Form 5500-SF Short Form Annual Return/Report of Small Emplo							OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service Department of Labor Department of Labor Employee Benefits Security Administration						2013			
						This Form is Open to Public			
	enefit Guaranty Corporation	tions to the Form 5500)-SF.	Ins	pection				
Part I	Annual Report Id								
For calend	ar plan year 2013 or fisca	and ending 1	2/31/2	2013					
A This ref	turn/report is for:	an (not multiemployer)		a one-particip	pant plan				
B This ret	turn/report is:		the final return/report						
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)				
C Check box if filing under:						DFVC progra	IM		
		special extension (enter description							
Part II		mation—enter all requested informat	tion		41				
1a Name					10	Three-digit plan number			
	EPICUREAN WINES, L.L.C. 401K PROFIT SHARING PLAN					(PN) ►	001		
							f plan		
0	<u> </u>	<u> </u>				01/01/			
2a Plan s EPICUREAI	ponsor's name and addre	ess; include room or suite number (em	nployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-19	fication Number 91908		
811 FIRST	AVE, SUITE 360				2c	Sponsor's telep 206-923			
SEATTLE, V					2d	Business code (42480			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	b Administrator's EIN			
		—	_		•	3c Administrator's telephone number			
name	, EIN, and the plan numb	blan sponsor has changed since the las	st return/report filed fo	r this plan, enter the		EIN			
	or's name				4c PN				
		t the beginning of the plan year			5a		9		
		t the end of the plan year			5b		8		
		count balances as of the end of the pla			5c		8		
6a Were	all of the plan's assets d	during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No		
		he annual examination and report of ar							
		See instructions on waiver eligibility ar her line 6a or line 6b, the plan cannot					X Yes No		
-		plan, is it covered under the PBGC inst					Not determined		
	· · · ·	incomplete filing of this return/reporter penalties set forth in the instructions,					abla a Sabadula		
SB or Sche		signed by an enrolled actuary, as well							
SIGN	Filed with authorized/va	ilid electronic signature.	08/26/2014	CINDY OSWALT					
HERE	Signature of plan adm	nature of plan administrator Date Enter name of individ		ual sig	jning as plan adn	ninistrator			
SIGN									
HERE	Signature of employe		Date		idual signing as employer or plan spons				
Preparer's	name (including firm nam	me, if applicable) and address; include	room or suite number	r (optional)	Prep	arer's telephone	number (optional)		

7 Plan Assets and Liabilities			(a) Beginning of Yea	r		(b) End of	Year
a Total plan assets	7a	43393	5	554473			
b Total plan liabilities		7b	0				
C Net plan assets (subtract line 7b from line 7a)		7c	433935		55447		
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount			(b) Tota	al
a Contributions received or receivable from:		0(1)		0			
(1) Employers		8a(1)	3122				
(2) Participants		8a(2)		0			
(3) Others (including rollovers) b Other income (loss)		8a(3) 8b	9271	-			
C Total income (add lines 8a(1), 8a(2), 8a(3)		8c	ULT I	<u> </u>			123939
d Benefits paid (including direct rollovers and	,	00					120000
to provide benefits)	-	8d	340	1			
e Certain deemed and/or corrective distributi	ions (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 8	3g)	8h					3401
Net income (loss) (subtract line 8h from lin	/	8i					120538
Transfers to (from) the plan (see instruction	ns)	8j					
			from the List of Plan Charac				
art V Compliance Questions							
art V Compliance Questions 0 During the plan year:					es No	A	mount
 During the plan year: Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a 	and DOL's Voluntary Fidu	iciary Correc	he time period described in tion Program)		Yes No	Ai	mount
During the plan year:a Was there a failure to transmit to the plan	and DOL's Voluntary Fidu with any party-in-interest	iciary Correc ? (Do not inc	he time period described in tion Program)	۲ ۱	x x	Ai	mount
 During the plan year: a Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions) 	and DOL's Voluntary Fidu with any party-in-interest	iciary Correc ? (Do not inc	he time period described in ction Program) clude transactions reported	10a	x	Ai	mount
 During the plan year: Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.). 	and DOL's Voluntary Fidu with any party-in-interest	iciary Correct? (Do not inc	he time period described in tion Program) Clude transactions reported	10a 10b	x x	Ai	mount
 During the plan year: a Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not response to the plan have a loss. 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's ny brokers, agents, or oth hat provides some or all	iciary Correc ? (Do not inc fidelity bond mer persons to of the benefit	he time period described in ction Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See	10a 10b 10c	X X X		mount
