## 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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF.		
Part I Annual Report	Identification Information				
For calendar plan year 2015 or fi	iscal plan year beginning 07/01/2	2015 and ending 06	6/30/2016		
<b>A</b> This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	•	-	
<b>B</b> This return/report is	the first return/report  an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
C Check box if filing under:	X Form 5558  special extension (enter description)	. ,	[	OFVC progi	am
Part II Basic Plan Info	ormation—enter all requested in	formation			
1a Name of plan AMERICAN WINE TRADE, INC.	401(K) PROFIT SHARING PLAN		(PN)	number	001
				07/0	1/1994
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		2b Empl (EIN)		ication Number 433596
City or town, state or province AMERICAN WINE TRADE, INC.	ce, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c Spor		none number 57-0607
000 LENORA ST. #103 SEATTLE, WA 98121-2755			2d Busir	ness code ( 3121	see instructions) 30
3a Plan administrator's name a	nd address XSame as Plan Spons	sor.	<b>3b</b> Admi	nistrator's I	EIN
			3c Admi	nistrator's t	elephone number
	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN		
a Sponsor's name			4c PN		
<b>5a</b> Total number of participants	s at the beginning of the plan year		5a		47
<b>b</b> Total number of participants	s at the end of the plan year		5b		36
• •		the plan year (defined benefit plans do not	5c		29
d(1) Total number of active pa	articipants at the beginning of the pl	an year	5d(1)		34
d(2) Total number of active pa	articipants at the end of the plan yea	ar	5d(2)		24
than 100% vested		plan year with accrued benefits that were less	5e		0

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 true, correct, and complete.

	Filed with authorized/valid electronic signature.	08/01/2018	ANNE-MARIE HEDGES				
HERE	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 sponsor				
Preparer's name (including firm name, if applicable) and address (include		oom or suite numbe	Preparer's telephone number				

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a secon</li></ul>	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)				Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not d	etermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End		
a Total plan assets	7a		1725	944				18	339438
<b>b</b> Total plan liabilities	7b		1705	044				4.0	220420
Net plan assets (subtract line 7b from line 7a)  Income. Expenses, and Transfers for this Plan Year	7c	(a) A	1725	944			(1-)		339438
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(D)	Total	
(1) Employers	8a(1)		46	641					
(2) Participants	8a(2)		71	245					
(3) Others (including rollovers)	8a(3)			0					
<b>b</b> Other income (loss)	8b		4	727					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	122613
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8	3293					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
<b>g</b> Other expenses	8g			826					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								9119
Net income (loss) (subtract line 8h from line 8c)	8i							1	113494
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Pl	an Cha	racteri	stic Co	des in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest			401		X				
reported on line 10a.)			10b		^				
C Was the plan covered by a fidelity bond?			10c	X					250000
<b>d</b> 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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance the benefits under	10e	X					1460
f Has the plan failed to provide any benefit when due under the pla			10f		Х				1100
g Did the plan have any participant loans? (If "Yes," enter amount a				X					100000
h If this is an individual account plan, was there a blackout period?		,	10g	^					166932
2520.101-3.)			10h		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								. 🔲	Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	$\perp \square$	Yes X No

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	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b	<b>6b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## 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.

0045

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information				
For calendar plan year 2015 or	fiscal plan year beginning	07/01/2015	and ending	06/30/2	
A This return/report is for:	X a single-employer plan  a one-participant plan	a multiple-employer pl list of participating em	an (not multiemployer) ployer information in ac	(Filers checking the cordance with the	is box must attach a form instructions)
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return	n/report (less than 12 mg	onths)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC	program
	special extension (enter desc				
	ormation—enter all requested in	formation		1b Three-digit	
1a Name of plan AMERICAN WINE TRADE	E, INC. 401(K) PROFIT	SHARING PLAN	ties	plan numbe	or 001
				1c Effective da 07/01/1	
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O. Box)		2b Employer Id (EIN) 91-	lentification Number 1433596
City or town, state or provir AMERICAN WINE TRAI	nce, country, and ZIP or foreign pos DE, INC.	tal code (if foreign, see instr	ructions)	2c Sponsor's 1 206-357	elephone number
900 LENORA ST.	8			2d Business co 312130	ode (see instructions)
#103					
SEATTLE  3a Plan administrator's name	WA 98121-27 and address XSame as Plan Spor			3b Administrat	or's EIN
4 If the name and/or EIN of the	the plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
name, EIN, and the plan r  a Sponsor's name	number from the last return/report.			4c PN	
	ts at the beginning of the plan year			5a	40
	its at the end of the plan year			and it	39
c Number of participants wit	h account balances as of the end o	f the plan year (defined ben	efit plans do not	5c	29
	participants at the beginning of the p			5d(1)	28
1 /	participants at the end of the plan ye			5d(2)	29
e Number of participants th	at terminated employment during th	ne plan year with accrued be	enefits that were less	5e	0
Caution: A penalty for the lat	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary.	rn/report will be assessed uctions. I declare that I have	unless reasonable ca examined this return/re	port, including, if a	applicable, a Schedule
SIGN DIX	And the state of t	4/18/17	THOMAS J. HED	GES	
HERE Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	n administrator
SIGN	1 danimos acos				
HERE Signature of emi	oloyer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor
Preparer's name (including firm Carol Colby	n name, if applicable) and address (	(include room or suite numb	er)	Preparer's telep	hone number 776-2125
119 E Palatine Roa	d, Suite 104				
Palatine	IL 60067			and of the state o	

