## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Signature of DFE

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

Pension Benefit Guaranty Corporation					This Form is Open to Pu Inspection	ıblic	
Part I	Annual Report Iden	tification Information			•		
For cale	ndar plan year 2009 or fiscal p	plan year beginning 01/01/2009		and ending 12/31/2	2009		
A This return/report is for:		a multiemployer plan;	a multip	ole-employer plan; or			
		a single-employer plan;	a DFE (	(specify)			
<b>B</b> This	return/report is:	the first return/report;	the fina	I return/report;			
		an amended return/report;	a short	plan year return/report (less tl	han 12 months).		
<b>C</b> If the	plan is a collectively-bargaine	ed plan, check here					
D Chec	k box if filing under:	Form 5558;	automa	tic extension;	the DFVC program;		
2 000	and and an analy and an analy	special extension (enter des	<u> </u>	·			
Part	II Rasic Plan Inforn	nation—enter all requested informa	<u> </u>				
	ne of plan	Tation—enter all requested informa	ation		<b>1b</b> Three-digit plan		
	APPRECIATION RIGHT PLA	N			number (PN) ▶	888	
					1c Effective date of pla	an	
0					01		
	n sponsor's name and addres: Iress should include room or s	s (employer, if for a single-employer	plan)		<b>2b</b> Employer Identifica Number (EIN)	tion	
,	EVERAGE COMPANY, LLC	idite fie.)			91-1953326		
					<b>2c</b> Sponsor's telephon	ie	
					number		
P.O. BO		P.O. BOX			206-808-6301		
RENTO	N, WA 98057	RENTON,	RENTON, WA 98057			2d Business code (see instructions)	
Caution	· A nenalty for the late or in	complete filing of this return/repor	rt will he assessed	l unless reasonable cause i	s established		
		enalties set forth in the instructions,				dules	
		as the electronic version of this return					
SIGN	Filed with authorized/valid ele	ectronic signature.	07/26/2010	PATRICIA THOMPSON			
HERE	Signature of plan adminis	trator	Date	Enter name of individual s	igning as plan administrator		
	orginatare or plan adminis		Date	Lines hame of marvidual s	agamag do pidri duministrator		
SIGN							
HERE	Signature of ampleyer/pla	n enoncor	Data	Enter name of individual a	igning as amployer or plan an	oncor	
	Signature of employer/pla	n sponsor	Date	Enter name of individual s	igning as employer or plan sp	OUSOL	
SIGN							
HERE							

Date

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

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

	Form 5500 (2009) Page <b>2</b>					
	Plan administrator's name and address (if same as plan sponsor, enter "Same")  K & L BEVERAGE COMPANY, LLC			<b>3b</b> Administrator's EIN 91-1953326		
	D. BOX 9300 NTON, WA 98057	3	nur	ministrator's telephone mber -808-6301		
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, et the plan number from the last return/report:	nter the name, EIN a	and	4b EIN		
а	Sponsor's name			4c PN		
5	Total number of participants at the beginning of the plan year		5			
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and	6d).				
а	Active participants		6a			
b	Retired or separated participants receiving benefits		6b			
С	Other retired or separated participants entitled to future benefits		6c			
d	Subtotal. Add lines 6a, 6b, and 6c		6d			
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e			
f	Total. Add lines <b>6d</b> and <b>6e</b>		6f			
g	Number of participants with account balances as of the end of the plan year (only defined contribution p complete this item)		6g			
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h			
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans comp	lete this item)	7			
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C	haracteristic Codes i	in the ir	nstructions:		
b I	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteristic Codes in t	he instr	ructions:		
9a	Plan funding arrangement (check all that apply)  9b Plan benefit arrange	ment (check all that	apply)			
	(1) Insurance (1) Insura					
		section 412(e)(3) in:	surance	e contracts		
	(3) Trust (3) Trust					
		ral assets of the spo				
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicate	ed, enter the numbe	er attach	ned. (See instructions)		

**b** General Schedules

(1)

(2)

(3)

(4)

(5)

(6)

**H** (Financial Information)

A (Insurance Information)

C (Service Provider Information)D (DFE/Participating Plan Information)

I (Financial Information – Small Plan)

**G** (Financial Transaction Schedules)

a Pension Schedules

(1)

(2)

(3)

R (Retirement Plan Information)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

## Form 5500

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Department of Labor Employee Benefits Security Administration

