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.

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Part I	Annual Repor	t identification information								
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending 0	3/31/2016						
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a	· ·						
	·	a one-participant plan	a foreign plan							
B This retu	ırn/report is	the first return/report	X the final return/report							
		an amended return/report	a short plan year return/report (less than 12 n	nonths)						
C Check I	oox if filing under:	Form 5558	automatic extension	DFVC program						
-		special extension (enter desc								
Part II	Basic Plan Inf	ormation—enter all requested in	formation	T -						
1a Name of plan WEINSTEIN BEVERAGE COMPANY RETIREMENT SAVINGS & INVESTMENT PLAN				1b Three-digit plan number (PN) ▶	002					
				1c Effective date						
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)	2b Employer Identification Number (EIN) 91-0712045						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WEINSTEIN BEVERAGE COMPANY					lephone number 662-9631					
					2d Business code (see instructions)					
410 PETERS				424400						
WENATORIE	E, WA 98801-5999									
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.	3b Administrator's EIN						
				3c Administrator's telephone number						
			the last return/report filed for this plan, enter the	4b EIN						
	, EIN, and the plan ni or's name	umber from the last return/report.		4c PN						
		s at the beginning of the plan year.		5a	67					
_				5b	(
		' '	the plan year (only defined contribution plans	5c						
			lan year	5d(1)	45					
			ar	5d(2)						
than	100% vested		e plan year with accrued benefits that were less	5e	(
			n/report will be assessed unless reasonable ca							
SB or Sche		and signed by an enrolled actuary,	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repo							
		d/valid electronic signature.	01/17/2017 STEPHEN GERSTMA	ANN						

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

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

HERE

SIGN HERE

CAROL COLBY

PALATINE, IL 60067

119 E PALATINE ROAD, SUITE 104

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

847-776-2125

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 6a Were all of the plan's assets during the plan year invested in eligible. b Are you claiming a waiver of the annual examination and report of 								X Ye	es No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	and condition	ons.)						X Ye	es No
C If the plan is a defined benefit plan, is it covered under the PBGC in						-	_	Not de	termined
Part III Financial Information				-					
7 Plan Assets and Liabilities		(a) Beginning	of Year				(h) End	of Year	
a Total plan assets	7a		740095			<u> </u>	(5) =::0	01 1041	0
b Total plan liabilities	7b		C)					0
C Net plan assets (subtract line 7b from line 7a)	7c	6	740095						0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) .	Γotal	
a Contributions received or receivable from: (1) Employers	8a(1)	V -7)	(2) 1000					
(2) Participants	8a(2)		36037						
(3) Others (including rollovers)	8a(3)		288	3					
b Other income (loss)	8b		-19972						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				42883				33
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6782873							
e Certain deemed and/or corrective distributions (see instructions).	8e	0							
f Administrative service providers (salaries, fees, commissions)	8f	105							
g Other expenses	8g	0							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				6782978				78
i Net income (loss) (subtract line 8h from line 8c)	8i							-674009	95
j Transfers to (from) the plan (see instructions)	Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature cod	es from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b If the plan provides welfare benefits, enter the applicable welfare to	feature code	s from the List of Pla	n Char	acterist	tic Cod	des in t	he instr	uctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not ir	clude transactions	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 ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of tl	ne benefits under	10e	X					3890
f Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year-er	nd.)	10g		Χ				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10h	Χ					
i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i	X					