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ia Were all of the plan's assets during the plan year invested in a	eligible assets? (S	ee instructions.)			X Yes No
b Are you claiming a waiver of the annual examination and repo	rt of an independe	ent qualified public accountant (	QPA)		
under 29 CFR 2520.104-46? (See instructions on waiver eligible of you answered "No" to either line 6a or line 6b, the plant					X Yes No
C If the plan is a defined benefit plan, is it covered under the PBC			and the same		No ☐ Not determined
Part III   Financial Information	20 Modranoc prog	year (occ Error Goodon Tozi)		] 100	TTO LITTOC GOODILITIES
Plan Assets and Liabilities		(a) Beginning of Year	T		(b) End of Year
a Total plan assets	7a	1,725,9	44		1,839,438
b Total plan liabilities					
C Net plan assets (subtract line 7b from line 7a)	7c	1,725,9	44	***************************************	1,839,438
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
Contributions received or receivable from:     (1) Employers	8a(1)	46,6	41	odas ir alli di	
(2) Participants		71,2	45		
(3) Others (including rollovers)		tix	0	1	
b Other income (loss)	8b	4,7	27		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				122,613
d Benefits paid (including direct rollovers and insurance premiun to provide benefits)		8,2	93		
e Certain deemed and/or corrective distributions (see instruction	s) 8e		0		
f Administrative service providers (salaries, fees, commissions).	8f		0		
g Other expenses	8g	8	26		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				9,119
i Net income (loss) (subtract line 8h from line 8c)	8i				113,494
j Transfers to (from) the plan (see instructions)	····· 8j				
Part IV Plan Characteristics					
lf the plan provides pension benefits, enter the applicable pen 2E 2F 2G 2J 2K 3D	sion feature code	s from the List of Plan Characte	ristic C	odes in th	e instructions:
B If the plan provides welfare benefits, enter the applicable welf	are feature codes	from the List of Plan Character	stic Co	des in the	instructions:
art V Compliance Questions	National Appropriate International Control Medical Control Con		of garden war ough allow PRF regions		
0 During the plan year:		Ye	s No	N/A	Amount
3 Was there a failure to transmit to the plan any participant cor	tributione within th	no time period			

Yes

Yes X No

If the plan provides welfare benefits, enter the applicable welfare feature codes from Part V **Compliance Questions** 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction X 10a Program) ..... Were there any nonexempt transactions with any party-in-interest? (Do not include transactions X reported on line 10a.) ..... 10b 250,000 C Was the plan covered by a fidelity bond?..... 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused X 10d 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 X 1,460 the plan? (See instructions.)..... 10e X Has the plan failed to provide any benefit when due under the plan? ..... 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) ...... X 166,932 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 2520.101-3.)..... 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... Did the plan trust incur unrelated business taxable income? ..... **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

5500) and line 11a below)..... 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40......

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

Part IV

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	s, and e	nter the Day		ne letter rul Year	ing
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
bı	Enter the minimum required contribution for this plan year		12b			
-	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	, pooring		
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 of the PBGC?		ntrol		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 which assets or liabilities were transferred. (See instructions.)	an(s) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)
Part	VIII Trust Information					
14a n	Name of trust		14b	Trust's EIN		
14c	Name of trustee or custodian			Trustee's telephone		an's
Part	IX IRS Compliance Questions		T			
15a	Is the plan a 401(k) plan?		Ye	S	No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emplo matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor aethod	ADF test	PACP
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current yet testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	ear	☐ Ye	:S	No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(	b):	□ ре	atio ercentage est		erage efit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		☐ Ye	es .	□ No	
17a	Has the plan been timely amended for all required tax law changes?		Ye	35	No	N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted Er for tax law changes and codes).	iter the	applica	ble code _	(See i	nstruction
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter and the letter's serial number.	s subjec	ct to a fa	avorable IR	≀S opinion	or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter		the pla	n's last fav	rorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has be made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands		Туе	S	☐ No	
19	Were in-service distributions made during the plan year?		Ye	es	No	
	If "Yes," enter amount		. 19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether retired), as required under section 401(a)(9)?		Ye	38	No	□ N/A
-						