## 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).

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.			
			ntification Information						
For	calendar plan year 2009 or fisc	cal	plan year beginning 01/01/200	)9	and ending 1	2/31/	2009		
Α -	This return/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В -	This return/report is for:		first return/report	final retur	n/report		_		
		X	an amended return/report	short plar	n year return/report (less than 12 mo	nths)			
C	Check box if filing under:		Form 5558	automatio	extension		DFVC progra	am	
		П	special extension (enter descripti	on)					
Pa	art II Basic Plan Infor	ma	ation—enter all requested inform	nation					
1a	Name of plan		·			1b	Three-digit		
BATE	OORF & BRONSON ROASTER	RS	401(K) PROFIT SHARING PLAN				plan number	001	
						4 -	(PN) •		
						10	Effective date of 10/01/2		
2a	Plan sponsor's name and add	lres	s (employer, if for single-employer	r plan)		2b		ification Number	
	LLAIN, INC.			(EIN) 91-148	86957				
						2c		telephone number	
	OORF AND BRONSON ROAST MARKET STREET. NE	IEI	RS			2d		(see instructions)	
OLYN	MPIA, WA 98501						722300		
		d ac	ddress (if same as Plan sponsor, e			3b	Administrator's		
CHAI	LLAIN, INC.		200 MARKE	T STREET	SON ROASTERS . NE	30	91-148	telephone number	
			OLYMPIA, V	VA 98501		30		64-5282	
			sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
1	name, EIN, and the plan number	er f	rom the last return/report. Sponse	or's name		4c	PN		
5a	Total number of participants a	at th	ne beginning of the plan year			5a		119	
_						5b		112	
	·		account balances as of the end of			30		112	
						5c		91	
					(See instructions.)			X Yes No	
b					ndent qualified public accountant (IQiions.)			X Yes No	
					SF and must instead use Form 55			☐ 100 ☐ 140	
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities				(a) Beginning of Year		(b) End of Year		
а	Total plan assets			7a	937209	)	``	1242347	
b	Total plan liabilities			7b		)			
С	Net plan assets (subtract line	7b	from line 7a)	. 7с	937209	)		1242347	
8	Income, Expenses, and Trans	sfer	s for this Plan Year		(a) Amount		(b)	Total	
а	Contributions received or received			90(4)	20669				
	`, ,			8a(1)	111039	<del>-</del>			
	• •			` '	979	<b>-</b> i			
b	• • • • • • • • • • • • • • • • • • • •	,		` '	265670				
C	, ,		a(2), 8a(3), and 8b)		20007			398357	
d		t rollovers and insurance premiums						33333.	
	to provide benefits)		•	8d	81076	3			
е	Certain deemed and/or correct	ctive	e distributions (see instructions)	8e		4			
f	Administrative service provide	ers	(salaries, fees, commissions)	8f		_			
g	Other expenses			8g	12143	3			
h	•		e, 8f, and 8g)					93219	
į			Bh from line 8c)					305138	
J	Transfers to (from) the plan (see instructions)								

Form 5500-SF 2009 Page <b>2-</b>  1	P	ige <b>2-</b> 1	1
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B 4 11/	-	<b>~</b> !	
Part IV	Plan	Charact	teristics

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

**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		moı	unt	
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	<u> </u>			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	i .			
С	Was the plan covered by a fidelity bond?	10c	X					150000
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		Χ	<del></del>			
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	Х					3110
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.)	10q	X		1			1214
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			<u> </u>				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ħ	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					ш		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction							
	granting the waiver	h		Day .	\	'ear		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
	Enter the minimum required contribution for this plan year.		⊢	12c				
	Enter the amount contributed by the employer to the plan for this plan year			120				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left conegative amount)			12d				1
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							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	<u> </u>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol 			Yes	X No
С	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.)	e plar	n(s) to					
1	3c(1) Name of plan(s):	130	(2) EII	N(s)	1	3c(3)	PN(s)	
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	ם נפוי	se is	establ	ished	Ь		
nde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r	rn/rep	ort, in	cluding	g, if applicab			
	, it is true, correct, and complete.				,		J- \	•
	Filed with authorized/valid electronic signature. 06/28/2010 DAVID J WASSOI	N						

