Form 5500-SF Short Form Annual Return/Report of Small Employe Benefit Plan						OMB Nos. 1210-0 1210-0		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				e	013			
	partment of Labor nefits Security Administration	Retirement Income Security Act of the Internal			s Open to Public pection			
Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.							pection	
Part I		entification Information						
For calenda	ar plan year 2013 or fisca		}	and ending 1	2/31/2	2013		
	urn/report is for:			an (not multiemployer)		a one-partici	oant plan	
<b>B</b> This ret	This return/report is:							
	an amended return/report a short plan year return/report (less than 12 months)							
C Check box if filing under:						DFVC progra	m	
		special extension (enter description	n)					
Part II	Basic Plan Inform	nation—enter all requested informa	ation					
<b>1a</b> Name WEINSTEIN	•	RETIREMENT SAVINGS & INVEST	MENT PLAN		1b	Three-digit plan number (PN) ▶	002	
					1c	Effective date o	•	
	oonsor's name and addre BEVERAGE COMPAN	ess; include room or suite number (er	nployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-07	fication Number 12045	
410 PETERS	STREET E				2c	Sponsor's telep 509-662		
	E, WA 98801-5999				2d	Business code (see instructions) 424400		
<b>3a</b> Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address				3b	b Administrator's EIN			
		lan sponsor has changed since the later from the later from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN		
a Sponse	•				4c	PN		
5a Total r	number of participants at	the beginning of the plan year			5a		64	
<b>b</b> Total r	number of participants at	the end of the plan year			5b		62	
		count balances as of the end of the p			5c		62	
6a Were	all of the plan's assets d	uring the plan year invested in eligible	e assets? (See instruct	tions.)			X Yes No	
under	29 CFR 2520.104-46? (	e annual examination and report of a See instructions on waiver eligibility a er line 6a or line 6b, the plan canno	and conditions.)		·····		X Yes 🗌 No	
-		blan, is it covered under the PBGC in					Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed u	unless reasonable cau	use is	established.		
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as we te.						
SIGN	Filed with authorized/va	lid electronic signature.						
HERE Signature of plan administrator Date Enter name of indivi		Enter name of individ	ual sig	ning as plan adr	ninistrator			
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sio	ining as emplove	r or plan sponsor	
BENEFITS 23830 PACI SUITE 332	name (including firm nan GROUP NORTHWEST, FIC HIGHWAY S.	ne, if applicable) and address; include	e room or suite number				number (optional)	
KENT, WA S	JUUJZ-1134							

