-	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be filed u	under sections 104 and 4				2014
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (El	RISA), and sections 605 Revenue Code (the Code		Internal	This F	orm is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	cordance with the instr	ructions to the Form 55	600-SF.	Pupi	ic Inspection
Part I		Identification Information			21/0045		
For calenda		cal plan year beginning 01/01/2015			/ <u>31/2015</u> (Filors ch		······································
	turn/report is for: urn/report is	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report	olan (not multiemployer) (over information in accord rn/report (less than 12 mo	dance wi	-	
				1	, , ,	1	
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter descripti	ion)				
Part II	Basic Plan Infor	rmation—enter all requested inform	nation				
1a Name	of plan					hree-digit	
EPICUREAN	↓ WINES, LLC 401(K) ŀ	PROFIT SHARING PLAN				lan number PN) ►	001
						ffective date of	f plan
		dress; include room or suite number (employer, if for a single	-employer plan)	2b E	mployer Identi	/2006 fication Number
EPICUREAN	I WINES, LLC					,	91908
811 FIRST A	.VE., STE. 360				2c S	ponsor's telep 206-92	
	/A 98104-1462				2d B	usiness code (42480	see instructions)
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor.			3h A	dministrator's l	
		plan sponsor has changed since the	a last return/report filed f	or this plan, enter the	4 b Е		
name,		nber from the last return/report.		-	4c P		
· · ·		at the beginning of the plan year			5a		10
b Total r	number of participants a	at the end of the plan year			5b		0
		account balances as of the end of the			5c		0
	,	ticipants at the beginning of the plan			5d(1)		0
d(2) Tot	al number of active par	ticipants at the end of the plan year					0
		rminated employment during the plan			5d(2))	0
					5e		0
		or incomplete filing of this return/re					
SB or Sche		ner penalties set forth in the instruction ad signed by an enrolled actuary, as w elete.					
SIGN		valid electronic signature.	12/12/2015	CINDY OSWALT			
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual signir	ng as plan adr	ninistrator
	L						
HERE	Signature of employ		Date	Enter name of individu			
Preparer's	name (including firm na	ame, if applicable) and address (inclu	ide room or suite numbe	∍r) (optional)	Prepare	er's telephone	number (optional)

-	Were all of the plan's assets during the plan year invested in eligib		. ,					X Yes	1	٥V
b	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			``	,			X Yes		١o
	If you answered "No" to either line 6a or line 6b, the plan cann									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40)21)?		Yes	No N	ot deter	nined	
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of	Year		
а	Total plan assets	7a	5657						0	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	5657	'91					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
а	Contributions received or receivable from:			0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
b	(3) Others (including rollovers) Other income (loss)	8a(3)	160	-						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c			-			160	35	
d	Benefits paid (including direct rollovers and insurance premiums	<u> </u>			_			100		
	to provide benefits)	8d	5818	826						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5818	26	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-5657	91	
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 $2E$ 2J 2K 2F 2G 3D	feature co	des from the List of Plan Chara	acteri	stic Co	odes in	the instruction	ns:		
		4				1		_		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist		ies in ti	ne instruction	S:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Α	nount		
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		, ,	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		х				
С	Was the plan covered by a fidelity bond?			10c	x				600)0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
е		ner person	s by an insurance carrier,							
	instructions.)		• •	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	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	he require	d notice or one of the	10i						
Part				-	1	1				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes		٩٥
11a	Enter the unpaid minimum required contribution for current year fr					11a		<u></u>		
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes	XI	١o
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					•.		<u> </u>		
2	If a waiver of the minimum funding standard for a prior year is being			otione	and	ontor th	a data of the	lattar ru	ina	

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If you 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 left of negative amount)	a 	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	s	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?		XY	res 🗌	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno of the PBGC?	der the co	ontrol			X Yes	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to	D				
13c(1) Name of plan(s):	13	c(2) El	IN(s)		13c(3)	PN(s)
Part VIII Trust Information (optional)				I		
14a Name of trust	1	4b ⊺	rust's E	IN		

