## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information								
For calend	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/	2012				
A This re	turn/report is for:	a multiple-employer	olan (not multiemployer)	yer) a one-participant plan					
<b>B</b> This re	turn/report is: the first return/report	the final return/report	t		_				
		a short plan vear retu	rn/report (less than 12 mo	onths	)				
C Check	片	automatic extension	•		DFVC progra	m			
• Check	special extension (enter description								
Part II	Basic Plan Information—enter all requested informa	<i>'</i>							
1a Name	· · · · · · · · · · · · · · · · · · ·	luon		1h	Three-digit				
	OI PIAIT BEVERAGE COMPANY RETIREMENT SAVINGS & INVEST	MENT PLAN		10	plan number				
					(PN) <b>•</b>	002			
				1c	Effective date of	fplan			
				_	01/01/	/1987			
	ponsor's name and address; include room or suite number (en BEVERAGE COMPANY	nployer, if for a single	e-employer plan)	2b	Employer Identif				
				2-	(=114)				
440 DETED	S STREET E.			20	Sponsor's telep				
	EE, WA 98801-5999			2d	Business code (	see instructions)			
					42440				
3a Plan a	dministrator's name and address XSame as Plan Sponsor Na	ame Same as Pla	n Sponsor Address	3b	Administrator's I	ΞIN			
	_	_		0 -					
				3C	Administrator's t	elephone number			
4 If the	name and/or EIN of the plan sponsor has changed since the la	ast return/report filed	for this plan, enter the	4b	EIN				
name	, EIN, and the plan number from the last return/report.	·		_					
	or's name				PN				
<b>5a</b> Total	number of participants at the beginning of the plan year			5a		64			
<b>b</b> Total	number of participants at the end of the plan year			5b		64			
	er of participants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances as of the end of the plants with account balances are plants with a constant with a c	• •	•	5c		64			
·	lete this item)								
	all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of a					X Yes   No			
	29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No			
	answered "No" to either line 6a or line 6b, the plan canno								
Caution: A	A penalty for the late or incomplete filing of this return/rep	ort will be assessed	l unless reasonable cau	ıse is	established.				
	alties of perjury and other penalties set forth in the instructions								
	edule MB completed and signed by an enrolled actuary, as we true, correct, and complete.	Il as the electronic ve	ersion of this return/report	, and	to the best of my	knowledge and			
DOILOI, IC 13	rue, correct, and complete.		ı						
SIGN	Filed with authorized/valid electronic signature.	06/28/2013	STEPHEN GERSTMA	NN					
HERE	Signature of plan administrator	Date	Enter name of individu	dual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	06/28/2013	STEPHEN GERSTMA		<u> </u>				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or pla			r or plan sponsor			
Preparer's	name (including firm name, if applicable) and address; include					number (optional)			
BENEFITS	GROUP NORTHWEST, INC.		,	206-878-0688					
23830 PAC SUITE 332	IFIC HIGHWAY S.				200-070	. 0000			
	98032-7734								

Form 5500-SF 2012 Page **2** 

Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
a	Total plan assets	7a	521248				5889016	
	Total plan liabilities	7b		0			0	
	Net plan assets (subtract line 7b from line 7a)	7c	521248				5889016	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	12780	0				
	(2) Participants	8a(2)	21507	<b>7</b> 2				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	68965	54				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1032526	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35599	19				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					355999	
	Net income (loss) (subtract line 8h from line 8c)	8i					676527	
	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics	, oj						
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
Par	V Compliance Questions							
10	<u> </u>				Yes	No	A a	
<u>a</u>	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	163	X	Amount	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a		X		
	Was the plan covered by a fidelity bond?				Χ			
				10c			5000	)00
d	or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		304	160
f	Has the plan failed to provide any benefit when due under the plan					X	304	.00
	· · · · · · · · · · · · · · · · · · ·			10f				
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a	•	<u> </u>	10g	X		618	331
h	2520.101-3.)			10h		X		
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							No
11a						11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)					
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date of the letter ruling Year	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		П			
b	Enter the minimum required contribution for this plan year					12b		

