Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

CAROL COLBY

119 E PALATINE ROAD, SUITE 104 PALATINE, IL 60067

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti		i identification information	1										
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/2	2015		and ending 12	/31/20	15						
A This rete	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)												
		a one-participant plan		oreign plan									
B This retu	rn/report is	the first return/report	the	final return/report									
0		an amended return/report	as	hort plan year return	turn/report (less than 12 months)								
C Check b	oox if filing under:	X Form 5558	au	automatic extension DFVC program									
		special extension (enter desc	ription)										
Part II	Basic Plan Info	ormation—enter all requested in	formatio	on									
1a Name	of plan						Three-digit						
WEINSTEIN BEVERAGE COMPANY RETIREMENT SAVINGS & INVESTMENT PLAN							plan number						
					}		(PN) ▶	002					
						1C	Effective date of 01/0	f plan 1/1987					
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)				Employer Identification Number (EIN) 91-0712045						
	town, state or province BEVERAGE COMPA	ce, country, and ZIP or foreign post	tal code	(if foreign, see instru	uctions)		Sponsor's teleph	hone number					
						509-662-9631							
110 PETERS	STREET E					2d Business code (see instructions)							
VENATCHE	E, WA 98801-5999					424400							
3a Plan ad	dministrator's name a	and address XSame as Plan Spon	sor.			3b /	Administrator's E	EIN					
						3c	Administrator's to	elephone number					
		ne plan sponsor has changed since	the last	return/report filed fo	or this plan, enter the	4b	EIN						
	·	umber from the last return/report.				4c	DN						
a Sponso						<u>40</u> 5а		67					
		s at the beginning of the plan year			Ì								
		s at the end of the plan year				5b)	67					
		account balances as of the end of				50	;	67					
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year			5d(1)	46					
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar			5d(5d(2) 45						
` '	·	t terminated employment during the				5e		0					
								0					
		or incomplete filing of this return						abla a Cabadula					
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.											
SIGN		d/valid electronic signature.		10/17/2016	STEPHEN GERSTMA	NN							
HERE	Signature of plan	administrator		Date	Enter name of individu	ıal sigr	ning as plan adm	ninistrator					
SIGN													

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

847-776-2125

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann 	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No N	ot determined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of	Year
a Total plan assets	7a		7292					6740095
b Total plan liabilities	7b			0				0
C Net plan assets (subtract line 7b from line 7a)	7c		7292	181				6740095
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Tota	al .
(1) Employers	8a(1)		133	140				
(2) Participants	8a(2)		189	093				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		-76	312				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							245921
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		797	717				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f			290				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							798007
i Net income (loss) (subtract line 8h from line 8c)	Net income (loss) (subtract line 8h from line 8c)							-552086
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of PI	an Cha	racteris	stic Co	des in th	ne instructio	ns:
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	se from the List of Pla	n Char	octorist	ic Coc	les in the	instruction	e·
In the plant provides well are benefits, effect the applicable well are to	cature couc	3 Hom the List of Fla	ii Onaie	actorist	.10 000	103 111 1110	, motraction	J.
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Α	mount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest					V			
reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				500000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e	X				26370
f Has the plan failed to provide any benefit when due under the plan			10f		Х			20070
g Did the plan have any participant loans? (If "Yes," enter amount a				X				F6010
h If this is an individual account plan, was there a blackout period?	•	·	10g	^				56910
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.	1-3		10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		_
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	RISA?	Yes X No