rm 5500-SF 2016	
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Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and come 5500) and line 11a below)						Yes		No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					[Yes	X	No
	,	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins nting the waiver		ns, and	d enter t Day		of the lo		uling	_
lf :	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.							
b	Ente	r the minimum required contribution for this plan year			12b					
С	Enter	r the amount contributed by the employer to the plan for this plan year			12c					
d	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)									
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?				X Ye	S	No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a					0
b							X Yes	1	No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identich assets or liabilities were transferred. (See instructions.)	fy the	plan(s)	to					
1	13c(1) Name of plan(s): 13c(2)					s) 13c(3) PN(s)				
PEPSI-	EPSI-COLA BOTTLERS STANDING-IN-THE-FUTURE 401(K) MULTIPLE EMPLOYER PLAN 47-4984225					5 001				
Part	VIII	Trust Information								
		e of trust BEVERAGE COMPANY RETIREMENT SAVINGS & INVESTMENT TRUST				rust's I				
		e of trustee or custodian GERSTMANN				telepho	s or cus ne numb	oer	's	
Part	t IX	IRS Compliance Questions								
15a	Is the	e plan a 401(k) plan? If "No," skip b	🛮	Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		safe h	ent year'	Į	"Prio test	r year'	" ADP)
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply:		Ratio perce test	entage		verage enefit te	st [] N/	′A
16b		the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) ne plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the I	e plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etter/ and the serial number								f
	lette		nter the	e date	of the m	ost rec	ent dete	rminat	tion	
	Were	ned Benefit Plan or Money Purchase Pension Plan Only: e any distributions made during the plan year to an employee who attained age 62 and had not sepa ice?		from	Yes	s [No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Yes	s [No			

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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

2016

This Form is Open to **Public Inspection**

	t identification information							
For calendar plan year 2016 or	fiscal plan year beginning X a single-employer plan	01/01/2016	and ending	03/31/2				
A	an (not multiemployer) (
A This return/report is for:	a one-participant plan	a foreign plan	nployer information in ac	ccordance with th	e form instructions.)			
B This return/report is	the first return/report	X the final return/report						
D This return report is	an amended return/report	a short plan year return	n/report (less than 12 m	onthe)				
E20 SAN 15550 (\$1000) 8)		Ma short plan year retuin	inteport (less than 12 in	ionars)				
C Check box if filing under:	X Form 5558	automatic extension		DFVC progra	m			
v	special extension (enter desc	cription)						
Part II Basic Plan Inf	formation—enter all requested in	nformation						
1a Name of plan				1b Three-digi				
WEINSTEIN BEVERAGE	plan numb (PN) ▶							
Negative constitution in the constitution of		1c Effective of 01/01/1						
Mailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P. once, country, and ZIP or foreign pos		ruotions)		Identification Number 0712045			
WEINSTEIN BEVERAGE	- 50.00 Mag 18	tal code (ii loreign, see insti	(uctions)	2c Sponsor's telephone number 509-662-9631				
410 PETERS STREET H		2d Business code (see instructions) 424400						
WENATCHEE	WA 98801-599	10						
	and address Same as Plan Spo			3b Administra	itor's FIN			
	and decrees El same do rian ope	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
				3c Administrator's telephone number				
	he plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN				
	number from the last return/report.			- 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18				
a Sponsor's name				4c PN				
5a Total number of participan	ts at the beginning of the plan year.			. 5a				
	ts at the end of the plan year			5b	0			
	h account balances as of the end of			5c				
d(1) Total number of active p	participants at the beginning of the p	olan year						
d(2) Total number of active p	participants at the end of the plan ye	ear		5d(2)	45			
	at terminated employment during the							
than 100% vested				5e	0			
Linder penalties of perium and	e or incomplete filing of this retur other penalties set forth in the instru	rn/report will be assessed	unless reasonable ca	use is establishe	applicable a Schodule			
SB or Schedule MB completed belief, it is true, correct, and cor	and, signed by an enrolled actuary,	as well as the electronic ver	rsion of this return/repor	t, and to the best	of my knowledge and			
SIGN .	w	1/17/17	STEPHEN GERST	MANN				
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN								
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signing as em	nployer or plan sponsor			
Preparer's name (including firm	name, if applicable) and address (i		er)	Preparer's teler				
Carol Colby			(877)		776-2125			
119 E Palatine Road	. Suite 104				control market in the Control of			
	,			and the second second				
Palatine	IL 60067							

