## 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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit EPICUREAN WINES, L.L.C. 401K PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number EPICUREAN WINES, L.L.C. (EIN) 91-1991908 Sponsor's telephone number 206-923-1376 811 FIRST AVE, SUITE 360 SEATTLE, WA 98104 Business code (see instructions) 424800 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a 8 **b** Total number of participants at the end of the plan year..... 5b 10 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 5 d(2) Total number of active participants at the end of the plan year..... 5d(2) 4 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	04/23/2015	CINDY OSWALT				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spor				
Preparer's name (including firm name, if applicable) and address (including		oom or suite number	r) (optional)	Preparer's telephone number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot fill the line in the line fill th	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d use	PA)  <b>Form</b>	5500.	X Yes [	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)?		Yes	No Not determined	<u>a</u>
Par -					-			
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year	
	Fotal plan assets	7a	5544				565791	
	Fotal plan liabilities	7b	EE A /	0			0	
	Net plan assets (subtract line 7b from line 7a)	7c	5544	113			565791	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:  (1) Employers	8a(1)		0				
	2) Participants	8a(2)	112	280				
	3) Others (including rollovers)	8a(3)		0				
-	Other income (loss)	8b	338	394				
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					45174	
	Benefits paid (including direct rollovers and insurance premiums							
1	o provide benefits)	8d	187					
_ е	Certain deemed and/or corrective distributions (see instructions)	8e	151					
<u>f</u>	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					33856	
<u>_i</u> _	Net income (loss) (subtract line 8h from line 8c)						11318	
_ j ·	Fransfers to (from) the plan (see instructions)	8j		0				
Par	IV Plan Characteristics							
b	3D 2E 2G 2J 2K 2F  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
10	During the plan year:				Yes	No	Amount	
а b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Corı	rection Program)	10a		X		
	on line 10a.)	`	•	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X		600	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er person of the ben	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	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear 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 the exceptions to providing the notice applied under 29 CFR 2520.101	ne require	d notice or one of the	10i				
Part								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							No
11a	Enter the unpaid minimum required contribution for current year fro					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,							
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 instruc		, and e	enter th Day		

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 1	3.		
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		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		nt under the contro	1	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

## **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.

2014

OMB Nos: 1210-0110 1210-0089

This Form is Open to Public Inspection

For calenda	ar plan year 2014 o	fiscal plan year beginning	01/01/2014	and ending	12/31/2	2014		
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) ( oyer information in accord				
		a one-participant plan	a foreign plan					
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)			
C Check t	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram		
C CHOOK	JOX II IIIII g GINGOI.	special extension (enter descr	iption)					
Part II	Basic Plan In	formation—enter all requested inf	ormation					
1a Name EPICURE	of plan EAN WINES, L	1b Three-digit plan number 001 (PN) ▶						
					1c Effective date of plan 01/01/2006			
	ponsor's name and EAN WINES, I	address; include room or suite number $1.1 \cdot C_{\odot}$	er (employer, if for a single	e-employer plan)	977 8755 965	dentification Number 1991908		
811 FIF	RST AVE, SUI	TE 360			<b>2c</b> Sponsor's 206-923	telephone number 3-1376		
SEATTLE	<b>Ξ</b>	WA 98104			2d Business c 424800	ode (see instructions)		
3a Plan a	dministrator's name	and address XSame as Plan Spons	SOF.		3b Administrat	or's EIN		
					3c Administrat	or's telephone number		
4 If the r	name and/or EIN of	the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN			
name		number from the last return/report.	the last retains specificate	ro, and plan, enter and	4c PN			
		nts at the beginning of the plan year			5a	8		
		nts at the end of the plan year			5b	10		
C Numb	er of participants wi	th account balances as of the end of	the plan year (defined ber	nefit plans do not	5c	<u> </u>		
		participants at the beginning of the pl			5d(1)	Ę		
<b>d(2)</b> Tot	al number of active	participants at the end of the plan year	ar	\$100	5d(2)	4		
		t terminated employment during the p			5e	(		
Caution: A	penalty for the la	te or incomplete filing of this return	n/report will be assesse	d unless reasonable cau	ise is establishe	d.		
SB or Sche	alties of perjury and edule MB completed true, correct, and co	other penalties set forth in the instruct and signed by an enrolled actuary, a complete.	ctions, I declare that I hav as well as the electronic v	e examined this return/re ersion of this return/report	port, including, if a , and to the best o	pplicable, a Schedule of my knowledge and		
SIGN	ande	. // 11	4120/201	CINDY OSWALT		la .		
HERE	Signature of plan administrator Date Enter name of individ		Enter name of individ	ual signing as pla	n administrator			
SIGN HERE								
	Signature of em	ployer/plan sponsor	Date			ployer or plan sponsor		
Preparer's	name (including fire	n name, if applicable) and address (in	nclude room or suite numi	per ) (optional)	Preparer's telep	hone number (optional)		