Form 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 104 and	4065 of the Employee R	etirement	2014
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 60 Revenue Code (the Code		Internal	This Form is Open to
Pension Benefit Guaranty Corporation	 Complete all entries in ac 	•	,		Public Inspection
Part I Annual Report	dentification Information	contraince with the list	ructions to the Form 5	500-SF.	
For calendar plan year 2014 or fis		01/01/2015	and ending	07/	31/2015
	x a single-employer plan	a multiple-employer p	lan (not multiemployer)		king this box must attach a list
A This return/report is for:	-	of participating emplo	yer information in accord	dance with th	ne form instructions)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	X the final return/report			
	an amended return/report	X a short plan year retur	n/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension			VC program
e eneck box in hing under.	special extension (enter descrip				
	mation—enter all requested infor	rmation			
1a Name of plan	401(k) Profit Sharin			1b Three	
aproductan wines, the	401(K) PIOIIC Sharin	ig Plan		(PN)	number 001
					tive date of plan
0					01/2006
2a Plan sponsor's name and add Epicurean Wines, LLC	ress; include room or suite number	(employer, if for a single-	employer plan)	2b Emplo	over Identification Number
Sprourean wines, Die					91-1991908
811 First Ave., Ste.	360				sor's telephone number
					-923-1376
Seattle	WA 98104-1462			20 Busin 4248	ess code (see instructions)
3a Plan administrator's name and	address XSame as Plan Sponsor	r.			nistrator's EIN
				3c Admir	istrator's telephone number
4					
4 If the name and/or EIN of the p name, EIN, and the plan num	plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b EIN	
a Sponsor's name	bei nom the last return/report.		1		
5a Total number of participants at	t the beginning of the plan year			4c PN	
b Total number of participants at	t the end of the plan year			5a	10
	count balances as of the end of the			5b	0
complete this item)				5c	0
d(1) Total number of active partie	cipants at the beginning of the plan	year		5d(1)	
d(2) Total number of active partie	cipants at the end of the plan year				0
	ninated employment during the plan			5d(2)	0
less than 100% vested		myeur wan abbraca bene		5e	0
Caution: A penalty for the late or	incomplete filing of this return/re	eport will be assessed a	inless reasonable caus	se is establ	ished.
Under penalties of perjury and othe	r penalties set forth in the instruction	ins I declare that I have	avamined this return/ren	ort including	if applicable - O. L. L.L.
SB or Schedule MB completed and belief, it is true, correct, and completed	ite.	well as the electronic vers	ion of this return/report,	and to the b	est of my knowledge and
SIGN Under	Buat	17 116	Cindy Oswalt		
HERE Signature of plan addr	ninistrator	Date 2015	Enter name of individu	al cianina ca	alan administration
SIGN		- Contraction	Enter name of individu	ar signing as	pian administrator
HERE Signature of employe	r/nlan sponsor	Deta	Para de la compañía d		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Preparer's name (including firm nan	ne, if applicable) and address (inclu	Date Date room or suite number	(optional)	al signing as Preparer's	employer or plan sponsor elephone number (optional)
-	2010 - DAM		, (optional)	i i chai a l	elephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	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	an indeper	ndent qualified public account	ant (IC	(AQ			X Yes		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 cann							X Yes	ι	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir							Not deter	rmine	d
-	rt III Financial Information]				
7	Plan Assets and Liabilities	134-51	(a) Beginning of Ye	ar	1		(b) End	of Voor		
a	Total plan assets	7a		6579	91		(b) Ellu	OI Teal		0
	Total plan liabilities				-	-				
	Net plan assets (subtract line 7b from line 7a)	Ť.	5	6579	91					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	_	
a	Contributions received or receivable from; (1) Employers	. 8a(1)			0		(67)	otai	- 44	ŝ.
	(2) Participants	8a(2)			0	0	- 10 F		102	29
_	(3) Others (including rollovers)	8a(3)			0	0.0			1.1	
b	Other income (loss)	8b		1603	35	-ie.,		- XI.		- 1
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-					160)35
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		5	8182	26		Er l	1		
	Certain deemed and/or corrective distributions (see instructions)	. 8e		_			1.1			
	Administrative service providers (salaries, fees, commissions)	8f					1 S. M	12		
	Other expenses				_	1	Sec. 1.	No. 1		
	Total expenses (add lines 8d, 8e, 8f, and 8g)		Manual Constants					!	5818	326
	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>		1.1				_ !	5657	791
	Transfers to (from) the plan (see instructions)	8j						R OF M	12.0	
	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amount		_
-	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		Х				
<u></u>	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х				600	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х				
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 persons of the bend	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					v	/			
g				10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		X			_	
	If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th			10h		Х		2.72	<u>6</u> .6	h
	exceptions to providing the notice applied under 29 CFR 2520.101	1-3	notice or one of the	10i						-4
Part		_								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					lule SE	3 (Form	Yes		No
	Enter the unpaid minimum required contribution for current year from					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	orse	ction 3	302 of	ERISA?	Yes	x r	٧o

(If "Yes," complete line 12a or lines 12b, 12c, 12d	i, and 12e below, as applicable.)
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If you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					_
	er the minimum required contribution for this plan year	12b				_
			L			
C Ent	er the amount contributed by the employer to the plan for this plan year	12c				
d Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
e Wil	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					_

13	a Has a resolution to terminate the plan been adopted in any plan year?	X	Yes	N	10	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	ontro	1		X Yes	No
C	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.)	0			- Internet	
	13c(1) Name of plan(s): 1	3c(2)	EIN(s)		13c(3) PN((s)

rt VIII Trust Information (optional)	
a Name of trust	14b Trust's EIN