Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan; or
- ☒ a single-employer plan;
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report;
- ☐ the final return/report;
- ☐ an amended return/report;
- ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GIUMARRA VINEYARDS CORPORATION HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1967

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
GIUMARRA VINEYARDS CORPORATION
GIUMARRA VINEYARDS CORPORATION
GIUMARRA VINEYARDS CORPORATION
P.O. BIN 1969
BAKERSFIELD, CA 93220

P.O. BIN 1969
BAKERSFIELD, CA 93220

2b Employer Identification Number (EIN) 95-1496509

2c Sponsor's telephone number 661-395-7020

2d Business code (see instructions) 111300

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	04/16/2011	KENNETH BOWLES
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
GIUMARRA VINEYARDS CORPORATION
GIUMARRA VINEYARDS CORPORATION
P.O. BIN 1969
BAKERSFIELD, CA 93220

3b Administrator's EIN
95-1496509

3c Administrator's telephone number
661-395-7020

4 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:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1953
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1286
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	648
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1934
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1934
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
GIUMARRA VINEYARDS CORPORATION HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
GIUMARRA VINEYARDS CORPORATION

D Employer Identification Number (EIN)
95-1496509

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	004332	1953	07/01/2009	06/30/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
24309	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RAY KNIGHT
4747 N FIRST STREET SUITE 134
FRESNO, CA 93726

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24309			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	4981132
c	Additions: (1) Contributions deposited during the year	7c(1)	600000		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	262694		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	862694
d	Total of balance and additions (add **b** and **c(6)**)			7d	5843826
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	157227		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	142051		
	▶				
	(5) Total deductions			7e(5)	299278
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	5544548

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
GIUMARRA VINEYARDS CORPORATION HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GIUMARRA VINEYARDS CORPORATION

D Employer Identification Number (EIN)
95-1496509

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 07 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		5575306
b	Actuarial value	**2b**		5575306
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	648	2160707
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		161622
	(2) Vested benefits	**3c(2)**		3093993
	(3) Total active	**3c(3)**	1286	3255615
d	Total	**3d**	1934	5416322
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.65 %
6	Target normal cost	**6**		568225

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	03/25/2011 Date
PANRONG XIAO Type or print name of actuary	08-07551 Most recent enrollment number
DCS RETREMENT GROUP Firm name	904-249-9171 Telephone number (including area code)
3525 PIEDMONT RD, BLDG 6, STE 315 ATLANTA, GA 30305 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 5.31 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.12 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	102.93 %
15	Adjusted funding target attainment percentage	15	102.93 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/03/2011	500000	0			
			Totals ► 18(b)	500000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	434286

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.63 %	6.65 %	6.72 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		409241
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		409241

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			

36 Additional cash requirement (item 34 minus item 35)	**36**	409241
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	434286
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	25045
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
GIUMARRA VINEYARDS CORPORATION HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GIUMARRA VINEYARDS CORPORATION

D Employer Identification Number (EIN)
95-1496509

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	600000	500000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4981132	5544548
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5581132	6044548
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5581132	6044548

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	500000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		500000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	262694	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		262694
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		762694
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	157227	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		157227
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	142051	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		142051
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		299278
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		463416
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DAVID E. HARRIS, CPA (2) EIN: 77-0522363

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
GIUMARRA VINEYARDS CORPORATION HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GIUMARRA VINEYARDS CORPORATION

D Employer Identification Number (EIN)
95-1496509

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 18

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

GIUMARRA VINEYARDS CORPORATION
HOURLY PENSION PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTARY INFORMATION
AND
INDEPENDENT AUDITOR'S REPORT

JUNE 30, 2010 AND 2009

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DAVID E. HARRIS, CPA

ACCOUNTANCY CORPORATION

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March 25, 2011

Pension Committee of the
Giumarra Vineyards Corporation
Hourly Pension Plan

"Independent Auditor's Report"

