## 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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the instruc	tions to the Form 550	<del>10-</del> 3г.				
Р	art I	Annual Report	Identification Information							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	012			
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	ant plan		
В	This retu	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
С	Check b	oox if filing under:	Form 5558	automatic extension			X DFVC progra	m		
			special extension (enter desc	ription)						
P	art II	Basic Plan Info	rmation—enter all requested in	formation						
1a	Name of	of plan				1b	Three-digit			
EPIC	UREAN	WINES, L.L.C. 401K	PROFIT SHARING PLAN				plan number			
							(PN) ▶	001		
						1c	Effective date of	plan		
							01/01/			
		oonsor's name and add I WINES, L.L.C.	dress; include room or suite numb	er (employer, if for a single-	employer plan)		Employer Identif			
	JOREAN	· • • • • • • • • • • • • • • • • • • •				-	(EIN) 91-199			
						2C	Sponsor's telepl			
811 SFA	FIRST A TTI F. W	VE, SUITE 360 /A 98104				24				
<b>-</b>	,					Zu	Business code (: 42480			
3a	Plan ac	łministrator's name an	nd address X Same as Plan Spon	sor Name Same as Plan	Sponsor Address	3h	Administrator's E			
- Cu	i idii de	anninotrator o name an	a dadress Meanie de Fian epon		oponioor riadrooc		, tarrimiotrator o E	-11 4		
						3c	Administrator's t	elephone number		
4	If the n	ame and/or EIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b	EIN			
			mber from the last return/report.							
		or's name				4c	PN			
5a			at the beginning of the plan year.			5a		9		
b			at the end of the plan year			5b		9		
С			account balances as of the end of		•	5c		9		
6a	•	•	s during the plan year invested in e					X Yes No		
b			the annual examination and repo							
			? (See instructions on waiver eligib					X Yes No		
	If you	answered "No" to ei	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.			
Ca	ution: A	penalty for the late of	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	use is e	established.			
Un	der pena	alties of perjury and oth	her penalties set forth in the instru	ctions, I declare that I have	examined this return/re	port, in	cluding, if applica	able, a Schedule		
			nd signed by an enrolled actuary, a	as well as the electronic vers	sion of this return/report	t, and to	o the best of my	knowledge and		
bei	ier, it is t	rue, correct, and comp	Dete.							
SIG	SN N	Filed with authorized/	Filed with authorized/valid electronic signature. 08/26/2014 CINDY OSWALT							
HE	RE	Signature of plan a	dministrator	Date	Enter name of individ	lual sigi	ning as plan adm	ninistrator		
SIG	≥NI						у его респектован			
HE		Ciamatuma at amunia	/alan ananan	Dete	Fatan name of individ	المام الماما	-:			
Dro	narer's i	Signature of emplo	yer/plan sponsor ame, if applicable) and address; ir	Date	Enter name of individ			r or plan sponsor number (optional)		
1.16	paiei s i	iame (including iiilli li	ano, ii applicable) and addiess, ii	icidae room of suite number	(οριιοπαι)	i iebo	arci s telebrione	number (optional)		
1										

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	(b) End of Year						
a	Total plan assets	7a	` ' '	355628			433935				
	Total plan liabilities	7b		0						0	
С	Net plan assets (subtract line 7b from line 7a)	7c	35562	28					43393	35	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	ı		
	Contributions received or receivable from:		, ,								
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)	3991								
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b	3839	92							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7830	)7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
	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								0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							7830	07	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension and applicable pension applicable pension and applicable pension applicable pens	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	c Cod	les in t	he instru	tions	:		
Pari	Part V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
a				10a		X		741			
b		? (Do not	include transactions reported	10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е		ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount as					X					
h	If this is an individual account plan, was there a blackout period? (	(See instru	uctions and 29 CFR	10g 10h		X					
i	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	ne required	d notice or one of the								
Part		1-3		10i							
11	Is this a defined benefit plan subject to minimum funding requirem							Τ	7 vo	s $\Pi$ No	
11a		5500) and line 11a below) Yes I refer the amount from Schedule SB line 39.								S I INC	
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	.   [	Yes	s X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-			•						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of	the I		uling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year					12b					