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	(If "Yes," complete line 12a or lines 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 the date of the letter ruling granting the waiver									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500					rear			
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						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter	left of a	12d						
	negative amount)				Yes 🗍	№ П	N/A		
Part	Will the minimum funding amount reported on line 12d be met by the funding deadli VII Plan Terminations and Transfers of Assets	ie :			100	140	14// (
	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		other plan, or brou	ght under the co			Yes X	No		
С				•					
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	N(s)		
_									
	t VIII Trust Information			445 =	=				
14a Name of trust WEINSTEIN BEVERAGE COMPANY RETIREMENT SAVINGS & INVESTMENT TRUST 14b Trust's EIN 912038037									
14c Name of trustee or custodian						14d Trustee's or custodian's			
SIE	PHEN GERSTMANN		telephone number 509-662-9631						
Par	rt IX IRS Compliance Questions								
				Yes	<u> </u>	No			
ı Ja	Is the plan a 401(k) plan?				sign-	Пио			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			based safe ADP/A					
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the platesting method for nonhighly compensated employees (Treas. Reg sections 1.401(2(a)(2)(ii))?			Yes	•	No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requi	ements under sect	ion 410(b):	Ra per tes	centage	Average benefit test			
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) at this plan with any other plans under the permissive aggregation rules?			Yes	1	No			
17a	Has the plan been timely amended for all required tax law changes?			. Yes No			N/A		
17b	Date the last plan amendment/restatement for the required tax law changes was adfor tax law changes and codes).	opted//	Enter the ap	plicable	code	_ (See ins	tructions		
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or values of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or values of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or values of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or values of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or values of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or values of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or values of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or values of the plan sponsor is a pre-approved master and prototype (M&P) or values of the plan sponsor is a pre-approved master and prototype (M&P) or values of the plan sponsor is a pre-approved master and prototype (M&P) or values of the plan sponsor is a pre-approved master and prototype (M&P) or values of the plan sponsor is a pre-approved master and prototype (M&P) or values of the plan sponsor is a pre-approved master and prototype (M&P) or values of the plan sponsor is a pre-approved master and prototype (M&P) or value of the plan sponsor is a pre-approved master and prototype (M&P) or value of the plan sponsor is a pre-approved master and prototype (M&P) or value of the plan sponsor is a pre-approved master and prototype (M&P) or value of the plan sponsor is a pre-approved master and prototype (M&P) or value of the plan sponsor is a pre-approved master and prototype (M&P) or value of the plan sponsor is a pre-approved master and prototype (M&P) or value of the plan sponsor is a pre-approved master and prototype (M&P) or value of the plan sponsor is a pre-approved master and prototype (M&P) or value of the plan sponsor is a pre-approved master and prototype (M&P) or value of the plan sponsor is a pre-approved master and prototype (M&P) or value of the plan sponsor is a pre-approved master and prototype (M&P) or va	olume submitter pl I the letter's serial ı		t to a fav	orable IR	S opinion	or		
17d	If the plan is an individually-designed plan and received a favorable determination led determination letter/	tter from the IRS, e	enter the date of	the plan	's last favo	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERIS made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island			Yes		No			
19	Were in-service distributions made during the plan year?			Yes	<u>. </u>	No			
	If "Yes," enter amount		<u></u>	19					
20	Were required minimum distributions made to 5% owners who have attained age 70 retired), as required under section 401(a)(9)?			Yes		No	N/A		

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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		rt Identification Information								
For calend	ar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31	1/2015				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan										
B This return/report is the first return/report the final return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)										
C Check I	box if filing under:	X Form 5558 special extension (enter descri	automatic extension		* <u>-</u>	/C program				
Part II	Basic Plan In	formation—enter all requested infe	ormation							
1a Name WEINSTE	of plan	COMPANY RETIREMENT SAV		ENT PLAN	1b Three-diplan nur	mber 002				
					1c Effective	e date of plan 71987				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WEINSTEIN BEVERAGE COMPANY						er Identification Number 1-0712045 r's telephone number 62-9631				
410 PE	ETERS STREET	E.			2d Business 42440	s code (see instructions) 0				
WENATO	CHEE	WA 98801-599	99							
3a Plan a	dministrator's name	and address XSame as Plan Spons	or.		3b Administrator's EIN					
	3c Administrator's telephone number									
name,	, EIN, and the plan n	he plan sponsor has changed since to number from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN					
_ a Sponse	The state of the s	50 (2011-1004 p.m. 04) 255 (36-201-00 601			4c PN	***				
		ts at the beginning of the plan year				67				
		ts at the end of the plan year			. 5b	67				
		h account balances as of the end of the			5c	67				
	the part of the event of the part of the p	participants at the beginning of the pla			5d(1)	46				
		participants at the end of the plan yea	17			45				
e Numb	er of participants that	at terminated employment during the	plan year with accrued be	nefits that were less	5e	0				
Under pena SB or Sche	penalty for the late	e or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, as	Ireport will be assessed tions, I declare that I have	unless reasonable ca examined this return/re	port, including,	if applicable, a Schedule				
SIGN	Hit		10/17/16	STEPHEN GERST	MANN					
HERE	Signature of plan	administrator	Dete	Enter name of individ	dual signing as p	olan administrator				
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as e	employer or plan sponsor				
Carol C	name (including firm Colby	name, if applicable) and address (inc			Preparer's tel	ephone number 7-776-2125				
119 E F	Palatine Road	l, Suite 104								
Palatir	e	TI. 60067								