(2) Participants			0 016 331 0 116 8331 0 116 880 0 0 0 0 0 0 aracteri			7120784 C 7120784 (b) Total 1320248 1320248 88480 1231768	D 4 3 0
Net plan assets (subtract line 7b from line 7a)         Income, Expenses, and Transfers for this Plan Year         Contributions received or receivable from:         (1) Employers         (2) Participants         (3) Others (including rollovers)         Other income (loss)         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         Benefits paid (including direct rollovers and insurance premiums to provide benefits)         Certain deemed and/or corrective distributions (see instructions)         Administrative service providers (salaries, fees, commissions)         Other expenses         Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Transfers to (from) the plan (see instructions)         If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D         If the plan provides welfare benefits, enter the applicable welfare fea         t V       Compliance Questions	7c         8a(1)         8a(2)         8a(3)         8b         8c         8d         8c         8d         8e         8f         8g         8h         8i         8j         ature cod	(a) Amount 1388 2143 9674 884 es from the List of Plan Cha	016 01 331 0 116 180 0 0 0 0 0 0 0 0 0 0 0 0 0			7120784 (b) Total 1320248 88480	4 3 0
Income, Expenses, and Transfers for this Plan Year         Contributions received or receivable from:         (1) Employers         (2) Participants         (3) Others (including rollovers)         Other income (loss)         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         Benefits paid (including direct rollovers and insurance premiums to provide benefits)         Certain deemed and/or corrective distributions (see instructions)         Administrative service providers (salaries, fees, commissions)         Other expenses         Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         rt IV         Plan Characteristics         If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D         If the plan provides welfare benefits, enter the applicable welfare fea         t V       Compliance Questions	8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8e 8f 8g 8h 8i 8j 8i 8j	(a) Amount 1388 2143 9674 884 es from the List of Plan Cha	601 331 0 116 80 0 0 0 0 0 0 0 0 0 0 0 0 0			(b) Total	3
Contributions received or receivable from:         (1) Employers         (2) Participants         (3) Others (including rollovers)         Other income (loss)         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         Benefits paid (including direct rollovers and insurance premiums to provide benefits)         Certain deemed and/or corrective distributions (see instructions)         Administrative service providers (salaries, fees, commissions)         Other expenses         Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         T         If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D         If the plan provides welfare benefits, enter the applicable welfare fea         t V       Compliance Questions	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8j ature cod	1385 2143 9674 884 es from the List of Plan Cha	331 0 116 880 0 0 0 0 0 aracteri			1320248	0
(1) Employers         (2) Participants         (3) Others (including rollovers)         Other income (loss)         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         Benefits paid (including direct rollovers and insurance premiums to provide benefits)         Certain deemed and/or corrective distributions (see instructions)         Administrative service providers (salaries, fees, commissions)         Other expenses         Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         Total provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D         If the plan provides welfare benefits, enter the applicable welfare fea         t V       Compliance Questions	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8j ature cod	214 9674 884 es from the List of Plan Cha	331 0 116 880 0 0 0 0 0 aracteri			8848(	0
(2) Participants	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8j ature cod	214 9674 884 es from the List of Plan Cha	331 0 116 880 0 0 0 0 0 aracteri			8848(	0
(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8j ature cod	9674 884 es from the List of Plan Cha	0 116 180 0 0 0 0 0 0 0 0 0 0 0 0 0			8848(	0
Other income (loss)         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         Benefits paid (including direct rollovers and insurance premiums to provide benefits)         Certain deemed and/or corrective distributions (see instructions)         Administrative service providers (salaries, fees, commissions)         Other expenses         Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions) <b>t IV Plan Characteristics</b> If the plan provides pension benefits, enter the applicable pension fe         2E       2F         2F       2G         2J       2K         3D         If the plan provides welfare benefits, enter the applicable welfare fea <b>t V Compliance Questions</b>	8b     8c     8d     8e     8f     8g     8h     8i     8j	884 es from the List of Plan Cha	116 180 0 0 0 0 0 0 0 0 0 0 0 0 0			8848(	0