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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 of a negative 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 in any plan 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 brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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 6057(b) and 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

2012

This Form is Open to Public Inspection

Part   Annual Report Identification I	nformation			0.01.	- <u> </u>		
or calendar plan year 2012 or fiscal plan year begin	ning	01/01/2012	and ending	12/31/2012			
This return/report is for:							
This return/report is: the first return/re			,pant plan				
an amended re	eturn/report a	short plan year retur	n/report (less than 12 m	ionths)			
Check box if filing under: Form 5558	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DFVC progr	am				
special extensi	ion (enter description)	utomatic extension		☐ St vo blogt	4111		
Part II Basic Plan Information ente		otion					
a Name of plan	r an requested informa			1b Three-digit			
Weinstein Beverage Company Reti:	romont Corrings	5 T	m1	plan number			
werms term beverage company Reti	rement savings	& Investment	Plan	(PN) ►	002		
				1c Effective date 01/01/1987			
Plan sponsor's name and address; include room Weinstein Beverage Company	n or suite number (em	ployer, if for a single	e-employer plan)	2b Employer Iden (EIN) 91-07	tification Number		
				2c Sponsor's tele			
410 Peters Street E.	•			(509) 662-			
				2d Business code	(see instructions)		
	1-5999			424400			
Plan administrator's name and address X Sa	me as Plan Sponsor N	Name [] Same as I	Plan Sponsor Address	3b Administrator's	EIN		
	•-						
				3c Administrator's telephone number			
If the name and/or EIN of the plan sponsor has name, EIN, and the plan number from the last re	changed since the las	st return/report filed t	or this plan, enter the	4b EIN			
a Sponsor's name				4c PN			
a Total number of participants at the beginning of	the plan year			5a	64		
b Total number of participants at the end of the pl	lan year		***************************************	5b	64		
C Number of participants with account balances a complete this item)	is of the end of the pla	in vear (defined beni	efit plans do not	5c	64		
ia Were all of the plan's assets during the plan year	ar invested in eligible a	assets? (See instruc	tions.)		X Yes No		
<b>b</b> Are you claiming a waiver of the annual examination	ation and report of an	independent qualifie	d public accountant (IQI	PA)			
under 29 CFR 2520.104-46? (See instructions of			***************************************	***************************************	X Yes No		
If you answered "No" to either line 6a or line							
Caution: A penalty for the late or incomplete filir	ng of this return/repo	ort will be assessed	unless reasonable ca	use is established.			
Under penalties of perjury and other penalties set fo SB or Schedule MB completed and signed by an en belief, it is true, porrect, and complete.	orth in the instructions, irolled actuary, as well	I declare that I have as the electronic ve	e examined this return/re rsion of this return/repor	eport, including, if app t, and to the best of n	licable, a Schedule ny knowledge and		
In Ala		4/0/12	Stephen Gerstman				
HERE Signature of plan administrator							
The state of the s		Ďate ′	Enter name of individua	ıl signing as plan adm	ninistrator		
SIGN HERE Signature of employer/plan sponsor		Date					
	Enter name of individua	al signing as employer or plan sponsor					
Preparer's name (including firm name, if applicable)	er (optional)	Preparer's telephone number (optional)					
Benefits Group Northwest, Inc.		(206) 878-0	688				
23830 Pacific Highway S. Suite 332							
Suite 332	4						
US Kent WA	98032-7734						