SIGN	Filed with authorized/valid electronic signature.	06/28/2010	DAVID J WASSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/28/2010	DAVID J WASSON
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

	Annual Report Identification Information							
Fo	r the calendar plan year 2009 or fiscal plan year beginning	200	9-01-01	and ending	0.0	000-12-21		
	This return/report is for: x single-employer plan	_		not multiemployer)		7		
В	This return/report is for: first return/report		m/report	one participant pie				
	an amended return/report	=	•	ort (less than 12 mon	iba\			
С	Check box if filing under: Form 5558	_	c extension	ort (less than 12 mon	uis) F	7		
	special extension (enter description		CAGIISION		L	DFVC program		
P	art II Basic Plan Information enter all requested info							
1a	Name of plan	mation.			T 40			
	Batdorf & Bronson Posstons 404 (1)					Three-digit plan number		
	Batdorf & Bronson Roasters 401(k) Profit Shar	ing Plan	n .			(PN) ▶ 001		
-	· · · · · · · · · · · · · · · · · · ·					Effective date of plan 1995-10-01		
Za	Plan sponsor's name and address (employer, if for single-employer p	olan)		* *		Employer Identification Number		
	Challain, Inc.	i.d.				EIN) 91-1486957		
	Batdorf and Bronson Roasters				2c	Plan sponsor's telephone number		
US	200 Market Street. NE Olympia WA 98501					(360) 754-5282		
		·	····		Zu i	Business code (see instructions)		
	Plan administrator's name and address (If same as plan employer, en	nter "Same	<del>"</del> )		3b /	Administrator's EIN		
					3c A	dministrator's telephone number		
4								
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN and the plan number from the last return. Sponsor's Name	st return/rep	oort filed for this	plan, enter the	4b E	IN .		
					4c F			
5a	Total number of participants at the beginning of the plan year				5a	T Total		
b	rotal number of participants at the end of the plan year.				_5b	119 112		
С								
Sa	complete this item)	· · ·	• • • •		5c	91		
b	Are you claiming a waiver of the annual examination and report of an	-			• •	Yes No		
						X Yes No		
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF	and must instea	d use Form 5500.		<u> </u>		
,	tt III Financial Information Plan Assets and Liabilities	-						
2	Total plan assets		(a) Beç	inning of Year		(b) End of Year		
	Total plan liabilities	. 7a		937,209		1,242,347		
		. 7b		O				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c		937,209		1,242,347		
2	Income, Expenses, and Transfers for this Plan Year		(a)	Amount		(b) Total		
a	Contributions received or receivable from: (1) Employers	0-41			100			
	(2) Participants	8a(1)		20,669				
	(3) Others (including rollovers).	8a(2)		111,039	-			
	Other income (loss)	8a(3)		979				
	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		265,670				
a	Benefits paid (including direct rollovers and insurance premiums	00				398,357		
	to provide benefits)	8d		81,076				
	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g		12,143				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				93,219		
	Net income (loss) (subject line 8h from line 8c)	81		Control of the second		305,138		
	Transfers to (from) the plan (see instructions)	8j						