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         Benefits paid (including direct rollovers and insurance premiums to provide benefits)         Certain deemed and/or corrective distributions (see instructions)         Administrative service providers (salaries, fees, commissions)         Other expenses         Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions) <b>t IV Plan Characteristics</b> If the plan provides pension benefits, enter the applicable pension fe         2E       2F         2G       2J         2K       3D         If the plan provides welfare benefits, enter the applicable welfare fea <b>t V Compliance Questions</b>	8c8d8e8f8g8h8i8j	884 es from the List of Plan Cha	0 0 0 0 aracteri			8848(	0
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f 8g 8h 8i 8j ature cod	es from the List of Plan Cha	0 0 0 aracteri			8848(	0
to provide benefits)       Certain deemed and/or corrective distributions (see instructions)         Administrative service providers (salaries, fees, commissions)       Administrative service providers (salaries, fees, commissions)         Other expenses       Total expenses (add lines 8d, 8e, 8f, and 8g)       Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)       Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D         If the plan provides welfare benefits, enter the applicable welfare fea         t V       Compliance Questions	8e 8f 8g 8h 8i 8j ature cod	es from the List of Plan Cha	0 0 0 aracteri				-
Administrative service providers (salaries, fees, commissions)         Other expenses         Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions) <b>t IV Plan Characteristics</b> If the plan provides pension benefits, enter the applicable pension fe         2E       2F         2G       2J         2K       3D         If the plan provides welfare benefits, enter the applicable welfare fea <b>t V Compliance Questions</b>	8f 8g 8h 8i 8j ature cod		0 0 0 aracteri				-
Other expenses       Total expenses (add lines 8d, 8e, 8f, and 8g)         Total expenses (add lines 8d, 8e, 8f, and 8g)       Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)       Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension fe         2E       2F         2G       2J         2K       3D         If the plan provides welfare benefits, enter the applicable welfare fea         t V       Compliance Questions	8g 8h 8i 8j ature cod		0 0 aracteri	stic Co			-
Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2G       2J       2K       3D         If the plan provides welfare benefits, enter the applicable welfare fea         t V       Compliance Questions	8h 8i 8j ature cod		0 aracteri	stic Co			-
Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2G       2J       2K       3D         If the plan provides welfare benefits, enter the applicable welfare fea         t V       Compliance Questions	8i 8j ature cod		aracteri	stic Co			-
Transfers to (from) the plan (see instructions)         t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2G       2J       2K       3D         If the plan provides welfare benefits, enter the applicable welfare fea         t V       Compliance Questions	8j ature cod		aracteri	stic Co		1231768	8
t IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2G       2J       2K       3D         If the plan provides welfare benefits, enter the applicable welfare fea         t V       Compliance Questions	ature cod		aracteri	stic Co			
If the plan provides pension benefits, enter the applicable pension fe         2E       2F       2G       2J       2K       3D         If the plan provides welfare benefits, enter the applicable welfare fea         t V       Compliance Questions				stic Co			
During the plan year:			acteris		ies in t		
Barrig the plan year.				Yes	No	Amount	
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			n 10a		х		
Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•	•	10b		Х		
Was the plan covered by a fidelity bond?			10c	Х			50000
Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?			10d		х		
Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)	the bene	fits under the plan? (See	10e	х			3708
Has the plan failed to provide any benefit when due under the plan?					Х		
			10f	X			
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	ee instruc	tions and 29 CFR	10g	~	Х		6706
2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required	notice or one of the	10h 10i				
VI Pension Funding Compliance				1	1		
Is this a defined benefit plan subject to minimum funding requiremer 5500) and line 11a below)							XN
Enter the unpaid minimum required contribution for current year fror					11a		
Is this a defined contribution plan subject to the minimum funding re		· · · ·				ERISA? Yes	XN
(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 being granting the waiver.	amortize	d in this plan year, see inst		s, and e	enter tl Day		ling
you completed line 12a, complete lines 3, 9, and 10 of Schedule I							