 During the plan year: a Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a on line 10a.) b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not r or dishonesty? e Were any fees or commissions paid to ar insurance service, or other organization t instructions.) 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's ny brokers, agents, or oth hat provides some or all	iciary Correc ? (Do not ind fidelity bond her persons to of the benefit	he time period described in ction Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, its under the plan? (See	10a / 10b / 10c / 10d / 10d /	X X X X X		mount
 During the plan year: a Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not r or dishonesty? e Were any fees or commissions paid to ar insurance service, or other organization t instructions.) f Has the plan failed to provide any benefit 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's ny brokers, agents, or oth hat provides some or all	iciary Correc ? (Do not ind fidelity bond her persons to of the benefit	he time period described in tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, its under the plan? (See	10a 10b 10c 10d 10d 10e	x x x x x x		mount
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 During the plan year: a Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not r or dishonesty? e Were any fees or commissions paid to ar insurance service, or other organization t instructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was to be a failed to plan. 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's ny brokers, agents, or oth hat provides some or all when due under the plan (If "Yes," enter amount as here a blackout period? (x if you either provided th	iciary Correct ? (Do not ind fidelity bond her persons to of the benefit n? s of year end (See instruct he required r	he time period described in ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g	X X X X X X X X X		mount
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 During the plan year: a Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a 29 CFR 2510.3-102? (See instructions a on line 10a.) b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not nor dishonesty? e Were any fees or commissions paid to ar insurance service, or other organization t instructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was t 2520.101-3.) i If 10h was answered "Yes," check the bo exceptions to providing the notice applied art VI Pension Funding Complian 1 Is this a defined benefit plan subject to mit 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's ny brokers, agents, or oth hat provides some or all when due under the plan (If "Yes," enter amount as here a blackout period? (x if you either provided th d under 29 CFR 2520.107 ICE	iciary Correct ? (Do not ind fidelity bond her persons to of the benefit n? s of year end (See instruct he required r 1-3	he time period described in ction Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10a 10b 10c	X X X X X X X X X X	3 (Form	
 During the plan year: a Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions at 20 CFR 2510.3-102? (See instructions at 20 CFR 2510.3-102?) (See instructions at 20 CFR 2510.3-102.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not roor dishonesty? e Were any fees or commissions paid to arr insurance service, or other organization transtructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was the 2520.101-3.) i If 10h was answered "Yes," check the boo exceptions to providing the notice applied at VI Pension Funding Compliant 1 Is this a defined benefit plan subject to mis 5500) and line 11a below) 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's ny brokers, agents, or oth hat provides some or all when due under the plan (If "Yes," enter amount as here a blackout period? (x if you either provided th d under 29 CFR 2520.107 ICE inimum funding requirem	iciary Correct ? (Do not ind fidelity bond ner persons to of the benefit n? (See instruct (See instruct ne required r 1-3 ents? (If "Ye	he time period described in tion Program) clude transactions reported 	10a 10b 10c 10d 10d 10d 10f 10g 10h 10h	X X X X X X X X X X X X X X X X X X X	3 (Form	
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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	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	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?	control		Yes 🗙 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	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be filed u	e	2013					
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 19 the Internal R	This Form is Open to Public Inspection						
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
	dentification Information	01/2012	and anding		12/31/2013			
For calendar plan year 2013 or fisc		01/2013	and ending					
			lan (not multiemployer)		a one-participant plan			
B This return/report is:		e final return/report	- /	enthe)				
			n/report (less than 12 m	ontns)	_			
C Check box if filing under:		utomatic extension			DFVC program			
	special extension (enter description)							
	mation-enter all requested information	on		16	Theo a disit			
1a Name of plan	.C. 401k Profit Sharing	Plan		ar	Three-digit plan number			
Epiculean wines, L.L	.c. for Fibric Sharing	Fian			(PN) • 001			
					Effective date of plan 01/01/2006			
