan number 001					
						(PN) ►					
					1c	Effective date of plan 01/01/1979					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-0759610					
	SOUTH DIRECTOR STREET				2c	Plan sponsor's telephone number 206-762-7740					
	ITLE, WA 98108-4702				2d	Business code (see instructions)					
3a SEAT	Plan administrator's name and	address (if same as Plan sponsor, er ANY 1057 SOUTH	nter "Same	e") DR STREET	3b	Administrator's EIN 91-0759610					
		SEATTLE, W	A 98108-4	702	3c	Administrator's telephone number 206-762-7740					
4 I	f the name and/or EIN of the pla	4b	EIN								
I	name, EIN, and the plan numbe	r from the last return/report. Sponsor		4c							
5a	Total number of participants at	the beginning of the plan year									
b		the end of the plan year			5a 5b	14					
c	Total number of participants wi	30	`								
	complete this item)										
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
D		e annual examination and report of a See instructions on waiver eligibility a				Yes No					
		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.						
Pa	rt III Financial Informa	ation									
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year						
a b	1		7a	859574	T	0					
b	•	'h fram lina 7a)	7b	859574	1	0					
<u> </u>	Income, Expenses, and Transf	b from line 7a) ers for this Plan Year	7c	(a) Amount		(b) Total					
a	Contributions received or recei				_						
	(1) Employers		8a(1)	627	_						
	(2) Participants		8a(2)	3236	5						
	., ,		8a(3)	25400	_						
b			8b	35409	,	39272					
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			33272					
u			891975	5							
е	Certain deemed and/or correct	ive distributions (see instructions)									
f	Administrative service provider	ervice providers (salaries, fees, commissions)				71					
g	Other expenses		8g								
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			898846					
i		8h from line 8c)				-859574					
j	Transfers to (from) the plan (se	e instructions)	8j								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2H 2J 2K 3D
 - 2L 2F 2G 2H 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:

Part	V Compliance Questions							
10	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 in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b								
С	Was the plan covered by a fidelity bond?	10c	Х				1	170000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.) 			Х				
f	Has the plan failed to provide any benefit when due under the plan?			Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	•					Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter granting the waiver.								-
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				1			
b	Enter the minimum required contribution for this plan year			12b				
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 onegative 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 during the plan year or any prior year?					Х	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	under	the co			X	Yes	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	ie plai	n(s) to					
13c(1) Name of plan(s):						1:	3c(3)	PN(s)
				:(2) EI				
Caut	on: A nonative for the late or incomplete filing of this return/report will be assessed unless reasonable	0.020		ostabl	ished	- 1		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	11/09/2011	NANCY JOYNER
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

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	Form 5500-SF	Short Form	Annual		port of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service				Benefit P		2010				
	Department of Labor ployee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).								
	insion Benefit Guaranty Corporation			ordance with th	e instructions to the Form 550	0-SF.				
	calendar plan year 2010 or fisca	entification Info al plan year beginning	rmation	01/01/201	1 and ending		10/31/201	1		
	his return/report is for:	7	an		loyer plan (not multiemployer)		one-participa	and the second		
	'his return/report is for:	first return/report		final return/re						
_		an amended return	/report		ar return/report (less than 12 mor	nths)				
C Check box if filing under: Form 5558 automatic extension							DFVC program			
	[]	special extension (enter descrip	ution)						
Pa	rt II Basic Plan Inform	nation-enter all re	quested infor	mation						
	Name of plan Seattle Refrigerati			201 5020	n	1b	Three-digit plan number			
						10	(PN)	001		
						IC	Effective date o 01/01/197			
2a	Plan sponsor's name and addre Seattle Refrigerati	ess (employer, if for s	ingle-employ	er plan)		2b	Employer Identi (EIN) 91-075			
	1057 South Director	Street				2c	Plan sponsor's telephone numb (206) 762-7740			
	Seattle				WA 98108-4702	2d	Business code (see instructions) 238900			
3a	Plan administrator's name and Same	address (if same as ^F	Plan sponsor	, enter "Same")		3b	Administrator's	EIN		
						3c	Administrator's (206)762-	telephone number 7740		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter							EIN			
r	name, EIN, and the plan numbe	r from the last return/	report. Spon	isor's name		40	PN			
5a	Total number of participants at	the beginning of the	plan year			5a		14		
b Total number of participants at the end of the plan year						5b		0		
с	Total number of participants w complete this item).	ith account balances	as of the end	l of the plan yea	r (defined benefit plans do not	5c		0		
6a	Were all of the plan's assets d	luring the plan year <mark>i</mark> n	vested in elig	gible assets? (Se	ee instructions.)			X Yes No		
b					ent qualified public accountant (IC s.)			X Yes No		
					and must instead use Form 55					
Pa	rt III Financial Informa	ation				_				
7	Plan Assets and Liabilities				(a) Beginning of Year	_	(b) End	l of Year		
a	Total plan assets				859,57	4		0		
b	Total plan liabilities				050 55			0		
	Net plan assets (subtract line 7			7c	859,57	4		0		
8 a	Income, Expenses, and Transf Contributions received or received				(a) Amount		(D)	Total		
	(1) Employers			8a(1)	62	27				
	(2) Participants			8a(2)	3,23	36				
	(3) Others (including rollovers) <mark>.</mark>		8a(3)						
	Other income (loss)				35,40	409				
	Total income (add lines 8a(1),							39,272		
	Benefits paid (including direct to provide benefits)	·····		8d	891,97	5				
	Certain deemed and/or correct					-				
f	Administrative service provide				6,87	1				
g	Other expenses							898,846		
h	Total expenses (add lines 8d,	and the second			A REAL PROPERTY OF THE REAL					
-	Net income (loss) (subtract line							(859,574)		
1	Transfers to (from) the plan (se	ee instructions)		8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

				\sim			
	Form 5500-SF 2010 Page 2-						
Par	IV Plan Characteristics	_					
	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	des in t	the instru	ictions:	
b	2E 2F 2G 2H 2J 2K 3D f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char.	antaria	la Car	las is ti	he instru	diana	
D	The plan provides werare benefits, enter the applicable wenare reature codes from the List of Plan Char	acteris	tic Coc	ies in ti	ne instruc	dions:	
Part	V Compliance Questions						
10	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			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	Iva					
	on line 10a.)	10b		Х			
c	Was the plan covered by a fidelity bond?	10c	Х			1	70,000
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		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					den inte	
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10h		X			-
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))	nplete	Sched	ule SB	(Form	∏ Ye	s 🗌 No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0 01 00		02 011			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	uctions	, and e	enter th	e date of	the letter	ruling
If	granting the waiver			Day .		rear	
	Enter the minimum required contribution for this plan year			12b			
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 lef			12d			
0	negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No No	N/A
Part					100		
-	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Ye	s 🗌 No
iou	If "Yes," enter the amount of any plan assets that reverted to the employer this year		- Г	13a			0 1
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?			ontrol		Ye	s 🛛 No
С	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.)	the pla	n(s) to				
	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c	(3) PN(s)
Cau	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble ca	use is	establ	ished.		
SB c	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return it is true, correct, and complete.						
	Manuel Variation Variatio Variatio Variatio Variatio Variatio Variatio Variatio Variat						

SIGN	hancy Joyner	X	Nancy Joyner
HERE	Signature of plan administrator	Date 11/7/11	Enter name of individual signing as plan administrator
SIGN	Maney Joypur	¥ (Nancy Joyner
HERE		Date 11/7/11	Enter name of individual signing as employer or plan sponsor