	Form 5500-SF (2009)		Page 2-							
Par	IV Plan Characteristics									
9a	f the plan provides pension benefits, enter the applicable pension fe	ature codes from the I	ict of Plan	. Chamata		0 - 1 -	i de la companya della companya della companya de la companya della companya dell			
b	2E 2F 2G 2J 2K	ature codes from the t	ist of Plar	1 Characte	ristic (	Codes	in the	instruction	ıs:	
1888	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the Li	st of Plan	Characteri	stic C	odes i	n the i	nstructions	:	
Par										
10	During the plan year:					,				
а	Was there a failure to transmit to the plan any participant contribution	inn a difficulty of the second			_	Yes	No		Amount	
b					10a		x			
	on line 103 )	(Do not include transa	actions rep	orted						,
С					10b		х			
d	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's five or dishonesty?				10c	Х				150,000
	or dishonesty?	delity bond, that was o	aused by	fraud	404		х			
е	Were any fees or commissions paid to any brokers, agents, or other	nomana hu an inc.			10d					
	instructions \	of the benefits under th	e plan? (S	see						
f					10e	X				3,110
g	Has the plan failed to provide any benefit when due under the plan.	· · · · · · · · · · · · · · · · · · ·	• • •		10f		х			
h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (S	of year end.)			10g	Х				1,214
					10h		x			
i	If 10h was answered "Yes," check the hov if you either provided the		12/10/				10			
Part	exceptions to providing the notice applied under 29 CFR 2520.101- VI Pension Funding Compliance	<u>3</u>	<u></u>		10i					
11	Is this a defined benefit plan subject to minimum funding requirement	nto? (If #Voc # ! !								
40			2 20 1						□Yes	X No
12	is this a defined contribution plan subject to the minimum funding re	equirements of soction	412 of the	Code or	section	302	of ERI	SA? .	. Tyes	
а	12b, 12c, 12d, and 12e below, as applica	ble.)								
-	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in this plan	year, see	instruction	ns, and	d ente	r the c	late of the I	etter ruling	
if yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule N	IB (Form 5500), and s	kip to lin	• Mont	n		Day		Year	
Ŋ	Enter the minimum required contribution for this plan year						12b	***		
U	ancer the amount contributed by the employer to the plan for this plan	in vear				.	2c		<del></del>	
-	substance the amount in line 12c from the amount in line 12b. Enter the	ne result (enter a minu	s sign to tl	he left of a			2d			
								<del></del>		<del></del>
Part \	Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets	e funding deadline? .	· · · ·	· · ·	• •	• •	· _	Yes	∐No	□N/A
13a	Has a resolution to terminate the plan been adopted during the plan									GET NI
,	i "res," enter the amount of any plan assets that reverted to the em	plover this year	· · ·		• •	· 广	<u></u>	• • • •	Yes	X No
	Were all the plan assets distributed to participants or beneficiaries, to		olan or br	ovabt unde	or the	oontm	3a		<del></del>	
	**************************************						• •	:	Yes	X No
	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	an(s), ide	ntify the pla	an(s)	to				
	c(1) Name of plan(s):					42-	(0) (1)		10.40	514.
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			130	(2) EII	N(S)	13c(3)	PN(S)
		is .								
`autio	A popular for the later of									
Inder r	: A penalty for the late or incomplete filing of this return/report	will be assessed unl	ess reaso	nable cau	se is	estab	ished	l <b>.</b>		
,,,,,,	enalties of perjury and other penalties set forth in the instructions, it chedule MB completed and signed by an enrolled actuary, as well as is true, correct, and complete.	declare that I have exa s the electronic version	mined this	s return/rep	oort, ir	ncludir	ig, if a	pplicable, a	Schedule	
elief, it	is true, correct, and complete.	- III STATE OF THE VEISION	. or uns re	ebou	, and	10 ti16	uesi (	ייווייע KNOW	leuge and	
SIGN	Name / Nasser		Dav	vid :	J.	W	455	<i>ن</i>		
HERE	Signature of man administrator	Date 6/16/10			idual			lan adminis	strator	······································
SIGN	Nam! / Manen	, ,	-	quid 3	J.		455			
HERE	Signature of employer/plan sponsor	Date 6/16/10	Enter nar	me of indiv	idual				plan spons	or
						· ·		1/ 51	, spoile	

Form 5500-SF (2009)