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b	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 If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	account t inste	ant (IC	PA) Form	 1 5500.			Yes No Yes No determined
	rt III Financial Information		- J		\$40		,	<u></u>	<u> </u>	
7	Plan Assets and Liabilities		(a) Beginning	of Year	. 1			(b) End	of Year	•
a	Total plan assets	7a		740,				(-/		0
-	Total plan liabilities	7b			0	11.5				0
	Net plan assets (subtract line 7b from line 7a)	7c	6,	740,	095	THE CO				0
3.000	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
	Contributions received or receivable from: (1) Employers	8a(1)		ette seeve	6,530					
	(2) Participants	8a(2)		36,	037		gotti.			
	(3) Others (including rollovers)	8a(3)	8a(3) 288					Hole	Hornit	PERSONAL PROPERTY.
b	Other income (loss)	8b		-19,	972					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2000000			42,883		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6,	782,873						
е	Certain deemed and/or corrective distributions (see instructions)	8e		4	0				igker.	
f	Administrative service providers (salaries, fees, commissions)	8f			105					
g	Other expenses	8g			0				hessi	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6,782,978			
i	Net income (loss) (subtract line 8h from line 8c)	81	医新足型医阴风 其中 11/10 (1) 第二章 平				-6,740,095			
j	Transfers to (from) the plan (see instructions)				900					
Par	t IV Plan Characteristics				- 745/			elines del Julio VIII		
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe			V-1.10.250.21+330						:
Par	N X 20 20 20 20 20 20 20 20 20 20 20 20 20		S NOM the List of File	ii Onan			103 111	ne man	delions.	
10	During the plan year:				Yes	No	N/A		Amo	unt
а		oluntary Fi	duciary Correction	10a	,,,,	х			Allio	unt
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	х					500,000
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10е	х					3,890
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-er	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			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	ne required	notice or one of the	10i	х					

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Part									
11	Is this a defined benefit plan subject to minimum fundin (Form 5500) and line 11a below)	g requirements? (If "Yes," see inst	ructions and	complete Sch	edule S	В] [Y	es 🗌 No	
11a	Enter the unpaid minimum required contributions for al								
12	Is this a defined contribution plan subject to the minimum						ПΥ	es 🛭 No	
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and				•••••				
а	If a waiver of the minimum funding standard for a prior	year is being amortized in this plar						ruling	
If	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 c				_ Day		Year		
100	Enter the minimum required contribution for this plan ye				12b				
100000000000000000000000000000000000000	Enter the amount contributed by the employer to the pla				12c				
d	Subtract the amount in line 12c from the amount in line negative amount)				12d				
е	Will the minimum funding amount reported on line 12d					Yes	No	N/A	
Part				-					
13a	Has a resolution to terminate the plan been adopted in any	plan year?				X Yes	. ∏ No	 G	
	If "Yes," enter the amount of any plan assets that rever				13a			0	
b	Were all the plan assets distributed to participants or b control of the PBGC?						X Yes	No	
С	If, during this plan year, any assets or liabilities were transferred. (See instruc	ansferred from this plan to another			to				
-	13c(1) Name of plan(s):	dions.)	A	13c(2)	EIN(s)		13c(3)	PN(s)	
Peps	i-Cola Bottlers Standing-in-the-Future	401(k) Multiple Employ	er Plan	47-49					
Part	VIII Trust Information								
14a	Name of trust				14b	Trust's E	IN		
WEI	NSTEIN BEVERAGE COMPANY RETIREMENT	r savings & investmen	T TRUST	•	9	1-203	38037		
14c	Name of trustee or custodian					Trustee's or custodian's			
STE	PHEN GERSTMANN					telephone number 509-662-9631			
Par	t IX IRS Compliance Questions								
15a	Is the plan a 401(k) plan? If "No," skip b			Yes	en de la composition	[No		
15b	How did the plan satisfy the nondiscrimination requirem				n-based arbor	, ["Prior ye	ar" ADP	
	401(k)(3) for the plan year? Check all that apply:			"Curre	ent year est	" [] N/A		
16a	What testing method was used to satisfy the coverage r year? Check all that apply:			Ratio perce	entage		verage enefit test	□ N/A	
16b	Did the plan satisfy the coverage and nondiscrimination for the plan year by combining this plan with any other p					[No		
17a	If the plan is a master and prototype plan (M&P) or volu the letter and the serial nur	me submitter plan that received a			or advi	sory lett	er, enter the	date of	
17b	If the plan is an individually-designed plan that received letter	a favorable determination letter from	om the IRS,	enter the date	of the m	ost rece	ent determin	ation	
18	Defined Benefit Plan or Money Purchase Pension Plan Were any distributions made during the plan year to an service?	employee who attained age 62 and			Ye	s [] No		
19	Was any plan participant a 5% owner who had attained				Ye	s [] No		