I was engaged to audit the accompanying statement of net assets available for benefits of Giumarra Vineyards Corporation Hourly Pension Plan (the "Plan") as of June 30, 2010, and the related statement of changes in net assets available for benefits for the year ended June 30, 2010, the statement of accumulated benefits as of June 30, 2009 and the related statement of changes in accumulated plan benefits as of June 30, 2009, and the supplemental (1) Schedule H, line 4i – Schedule of Assets (Held at End of Year), and (2) Schedule H, line 4j – Schedule of Reportable Transactions, together referred to as "Supplemental information," as of or for the year ended June 30, 2010. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the 2010 financial statements and supplemental schedules. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended June 30, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements that I did not audit, I am unable to, and do not express an opinion on the accompanying financial statements and supplemental schedules as of or for the year ended June 30, 2010. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

I have audited the statement of net assets available for benefits of Giumarra Vineyards Corporation Hourly Pension Plan (the "Plan") as of June 30, 2009, and in my reported dated April 2, 2010 I expressed my opinion that such financial statement presents fairly, in all material respects, the financial status of Giumarra Vineyards Corporation Hourly Pension Plan (the "Plan") as of June 30, 2009 in conformity with accounting principles generally accepted in the United States of America.

David E. Harris CPA

David E. Harris, CPA
Accountancy Corporation

GIUMARRA VINEYARDS CORPORATION
HOURLY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2010 AND 2009

	2010	2009
Assets		
Investments – At fair value, immediate participation guarantee contract – Prudential Financial, Inc.	$5,544,548	$4,981,132
Contribution receivable from employer	500,000	600,000
Net Assets Available for Benefits	$6,044,548	$5,581,132

The accompanying notes are an integral part of these financial statements.

GIUMARRA VINEYARDS CORPORATION
HOURLY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	2010	2009
Additions:		
Interest income	$ 262,694	$ 239,691
Employer contributions	500,000	600,000
Total Additions	762,694	839,691
Deductions:		
Benefits paid to retired and terminated plan participants	157,227	557,710
Administrative expenses	142,051	132,954
Total Deductions	299,278	690,664
Net increase (decrease)	463,416	149,027
Net assets available for benefits		
Beginning of year	5,581,132	5,432,105
End of year	$6,044,548	$5,581,132

The accompanying notes are an integral part of these financial statements.

GIUMARRA VINEYARDS CORPORATION
HOURLY PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
JUNE 30, 2009

Actuarial Present Value of Accumulated Plan Benefits:	
Vested benefits – active participants	$3,125,785
Vested benefits – terminated and retired participants	2,197,995
	5,323,780
Non-vested benefits	229,913
Total	$5,553,693

The accompanying notes are an integral part of these financial statements.

GIUMARRA VINEYARDS CORPORATION
HOURLY PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JUNE 30, 2009

Increase in Accumulated Plan Benefits:	
Increase for interest due to the decrease in the discount period	$ 319,215
Changes in actuarial assumptions	-
Benefits paid	(557,709)
Benefits accumulated	606,724
Net decrease in accumulated plan benefits	368,230
Actuarial Present Value of Accumulated Plan Benefits:	
Beginning of year	5,185,463
End of year	$5,553,693

The accompanying notes are an integral part of these financial statements.

Note 1 - Description of Plan:

The following description of the Giumarra Vineyards Corporation Hourly Pension Plan (The Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit pension plan, as amended and restated effective July 1, 2000 and amended effective March 28, 2005. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is established for the hourly employees of Giumarra Vineyards Corporation (the "Company") who are not covered by a collective bargaining agreement pursuant to which the Company makes contributions.

The Plan is administered by a pension committee composed of individuals appointed by the board of directors of the Company. The pension committee has appointed outside specialists to assist with the Plan's administration and investment decisions.

Vesting – Employees are 100% vested in their benefits after five years of service. An employee must have at least 1,000 hours of service in a plan year to earn one year of service for vesting purposes.