C	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	Part VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	י 🗌 י	′es 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 🗙 No			
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):   1	3 <b>c(2)</b> El	N(s)	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)						
	Name of trust ISTEIN BEVERAGE COMPANY RETIREME		rust's EIN 12038037				

Form 5500-SF Short Form Annual Return/Report of Small Er Benefit Plan					/ee	OMB Nos. 1210-0110 1210-0089			
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				e	2013			
	Department of Labor Employee Benefits Security Administration Department of Labor Employee Benefits Security Administration Department of Labor the Internal Revenue Code (the Code).						is Open to Public		
	Pension Benefit Guaranty Corporation	Complete all entries in accorda	ince with the instru	ctions to the Form 550	0-SF.				
	art I Annual Report Ic calendar plan year 2013 or fisca	Intification Information	01/01/0010			101 10010			
	F	_	01/01/2013	and ending		/31/2013			
				lan (not multiemployer)		a one-partici	pant plan		
в	This return/report is:		he final return/report						
		an amended return/reporta	i short plan year retu	rn/report (less than 12 m	nonths)				
С	Check box if filing under:	Form 5558 a	utomatic extension		DFVC program				
		special extension (enter description)	1						
-		mation enter all requested inform	ation						
1a	Name of plan					<sup>°</sup> hree-digit Ian number			
	Weinstein Beverage C	company Retirement Savings	& Investment	Plan		PN) ►	002		
						Effective date o	f plan		
22	Dian anonaria name and add		ir r			1/01/1987			
<b>2</b> a	Weinstein Beverage C	ress; include room or suite number (en Company	nployer, ir for a single	e-employer plan)	1	Employer Ident EIN) 91-07	fication Number		
	410 Peters Street E.					Sponsor's telep (509) 662-			
	AID TELEIS SCLEEL H.				2d B	Business code	(see instructions)		
US	Wenatchee	WA 98801-5999				24400			
3a	Plan administrator's name and	address X Same as Pian Sponsor	Name 🗌 Same as	Plan Sponsor Address	<b>3b</b> A	dministrator's	EIN		
<u> </u>	If the name and/or EIN of the r	plan sponsor has changed since the la	st return/report filed	for this plan, enter the	3C A 4b ⊨		telephone number		
	name, EIN, and the plan numb								
	Sponsor's name			, 	<b>4c</b> P	N			
-		t the beginning of the plan year			<u>5a</u>		64		
b C		t the end of the plan year count balances as of the end of the pla			5b		62		
		count balances as of the end of the pla		•	5c		62		
6a	Were all of the plan's assets d	luring the plan year invested in eligible	assets? (See instruc	tions.)		•••••	XYes No		
b		ne annual examination and report of an	• •	ed public accountant (IQ	PA)				
		See instructions on waiver eligibility an					X Yes No		
c	-	er line 6a or line 6b, the plan cannot plan, is it covered under the PBGC ins					Not determined		
с ——	In the plan is a defined benefit	plan, is it covered under the PBGC ins		ERISA SECION 4021)?	······ [	Yes No	Not determined		
		r incomplete filing of this return/rep							
SE	der penalties of perjury and other or Schedule MB completed and lief, it is true correct, and compl	er penalties set forth in the instructions d signed by an enrolled actuary, as we lete.	, I declare that I have Il as the electronic ve	e examined this return/repo ersion of this return/repo	eport, inc rt, and to	cluding, if appli the best of m	cable, a Schedule y knowledge and		
s	SIGN Josefflyleinstein Stephen Gerstma								
				vidual signing as plan administrator					
S	IGN					T			
1.11.11	ERE Signature of employer/p	olan sponsor	Date	Enter name of individua	al signing	g as employer	or plan sponsor		
Pre		me, if applicable) and address; include					number (optional)		
	Benefits Group Nort	thwest, Inc.			(20	)6) 878-06	88		
	23830 Pacific Highw	•							
	Suite 332				a to Beat and a star		r tagan yang sarah sarah sarah sarah sarah		
	US Kent	WA 98032-7734	<u></u>	,,,					

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

## Part III Financial Information

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End of Year	
a	Total plan assets	. 7a	5,889,0	16			7,120,784	
b	Total plan liabilities	. 7b		0.		0		
	Net plan assets (subtract line 7b from line 7a)	7c	5,889,0	16	7,120		7,120,784	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8-11)	138,50	01				
	(2) Participants	8a(1) 8a(2)	214,3		States States	lassigat Sector		
	(3) Others (including rollovers)	8a(3)		0		성공 또 확실 역사 관광		
	Other income (loss)	8b	967,43					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(1743) (1745)	1 200 040	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	88,48	,480		1,320,248		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	調査			
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					88,480	
i	Net income (loss) (subtract line 8h from line 8c)	8i					1,231,768	
j	Transfers to (from) the plan (see instructions)	8j		0				
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	ic Cod	es in t	he instructions:	
	2E 2F 2G 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instructions:	
Pa	Part V Compliance Questions							
10	During the plan year:	·····			Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo	tions withi ciary Corre	n the time period described in ection Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x		
С	Was the plan covered by a fidelity bond?			10c	x		500,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		x		
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x		37,080	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	x		67,064	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ictions and 29 CFR	10h		x		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	I notice or one of the	10i				
Par				<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No	
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver	ng amortiz	ed in this plan year, see instruct	tions, ith	and e	nter th	ne date of the letter ruling	
lf v	you completed line 12a, complete lines 3, 9, and 10 of Schedule						<u> </u>	
	, ou completed mie 12a, complete mies 5, 5, and 10 of Schedule		i ooov, and skip to lifte 13.					

b Enter the minimum required contribution for this plan year ...... 12b

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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 of a negative amount)	12d			
e	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?	1 Ye	es 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?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)				
1	<b>3c(1)</b> Name of plan(s): 13c	:(2) EIN(	s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14a Name of trust	14b Trust's EIN
Weinstein Beverage Company Retireme	91-2038037