Pa	artilla Financial Information			***					
7	Plan Assets and Liabilities	提到Mine.	(a) Beginning of Year		(b) End of Vac-				
<u>a</u>	Total plan assets	7a		5,212,489		(b) End of Year			
b	Total plan liabilities	7b	5,212,4	0	+-		5,889,016		
С	Net plan assets (subtract line 7b from line 7a)	7c	F 212 4		<del> </del>		0		
8	Income, Expenses, and Transfers for this Plan Year	Morry.	5,212,4: (a) Amount	69	-		5,889,016		
а	Contributions received or receivable from:	<b>\$34</b> (可知在1世紀234)	(u) Amount		据(659	(b) Total			
	(1) Employers	8a(1)	127,8	00	SE				
	(2) Participants	8a(2)	215,0	72	<b>建設</b>	\$100			
<u>b</u>	(3) Others (including rollovers)	8a(3)		0			<b>建筑中华</b> 中国		
c	Other income (loss)	8b	689,6			9,10,2			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		TOUR			1,032,526		
	to provide benefits)	8d	355,9	99			ides de la companya d		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0		GETAL.			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0	# 200	1000			
g	Other expenses	8g		0	2012443 2012443		ARM CALL MAN CALL		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Historia de la Haria	和数点点	8.548000 60	(Applitus)	355,999		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	The second secon		y y				
<u>j</u>	Transfers to (from) the plan (see instructions)	8j	errene er an eit im er menne med en en mellen ekt mild i 1,1 Mercer den i hen.	0	5 (VE)		676,527		
Pa	rt IV Plan Characteristics				(2000)	in this is	Man Man Managara and San		
	If the plan provides pension benefits, enter the applicable pension fe	antura cod	on from the Liet of Diag. Ol						
	2E 2F 2G 2J 2K 2T 3D	ature cour	es from the List of Plan Charac	teristi	c Cod	es in	the instructions:		
b	If the plan provides welfare hopefits, orter the provides welfare hopefits								
~	If the plan provides welfare benefits, enter the applicable welfare feat	iture codes	s from the List of Plan Characte	eristic	Code	s in th	ne instructions:		
P	irt V Compliance Questions								
10									
a	During the plan year:  Was there a failure to transmit to the plan and noticing to transmit to the plan and noticing to the plan.				Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	tions withir	the time period described in	100		х			
b	Were there any nonexempt transactions with any party-in-interest?	? (Do not ii	oclude transactions reported	10a					
	Off file Toa.)	•••••		10b		x			
	the plan estated by a flacinty bolid?	•••••••	***************************************	10c	x		500,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's t	fidelity bon	d that was caused by fraud						
	or dishonesty?		***************************************	10d		x			
е	Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o	r persons	by an insurance carrier,						
	instructions.)	i the bene	its under the plan? (See	10e	x		30,469		
f	Has the plan failed to provide any benefit when due under the plan	12					30,469		
			· · · · · · · · · · · · · · · · · · ·	10f		<u> </u>			
_ <u>g</u> h	, , , , , , , , , , , , , , , , , , ,			10g	Х		61,831		
11	If this is an individual account plan, was there a blackout period? (	See instru	ctions and 29 CFR						
ī	If 10h was answered "Yes," check the box if you either provided th			10h		X	Application of the second of the second		
•	exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i			Declarate and the second of th		
Pa	rt VI Pension Funding Compliance	<u> </u>	***************************************	101					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	es," see instructions and comp	olete :	Sched	ule S	B (Form Yes X No		
11:	2 Enter the amount from Schedule SB line 39								
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	d in this plan year, see instruct	ions,	and e	nter ti			
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	1 5500), and skin to line 13				.j 16a1		
b					T	12b			
					. 1 1	:/n			

	Form 5500-SF 2012	Page 3-			•
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 negative amount)	a minus sign to the left of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding dead			Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	6	Пу	es X No	)
	If "Yes," enter the amount of any plan assets that reverted to the employer this yea		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?	nother plan, or brought under the	control	Г	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)	nother plan(s), identify the plan(s) i	0		
	3c(1) Name of plan(s):	13	c(2) EIN(	(s)	13c(3) PN(s)
				·	
الجناج (١٠٠)	30 S1480				
Part	VIII Trust Information (optional)				
14a	Name of trust		14b T	rust's EIN	
		.,			
			1		

••