Benefits – Active participants in the Plan shall be entitled to benefits based on 20% of the highest five-year average of salary, reduced on a pro rata basis for less than 15 years of service. Benefits are paid through lump sum payments from the Plan

Plan Termination – Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

Annuity benefits to former employees (or their beneficiaries) receiving such benefits for at least a three year period, or those employees eligible to retire for that three year period who would have been receiving annuity benefits if they had retired and been eligible for such benefits under the Plan.

Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), subject to certain limitations. Certain vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling in the amount of an individual's monthly benefit amount.

All other vested benefits not insured by the PBGC.

All non-vested benefits.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 2 - Summary of Accounting Policies:

Date of Management Review - Subsequent events were evaluated through March 25, 2011, which is the date the financial statements were available to be issued.

Basis of Accounting - The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United states of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Accounting for Investments – The Plan's investment is held in trust by Prudential Financial, Inc. (Prudential). The investment is held in an unallocated insurance contract and is valued at contract value, which approximates fair value, as determined by the insurance company. Interest income is credited to the unallocated insurance contract.

Administrative Expenses – All administrative expenses are obligations of the Plan. Certain administrative services are provided by the Company at no cost to the Plan.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The amount of an employee's retirement benefit depends primarily on the length of service and compensation received during certain years of the employment period. In addition to normal retirement benefits at age 65, the Plan also provides, under certain conditions, for early retirement, disability retirement and death benefits.

The most recent actuarial valuation is as of July 1, 2009 (see note 3).

Funding Policy – The Company's funding policy is to make annual contributions to the Plan to fund the normal pension cost as determined under the Aggregate Actuarial Cost Method. During the years ended June 30, 2010 and 2009, contributions of $500,000 and $600,000, respectively, were recorded in accordance with the actuarially determined contribution requirements estimated through actuarial valuations performed as of July 1, 2009 and 2008, respectively. The minimum funding requirements of ERISA have been met for the years ended June 30, 2010 and 2009.

(Continued)

Note 2 - Summary of Accounting Policies (Continued):

Federal Income Tax Status – The Internal Revenue Service ruled on September 24, 2001, that the Plan qualifies, in form, under Section 401(a) of the Internal Revenue Code (the Code) and the underlying Plan is, therefore, exempt from federal income tax under Section 501(a) of the Code. On June 29, 2005, the Internal Revenue Service ruled that the Plan amendment effective as of July 1, 2003, qualifies, in form, under 401(a) of the Code. The Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator is not aware of any events which would cause the Plan to become disqualified under the Code. Therefore, no provision of income taxes has been included in the Plan's financial statements.

Note 3 – Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations at July 1, 2009 and 2008 are as follows:

Assumed rate of return on investments	- 6.65% & 6.5% per annum, compounded annually, respectively
Discount rate	- 6.5% & 6.12% per annum, respectively
Mortality	- The 2000 Group Annuity Mortality Table for both males and females
Retirement age	- Normal retirement age per the Plan

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 4 – Contracts With Insurance Companies:

The Company has an immediate participation guarantee insurance contract with Prudential. Prudential maintains the Company's contributions in an unallocated fund to which it has added interest at a rate of 3.2% and 5.1% for 2010 and 2009, respectively. At the direction of the Plan Administrator, funds are drawn for lump sum payments to retired participants.

Certain events, such as the premature termination of the insurance contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Prudential. The Plan administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with Plan participants is not probable.

The insurance contract with Prudential represents 5% or more of the net assets available for benefits at June 30, 2010 and 2009.

Note 5 - Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements at Reporting Date Using		
2010	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Immediate participation guarantee contract - Prudential Financial, Inc.	$5,544,548	$ -	$ -	$5,544,548
2009				
Immediate participation guarantee contract - Prudential Financial, Inc.	$4,981,132	$ -	$ -	$4,981,132

FASB ASC 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

(Continued)

Note 5 - Fair Value Measurements (Continued):

The following is a summary of changes in the fair value of the Plan's level 3 assets for the year ended June 30, 2010 and 2009:

	Immediate Participation Guarantee Contract	
	2010	2009
Balance, beginning of year	$4,981,132	$4,621,791
Purchase, sales, issuances and settlement, net	563,416	359,341
Balance, end of year	$5,544,548	$4,981,132

Note 6 – Party-In-Interest Transactions:

The Plan's investment in the unallocated insurance contract is held by Prudential. Prudential is the custodian of this investment and, therefore, these transactions qualify as party-in-interest.