## Annual Return/Report of Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2009

Pension Benefit Guaranty Corporation					This Form is Open to Public Inspection		
Part I	Annual Report Iden	tification Information					
For caler	idar plan year 2009 or fiscal p	olan year beginning 01/01/2009		and ending 12/31/2	2009		
A This return/report is for:		a multiemployer plan;	a multipl	e-employer plan; or			
		a single-employer plan;	a DFE (s	specify)			
<b>B</b> This return/report is:		the first return/report;	片	return/report; lan year return/report (less tl	han 12 months).		
C If the	nlan is a collectively-hargaine	ed plan, check here			<b>⊾</b> ⊓ ′		
			_				
D Check	box if filing under:	☐ Form 5558;		c extension;	X the DFVC program;		
		special extension (enter des	. ,				
Part I		nation—enter all requested informa	ation				
1a Nam STOCK	e of plan APPRECIATION RIGHT PLA	N			<b>1b</b> Three-digit plan number (PN) ▶ 888		
					1c Effective date of plan		
(Addı	sponsor's name and address ess should include room or s VERAGE COMPANY, LLC	s (employer, if for a single-employer   uite no.)	plan)		2b Employer Identification Number (EIN) 91-1953326		
					2c Sponsor's telephone number 206-808-6301		
P.O. BOX RENTON	K 9300 I, WA 98057	P.O. BOX 9300 RENTON, WA 98057			2d Business code (see instructions)		
Caution:	A penalty for the late or inc	complete filing of this return/repor	t will be assessed	unless reasonable cause is	s established.		
Under pe	nalties of perjury and other p	enalties set forth in the instructions, las the electronic version of this return	declare that I have	examined this return/report,	including accompanying schedules,		
SIGN	P. h		7/23/10		, Authorized Signor		
HERE	Signature of plan administrator		Date		igning as plan administrator		
			_ ~~~		gg so pisit sattiffication		
SIGN	0						
HERE	Signature of employer/pla	n enoncor	Date	Enter name of individual a	igning as employer or plan energy		
	Signature of employer/pla	ii spotisor	Date	Enter name of individual s	igning as employer or plan sponsor		
SIGN					ļ		
HERE							
	Signature of DFE	1000	Date	Enter name of individual s	igning as DFE		

	Form 5500 (2009)	Page <b>2</b>		
	Plan administrator's name and address (if same as plan sponsor, enter "Sak L BEVERAGE COMPANY, LLC		<b>3b</b> Administrator's EIN 91-1953326	
	D. BOX 9300 NTON, WA 98057		nu	lministrator's telephone umber 6-808-6301
4	If the name and/or EIN of the plan sponsor has changed since the last retur the plan number from the last return/report:	n/report filed for this plan, enter the name	e, EIN and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	
6	Number of participants as of the end of the plan year (welfare plans comple	te only lines <b>6a, 6b, 6c,</b> and <b>6d</b> ).		
а	Active participants		6a	
b	Retired or separated participants receiving benefits		6b	
С	Other retired or separated participants entitled to future benefits		6c	
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>		6d	
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits	6e	
f	Total. Add lines 6d and 6e.		6f	
g	Number of participants with account balances as of the end of the plan year complete this item)	•	6g	
h	Number of participants that terminated employment during the plan year wit less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only			
	If the plan provides pension benefits, enter the applicable pension feature of the plan provides welfare benefits, enter the applicable welfare feature code			
9a	Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check a		

9a	Plan funding arrangement (check all that apply)		9b	Plan ber	ne <u>fit</u> a	arrangement (check all that apply)	
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)	П	Code section 412(e)(3) insurance contracts
	(3)		Trust		(3)		Trust
	(4)	П	General assets of the sponsor		(4)	П	General assets of the sponsor
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)						
а	Pensio	n Sc	hedules	b	Genera	l Sch	edules
а	Pensio (1)	n Scl	hedules  R (Retirement Plan Information)	b	General	I Sch	edules H (Financial Information)
а		n Scl		b		I Sch	
a	(1)	n Sci	R (Retirement Plan Information)     MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	b	(1)	Sch	H (Financial Information)
a	(1)	n Scl	R (Retirement Plan Information)  MB (Multiemployer Defined Benefit Plan and Certain Money	b	(1) (2)	Sch	H (Financial Information) I (Financial Information – Small Plan)
·	(1)	n Scl	R (Retirement Plan Information)     MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	b	(1) (2) (3)	Sch	H (Financial Information)  I (Financial Information – Small Plan)  A (Insurance Information)