2a Plan sponsor's name and add Epicurean Wines, L.L	ress; include room or suite number (emp . C .	oloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1991908			
811 First Ave, Suite	360			2c	Sponsor's telephone number 206 - 923 - 1376			
				2d	Business code (see instructions)			
Seattle	WA 98104				424800			
3a Plan administrator's name and	l address 🖾Same as Plan Sponsor Nar	ne XSame as Plar	n Sponsor Address	3b	Administrator's EIN			
				3c Administrator's telephone number				
	plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN			
name, EIN, and the plan num a Sponsor's name	ber from the last return/report.			4c PN				
	t the beginning of the plan year							
	t the end of the plan year				9			
	ccount balances as of the end of the pla			50	0			
				5c	8			
 b Are you claiming a waiver of t under 29 CFR 2520.104-46? If you answered "No" to eith 	during the plan year invested in eligible he annual examination and report of an (See instructions on waiver eligibility and her line 6a or line 6b, the plan cannot plan, is it covered under the PBGC insu	independent qualifie d conditions.) use Form 5500-SF	and must instead use	PA) Form				
Caution: A penalty for the late or	r incomplete filing of this return/repor	t will be assessed	unless reasonable car	ieo ie	established			
Under penalties of perjury and other	er penalties set forth in the instructions, I signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	oort, in	cluding, if applicable, a Schedule			
SIGN Circly Q	Swak Kosianeri	8/24/14	Cindy Oswalt					
HERE Signature of plan ad	Enter name of individ	ual sig	ning as plan administrator					
SIGN								
HERE Signature of employ Preparer's name (including firm name)	er/plan sponsor me, if applicable) and address; include r	Date oom or suite numbe			ning as employer or plan sponsor arer's telephone number (optional)			
FOF Paperwork Reduction Act Notice			~		Form 5500-SF (2013)			

Pa	ft III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ir		(b) End o	f Year			
а	Total plan assets	7a	4	33935	5 554					
b	Total plan liabilities	7b		0						
c	Net plan assets (subtract line 7b from line 7a)	7c	4339						4473	
8	come, Expenses, and Transfers for this Plan Year (a) Amount				(b) To	tal				
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		31224						
<u> </u>	Others (including rollovers)			0						
	other income (loss)			92715					<u> </u>	
 C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12	3939	
	Benefits paid (including direct rollovers and insurance premiums		1999 - Real Control - State Contro							
	to provide benefits)	8d		3401						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0		n fag e la Airtín				
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							3401	
i	Net income (loss) (subtract line 8h from line 8c)	8i		1. 				12	0538	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics		1							
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2G 2J 2K 2F	feature co	des from the List of Plan Char	acteristic	Codes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristic (Codes in f	the instructio	ns:			
Par	t V Compliance Questions									
10	During the plan year:			Y	es No	A	mount			
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withi Iciary Cori	n the time period described in rection Program)	10a	x					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10Б	x					
C	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?			100	x					
e										
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x					
f	Has the plan failed to provide any benefit when due under the plan			10f	x					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end)	10g	x					
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	uctions and 29 CFR	10g	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	e required	I notice or one of the	101						
Parl	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete Sci	hedule SI	B (Form	 П Yе	s [] No	
11a	Enter the unpaid minimum required contribution for current year fr					I		- L		
12	Is this a defined contribution plan subject to the minimum funding								No	
				OI SECU	JII 302 OF			Чκ	1 100	
a	(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 bein granting the waiver.	g amortiz	ed in this plan year, see instruc		id enter ti Day		e letter 'ear	ruling		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule				Day	\	G ai	_		
	Enter the minimum required contribution for this plan year				12b			_		

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		Т		1				
C	Enter 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).							
e	e Will the minimum funding amount reported on line 12d be met by the funding deadline?			۱ 🗌	′es [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	XN)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	•••••	13a			-		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						es	X No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)							
	I3c(1) Name of plan(s):	1	13c(2) EIN(s)			130	PN(s)	
·								
Part	VIII Trust Information (optional)							
14a	Name of trust		14b ⊤	rust's	EIN			
	Epicurean Wines LLC	20-5566870						