Note 7 – Information Prepared and Certified by Trustee:

The following information included in the accompanying financial statement and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2010	2009
Investments – at fair value:		
Immediate participation guarantee contract – Prudential Financial, Inc.	$5,544,548	$4,981,132

GIUMARRA VINEYARDS CORPORATION
HOURLY PENSION PLAN
SCHEDULE 1 – FORM 5500, SCHEDULE H, PART IV, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2010

Identity of Issuer or Borrower	Description of Investment	Contract Number	Cost	Contract Value
*Prudential Financial, Inc.	Immediate participation guarantee contract	GR4332	$5,544,548	$5,544,548

*Denotes Party-in-interest to the Plan.

The accompanying notes are an integral part of these financial statements.

GIUMARRA VINEYARDS CORPORATION
HOURLY PENSION PLAN
SCHEDULE 2 – FORM 5500, SCHEDULE H, PART IV, LINE 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2010

Category (i) – Single transactions in excess of 5% of plan assets at the beginning of the Plan year.

Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
*Immediate Participation Guarantee Contract (GR4332) Prudential Financial, Inc.	$600,000	$ -	$600,000	$600,000	N/A
	N/A	$299,278	$299,278	$299,278	$ -

*All transactions represent party-in-interest transactions.

The accompanying notes are an integral part of these financial statements.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2009 This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan	B Three-digit plan number (PN) ▶
Giumarra Vineyards Corporation Hourly Pension Plan	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)
Giumarra Vineyards Corporation	95-1496509

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2009

2	Assets:		
a	Market value	2a	5575306
b	Actuarial value	2b	5575306

3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	0	0
b	For terminated vested participants	3b	648	2160707
c	For active participants:			
	(1) Non-vested benefits	3c(1)		161622
	(2) Vested benefits	3c(2)		3093993
	(3) Total active	3c(3)	1286	3255615
d	Total	3d	1934	5416322

4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]		
a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.65%
6	Target normal cost	6	568225

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Panrong Xiao — Signature of actuary — 03/25/2011 — Date

Panrong Xiao — Type or print name of actuary — 0807551 — Most recent enrollment number

DCS Retirement Group — Firm name — 904-249-9171 — Telephone number (including area code)

3525 Piedmont Rd, Bldg 6, Ste 315

Atlanta GA 30305 — Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 5.31%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.12%		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	102.93%
15	Adjusted funding target attainment percentage	15	102.93%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.60%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/03/2011	500000	0			
			Totals ▶ 18(b)	500000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	434286

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.63%	6.65%	6.72%	

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) — **30**: 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) — **31**: 409241

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) — **34**: 409241

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) — **36**: 409241

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 434286

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 25045

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) — **39**: 0

40 Unpaid minimum required contribution for all years — **40**: 0

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, LINE 19: DISCOUNTED EMPLOYER CONTRIBUTIONS

Effective Rate: **6.65%**

	Contributions	Discounted to 7/1/2009
3/3/2011	500,000	434,286
Total:	**$500,000**	**$434,286**

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, LINE 22: DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Age	Retirement Rate	Retired Lx=100,000	Not Retired	Weight
<65	0%	0	100,000	0
65	100%	100,000	0	6,500,000
>65	100%	0	0	0
Total		100,000		6,500,000

Weighted Average Retirement Age: **65**

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, PART V: SUMMARY OF PLAN PROVISIONS

