				Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
				Plan	2009					
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	4 (ERISA), and section 6058(a) of the code). This Form is Open to Public							
Р	ension Benefit Guaranty Corporation	00-SF.								
Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information										
For	calendar plan year 2009 or fisca		9	and ending 1	1/30/2	2009				
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
B	This return/report is for:	first return/report	final retur	n/report						
		an amended return/report		year return/report (less than 12 mo	nths)	_				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
		special extension (enter descriptio								
		nation—enter all requested information	ation		41					
	Name of plan KWALTER WINERY, LLC 401(H				10	Three-digit plan number				
DOO						(PN) ▶ 001				
					1c	Effective date of plan 08/01/2006				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1949204				
	rulip lane				2c	Plan sponsor's telephone number 509-627-5000				
	ILAND, WA 99352				2d	Business code (see instructions) 312130				
	Plan administrator's name and KWALTER WINERY, LLC	address (if same as Plan sponsor, er 894 TULIP L/		3")	3b	Administrator's EIN 91-1949204				
_		RICHLAND, V	WA 99352		3c	Administrator's telephone number 509-627-5000				
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	13				
b	Total number of participants at	the end of the plan year			5b	0				
C		th account balances as of the end of	, ,		5c	0				
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No				
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				Yes No				
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	1415	3	0				
b	Total plan liabilities		7b							
C	Net plan assets (subtract line 7	b from line 7a)	7c	1415	3	0				
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	Contributions received or recei	vable from:	8a(1)	94;	3					
			8a(2)	112	-					
			8a(3)		-					
b	., ,		8b	407	1					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			6134				
d		ollovers and insurance premiums	8d	2028	7					
e 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			20287				
i	Net income (loss) (subtract line	8h from line 8c)	8i			-14153				
j	Transfers to (from) the plan (se	e instructions)	8j							

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

Page 2-1

Part IV **Plan Characteristics**

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2G 2J 2K 3H 2A

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2E 2F
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b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No		Am	ount		
а	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 Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х					
С	Was the plan covered by a fidelity bond?	10c	X					15000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
e	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 the plan? (See instructions.)	10e		x					
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х					
i	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	10i							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•		Yes	× No	
 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	I	No	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		Г	 13a		X	Yes	No	
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year				<u> </u>			0	
c	 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which exercises the plant of the plant								
which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):							120(2)		
							13c(3)	F1N(S)	
Caut	ion. A papality for the late or incomplete filing of this return/report will be assessed upless reasonab		iso is	oetabl	ishod				

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

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.

SIGN	Filed with authorized/valid electronic signature.	08/31/2010	MICHAEL ATCHISON
HERE	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 sponsor

The New New Service This form is mailed to be first under sectors 104 and 2065 of the Employee Decrement boots door y community This form is Departed to the Under Sectors 0506(s) of the Internal Revenue Code (Re Code). This Form is Departed Depart Departed Departed Departed Depar					Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
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B This tectum/report Intertum/report										
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under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a	Were all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See instructions.)		X Yes No			
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 14,153 00 b Total plan assets 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 14,153 00 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 943 (2) Part cipants 8a(2) 1,120 (3) Others (including rollovers) 8b 4,071 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6,134 9 Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6,134 6 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 20,287 6 Certair deemed and/or corrective distributions (see instructions) 8e 6e 6,134 f Administrative service providers (salaries, fees, commissions) 8f 20,287 6, 20,287 f Net income (loss) (subtract line 8	b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 14,153 0 b Total plan liabilities 7b 7c 14,153 0 c Net plan assets (subtract line 7b from line 7a) 7c 14,153 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 943 (2) Participants 8a(2) 1,120 (3) Other s (including rollovers) 8a(3) 0 b Other income (loss) 8b 4,071 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6,134 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 20,287 e Certain deemed and/or corrective distributions (see instructions) 8e 4 0 f Administrative service providers (salaries, fees, commissions) 8f 20,287 14,153 g Other expenses 8h 20,287 14,153 f A	B			orm 5500-	SF and must instead use Form 55	00.				
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c Net plan assets (subtract line 7b from line 7a)	2.					-				
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j Transfers to (from) the plan (see instructions)	ĥ	Total expenses (add lines 8d,	8e, 8f, and 8g)		uzen en zonen bezañ en e		20,28			
	İ	Net income (loss) (subtract line	e 8h from line 8c)	. <u>8i</u>			(14,153)			
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SE	j		•••	<u> </u>						

Form 5500-SF 2009

Page **2-**

	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	aracteri	stic Co	des in	the instruc	tions:				
. b	2A 2E 2F 2G 2J 2K 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	V Compliance Questions									
10	During the plan year:		Yes	Ňo		Amount				
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X						
С	Was the plan covered by a fidelity bond?	10c	Х			1!	5,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X						
e	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 the plan? (See instructions.)	10e		x						
f	Has the plan failed to provide any benefit when due under the plan?	10f		х						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х		•				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X						
i	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	10i								
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))						X No X No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1 Enter the minimum required contribution for this plan year.	onth 3.								
				12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	ft of a	Γ	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									
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	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 brough of the PBGC?	it undei	the co			X Yes	No			
с 	C 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.)									
13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3) F					
	· · · · · · · · · · · · · · · · · · ·									
Caul	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble ca	use is	estab	lished.					
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this r or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete									
Bousia		walt	walter							
SIG HEF			ndividual signing as plan administrator							
				<u>y</u> u						
* 22.352 (*)	SIGN JOIN BOOKWAITER HERE Signature of employer/plan soonsor Date Enter name of individual signing as employ						onsor			