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	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):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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## 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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information				
For calenda	ar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending		12/31/2012
A This ret	urn/report is for: X a single-employer plan	a multiple-employer pl	an (not multiemployer)	[	a one-participant plan
B This ret	urn/report is: the first return/report	the final return/report			
	an amended return/report	a short plan year return	/report (less than 12 mg	onths)	
C Check I	pox if filing under: Form 5558	automatic extension			X DFVC program
	special extension (enter descrip	ption)			
Part II	Basic Plan Information—enter all requested info				
1a Name	·	THE COLUMN TO TH		1b	Three-digit
	ean Wines, L.L.C. 401k Profit Shar	ing Plan			plan number 001
					(FN) F
					Effective date of plan 01/01/2006
	ponsor's name and address; include room or suite number ean Wines, L.L.C.	r (employer, if for a single-	employer plan)		Employer Identification Number (EIN) 91-1991908
_prour	Jan 111105, 212101				Sponsor's telephone number
811 Fi:	rst Ave, Suite 360				206-923-1376
				2d	Business code (see instructions)
Seattle	And the state of t				424800
3a Plan a	dministrator's name and address 🗓Same as Plan Sponso	or Name XSame as Plan	Sponsor Address	3b	Administrator's EIN
				3с	Administrator's telephone number
4 If the r	name and/or EIN of the plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	4b	FIN
	, EIN, and the plan number from the last return/report.				
	or's name			4c	
49	number of participants at the beginning of the plan year			5a	9
	number of participants at the end of the plan year			5b	9
	er of participants with account balances as of the end of the this item)			5c	9
6a Were	all of the plan's assets during the plan year invested in eli	gible assets? (See instruc	tions.)		X Yes No
	ou claiming a waiver of the annual examination and report			1000	X Yes No
	29 CFR 2520.104-46? (See instructions on waiver eligibil answered "No" to either line 6a or line 6b, the plan ca				
	penalty for the late or incomplete filing of this return/				
	alties of perjury and other penalties set forth in the instruct				
SB or Sche	edule MB completed and signed by an enrolled actuary, as				
bellet, it is i	true, correct, and complete.				
SIGN HERE	andy Swall Kesserreic	9 8/24/14	Cindy Oswalt		
TILKL	Signature of plan administrator	Date	Enter name of individe	ual sig	ning as plan administrator
SIGN					
HERE	Signature of employer/plan sponsor	Date			ning as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address; inc	clude room or suite numbe	r (optional)	Prepa	arer's telephone number (optional)
			ĺ		
1			I		

Pa	rtill Financial Information				·						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) En	d of Y	ear		
a	Total plan assets	7a		5562	28				4	33935	
b	Total plan liabilities	7b			0					C	
С	Net plan assets (subtract line 7b from line 7a)	7c	3.	355628			4339			133935	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount				(b) Total			
а	Contributions received or receivable from:	l						*			
	(1) Employers	8a(1)		2001	-						
	(2) Participants	8a(2)		3991	-3						
	(3) Others (including rollovers)	8a(3)	<del></del>	2020	<u> </u>			<u> </u>			
	Other income (loss)	8b		3839	<sup>,</sup> 2						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	+					78307	
d —	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			9						
f_	Administrative service providers (salaries, fees, commissions)	8f	***		9						
<u>g</u>	Other expenses	8g			<u> </u>						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h_			_						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			- -					78307	
	Transfers to (from) the plan (see instructions)	8j				_					
9a b	3D 2E 2G 2J 2K 2F  If the plan provides welfare benefits, enter the applicable welfare for										
Par					V 1	Na					
10	During the plan year:	Alama wildhir	- the time period described in		Yes	No	-	Am	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Corr	ection Program)	10a		Х					
t	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				### ### ### ### ### ### ### ### ### ##	
C	Was the plan covered by a fidelity bond?			10c		Х					
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х					
6	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х					
<u></u>	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	he required	I notice or one of the	10i							
Par	VI Pension Funding Compliance		<u> </u>								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	∏ No	
118	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				ERISA?	[ [	Yes	X No	
	(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 ranting the waiver.	ng amortize	ed in this plan year, see instru		, and e	enter ti Day		f the le		ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
t	Enter the minimum required contribution for this plan year					12b					

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	Enter the amount contributed by the employer to the plan	n for this plan year				12c			
d	Subtract the amount in line 12c from the amount in line 1 negative amount)	2b. Enter the result (	enter a minus	sign to the le	ft of a	12d			<u> </u>
е	Will the minimum funding amount reported on line 12d b	e met by the funding	deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of A	ssets							
13a	Has a resolution to terminate the plan been adopted in any p	olan year?					es X N	0	
	If "Yes," enter the amount of any plan assets that reverte	ed to the employer th	s year			13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?						control		Yes	X No
С	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct	•	to another pl	an(s), identify	the plan(s)	to			
1	3c(1) Name of plan(s):				1	13c(2) EIN(s) 13c(3)			) PN(s)
							-		
					-			<del> </del>	
							- 11	_	
								<u> </u>	
Part	VIII Trust Information (optional)								
14a	Name of trust					14b Trust's EIN			
1	Epicurean Wines LLC 401k Profit Sh	a					20-5	566870	)

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