Effective Date:	December 1, 1977
Plan Year:	July 1 through June 30
Employer:	Guimarra Vineyards Corporation
Employee:	Any person who is employed by the Employer, or by an affiliated employer that has adopted the plan. An individual who performs services for the Employer pursuant to an agreement between the employer and an employee leasing organization shall not be considered to be an Employee. Only employees compensated on an hourly basis shall be eligible for this plan.
Participation:	An employee will be eligible for participation the date on which he has attained age 21 and has been credited with one year of service. Participation is effective as of the first day of the Plan Year or the first day of the seventh month of such Plan Year.
Vesting Service:	A participant shall be credited with a year of Vesting Service for each Service Computation Period for which he/she is credited with at least 1,000 Hours of Service.
Service:	A participant shall be credited with a year of service for benefit computations for each Play Year in which he/she is credited with at least 1,000 Hours of Service.
Disability:	A participant who is found to have a physical or mental condition resulting from bodily injury, disease, or mental disorder who in incapable of continuing usual and customary employment with the employer is disabled under the terms of the plan.
Normal Retirement	
Date:	The first day of the calendar month coincident with or next following the later of age 65 and the fifth anniversary of the effective date of participation.
Early Retirement	
Date:	The first day of the month coinciding with, or next following attainment of age 55, and completion of 10 years of service
Disability Retirement	
Date:	Benefits commence on the first of the month following six (6) consecutive months of disability.

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, PART V: SUMMARY OF PLAN PROVISIONS (CONT)

Annual Compensation: A participant's Annual Compensation is his/her wages from the Employer as reported by you for federal income tax purpose on Form W-2.

Average Annual Compensation: A participant's Average Annual Compensation is his/her highest average monthly Compensation received during any 5 consecutive Plan Years during the last 10 consecutive Plan Years before his/her termination of employment with the Employer. If the participant has received Annual Compensation for 5 or fewer consecutive Plan Years, the annual average is taken by using the months of service that are available.

Normal Form: Annuity payable for life, with 120 monthly payments guaranteed.

Normal Retirement Benefit: Twenty percent (20%) of the participant's average compensation, pro-rated for less than 25 Years of Service at Normal Retirement.

Accrued Benefit: At any time prior to Normal Retirement, the accrued benefit is equal to the projected benefit at Normal Retirement, calculated using current Average Compensation, and multiplied by the ratio (not to exceed 1.) of the Years of Service to Date to the Years of Service at Normal Retirement.

Termination Benefit: A participant who has at least five years of Vesting Service has a nonforfeitable right to his or her Accrued Benefit.

Early Retirement Benefit: If an eligible participant elects to draw benefits, they are reduced so as to be actuarially equivalent to the Accrued Benefit payable at Normal Retirement.

Disability Retirement Benefit: Monthly benefits are the actuarial equivalent of the participant's vested Accrued Benefit payable at Normal Retirement.

Death Benefit: If a participant dies prior to beginning benefit payments, the participant's beneficiary shall receive a benefit that is actuarially equivalent to the participant's Accrued Benefit payable at Normal Retirement.

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, PART V: SUMMARY OF PLAN PROVISIONS (CONT)

Optional Forms: Life annuity, a choice of a 50% or 100% Joint and Survivor Annuity, or a lump sum payment.

Actuarial Equivalence: For benefits paid in the form of an annuity, equivalence will be determined using an interest rate of 8.0% and the 1983 Group Annuity Mortality Table.

For benefits paid in the form of a lump sum, equivalence will be determined using the mortality table specified by the Secretary of the Treasury and the rate of interest on 30-year Treasury securities determined as of the second calendar month preceding the first day of the Play Year in which payments begin.

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, PART V: STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Cost Method – PPA

Contributions are based on plan's Funding Target. The minimum required contribution is the sum of target normal cost plus a 7-year amortization of unfunded funding target liability of the plan.