-	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									Yes	No No
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes [No [Not	determin	ed
Par		1	ı			_					
	Plan Assets and Liabilities		(a) Beginning			1		(b) En	d of Ye		005
172	Total plan assets	7a 7b		7,29	2,18	1			6	,740,	095
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b		7,29	2.18	1				,740,	095
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amor		4,10	+		(b)	Total	,,,,,,,	055
	Contributions received or receivable from:		(a) Alliot	12.000				(13)	Total		
	1) Employers	8a(1)			3,14						
	(2) Participants	8a(2)		18	9,09	3					
	(3) Others (including rollovers)	8a(3)		7	c 21	0					
	Other income (loss)	8b		- /	6,31	4				245	021
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				+				245,	921
	o provide benefits)	8d		79	7,71	7					
	Certain deemed and/or corrective distributions (see instructions)	8e				0					
_ f	Administrative service providers (salaries, fees, commissions)	8f			29						
	Other expenses	8g				0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)					+				798,	
	Net income (loss) (subtract line 8h from line 8c)					+				-552,	086
_		8j									
Par 9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of PI	an Cha	racteris	stic Co	ndes in t	he instr	uctions		
	2E 2F 2G 2J 2K 2T 3D	icatare oc	aco nom me Elst of th	an ona	dotoni	3110 00	oucs iii t	inc man	10110113.		
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	des in th	e instru	ctions:		
Part	V Compliance Questions										
10					Yes	No	N/A		A	4	
	During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a	103	х	N/A		Amo	Junt	
b	Were there any nonexempt transactions with any party-in-interest					х					
	reported on line 10a.)			10b	ļ.,,		-				
	Was the plan covered by a fidelity bond?			10c	Х					500	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	х					26	5,370
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	Х					56	,910
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(5)		10h		х					
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					- 3		
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	No
	Enter the unpaid minimum required contribution for all years from								1 =		
12	Is this a defined contribution plan subject to the minimum funding	roquirom	ents of section 412 of	ha Cad	0 05 50	otion	302 of E	DICAS		Yes X	No

	Form 5500-SF 2015 Page 3 -						
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			1			
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.		nter the Day		ne letter ruli Year	ing	
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter the minimum required contribution for this plan year	12b					
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 I negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A	
Part '	/II 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 broug of the PBGC?			Yes X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifully which assets or liabilities were transferred. (See instructions.)	y the plan(s) to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)	
Part	VIII Trust Information						
14a I	lame of trust		14b Trust's EIN				
W	EINSTEIN BEVERAGE COMPANY RETIREMENT SAVINGS & INVESTMENT TRUS	ST		91-2038037			
	Name of trustee or custodian EPHEN GERSTMANN		14d Trustee's or custodian's telephone number 509-662-9631				
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Ye				
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	safe ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "co testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	01(m)-	Ye		No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage st		rage efit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	1000 1000 10 00 1000 1000 1000 1000 100	Ye	*	No		
17a	Has the plan been timely amended for all required tax law changes?		Ye	s	No	□ N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted . for tax law changes and codes).	Enter the	applicat	ole code _	(See ir	nstruction	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial n	umber				or	
4	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter		the plan	n's last fav	rorable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes	3	No		
19	Were in-service distributions made during the plan year?		Ye	S	No		
	If "Yes," enter amount		19				
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wiretired), as required under section 401(a)(9)?	nether or not	Ye	S	No	N/A	