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I OIIII	3300-01	2017

<ul> <li>Were all of the plan's assets during the plan</li> <li>Are you claiming a waiver of the annual examinder 29 CFR 2520.104-46? (See instruction if you answered "No" to either line 6a or limited to the plan is a defined benefit plan, is it covered.</li> </ul>	mination and report of a ns on waiver eligibility a ine 6b, the plan cann	an independe and condition ot use Form	ent qualified public accounta s.) 5500-SF and must instead	nt (IQI  <b>i use</b>	PA) Form	5500.		X Ye	es 🗍	No No
Part III Financial Information										
7 Plan Assets and Liabilities			(a) Beginning of Yea	r			(b) End	of Year		
a Total plan assets		7a		5447	3		7-6-		565	791
b Total plan liabilities		7b			0					0
Manufacture Manufa		7c	5,5	5447	3				565	791
8 Income, Expenses, and Transfers for this Pla		70	(a) Amount		+		(b) To	ntal		
a Contributions received or receivable from:	iii i cai		(a) Allount		_		(10) 11	,tai		
(1) Employers		8a(1)			0					
(2) Participants		8a(2)	1	L128	0					
(3) Others (including rollovers)		8a(3)			0					
b Other income (loss)		8b		3389	4					
C Total income (add lines 8a(1), 8a(2), 8a(3), a		8c							45	174
d Benefits paid (including direct rollovers and i						- 10				
to provide benefits)		8d	-	1870	1					
e Certain deemed and/or corrective distribution	ns (see instructions)	8e		1515	5					
f Administrative service providers (salaries, fe	es, commissions)	8f			0					
g Other expenses		8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)		8h							33	856
Net income (loss) (subtract line 8h from line	92.90	8i							11	318
Transfers to (from) the plan (see instructions		8j			0					
b If the plan provides welfare benefits, enter the Part V Compliance Questions	те аррисавте wettare п	eature codes	Tion the List of Flair Official				no modado			
10 During the plan year:					Yes	No		Amoun	t	
a Was there a failure to transmit to the plan a 29 CFR 2510.3-102? (See instructions an				10a		Х		ranoun		
b Were there any nonexempt transactions won line 10a.)	th any party-in-interest	? (Do not inc	clude transactions reported	10b		х				
C Was the plan covered by a fidelity bond?				i	Х				6.0	0000
<b>d</b> Did the plan have a loss, whether or not re	imbursed by the plan's	fidelity bond	, that was caused by fraud	10c		х				
or dishonesty?      Were any fees or commissions paid to any insurance service, or other organization the instructions.)	brokers, agents, or otl at provides some or all	ner persons to of the benefi	by an insurance carrier, its under the plan? (See	10e		Х				
f Has the plan failed to provide any benefit v	when due under the pla	n?		10f		Х				
g Did the plan have any participant loans? (I				10g		Х				
h If this is an individual account plan, was the 2520.101-3.)				10h		Х				
i If 10h was answered "Yes," check the box exceptions to providing the notice applied				10i						
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to min 5500) and line 11a below)								ΠΥ	es 📗	No
11a Enter the unpaid minimum required contrib	ution for current year f	rom Schedul	e SB (Form 5500) line 39		*****	11a				
12 Is this a defined contribution plan subject t	o the minimum funding	requiremen	ts of section 412 of the Code	e or se	ection	302 of	ERISA?	Y	es X	No
(If "Yes," complete line 12a or lines 12b, 12										
a If a waiver of the minimum funding standar granting the waiver.	d for a prior year is bei	ng amortized	l in this plan year, see instru	ctions	, and	enter th		he letter Year_	ruling	

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lf	rou 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			
			,		
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	CONT		
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	10	
	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 coof the PBGC?	ontrol	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	3c(1) Name of plan(s): 13	c(2) E	IN(s)	13c(3	3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺	rust's EIN		