Actuarial Assumptions

INTEREST RATES:	Effective ..... 6.65% Segment 1 ..... 5.63% Segment 2 ..... 6.65% Segment 3 ..... 6.72% FAS35 (pre & post) 6.50%
MORTALITY:	Valuation ..... 2009 PPA FASB 35 ..... RP 2000 Combined
ASSET METHOD:	Market Value of Assets
SALARY SCALE:	4%
RETIREMENT AGE:	65
TURNOVER:	T-5
DISABILITY:	None
EXPENSE LOAD:	$121,986
OPTIONAL FORMS:	0% Load to account for the value of optional annuity forms.

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, LINE 24: CHANGE IN ACTUARIAL ASSUMPTIONS

None

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, LINE 26: SCHEDULE OF ACTIVE PARTICIPANT DATA

Schedule of Active Participant Data

	Years of credited service:										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	111	9	0	0	0	0	0	0	0	120
25 to 29	0	140	80	5	0	0	0	0	0	0	225
30 to 34	0	104	89	17	0	0	0	0	0	0	210
35 to 39	0	81	70	19	10	4	0	0	0	0	184
40 to 44	0	52	47	30	23	6	0	0	0	0	158
45 to 49	1	45	45	22	18	13	3	1	0	0	148
50 to 54	0	26	22	24	22	17	5	3	0	0	119
55 to 59	0	10	18	9	11	10	8	3	0	0	69
60 to 64	0	4	4	8	9	9	2	2	0	0	38
65 to 69	0	3	2	4	0	0	1	1	0	0	11
70 & up	0	2	0	1	0	1	0	0	0	0	4
Total	1	578	386	139	93	60	19	10	0	0	1286

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, LINE 32: SCHEDULE OF AMORTIZATION BASES

Base Type	Outstanding Balance	Date Established	Remaining Amortization Period	Amortization Installment
Shortfall	$0	7/1/2009	7	$0

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, LINE 19: DISCOUNTED EMPLOYER CONTRIBUTIONS

Effective Rate: **6.65%**

	Contributions	Discounted to 7/1/2009
3/3/2011	500,000	434,286
Total:	**$500,000**	**$434,286**

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, LINE 22: DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Age	Retirement Rate	Retired Lx=100,000	Not Retired	Weight
<65	0%	0	100,000	0
65	100%	100,000	0	6,500,000
>65	100%	0	0	0
Total		100,000		6,500,000

Weighted Average Retirement Age: **65**

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, PART V: SUMMARY OF PLAN PROVISIONS

Effective Date:	December 1, 1977
Plan Year:	July 1 through June 30
Employer:	Guimarra Vineyards Corporation
Employee:	Any person who is employed by the Employer, or by an affiliated employer that has adopted the plan. An individual who performs services for the Employer pursuant to an agreement between the employer and an employee leasing organization shall not be considered to be an Employee. Only employees compensated on an hourly basis shall be eligible for this plan.
Participation:	An employee will be eligible for participation the date on which he has attained age 21 and has been credited with one year of service. Participation is effective as of the first day of the Plan Year or the first day of the seventh month of such Plan Year.
Vesting Service:	A participant shall be credited with a year of Vesting Service for each Service Computation Period for which he/she is credited with at least 1,000 Hours of Service.
Service:	A participant shall be credited with a year of service for benefit computations for each Play Year in which he/she is credited with at least 1,000 Hours of Service.
Disability:	A participant who is found to have a physical or mental condition resulting from bodily injury, disease, or mental disorder who in incapable of continuing usual and customary employment with the employer is disabled under the terms of the plan.
Normal Retirement	
Date:	The first day of the calendar month coincident with or next following the later of age 65 and the fifth anniversary of the effective date of participation.
Early Retirement	
Date:	The first day of the month coinciding with, or next following attainment of age 55, and completion of 10 years of service
Disability Retirement	
Date:	Benefits commence on the first of the month following six (6) consecutive months of disability.

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010

SCHEDULE SB, PART V: SUMMARY OF PLAN PROVISIONS (CONT)

Annual Compensation: A participant's Annual Compensation is his/her wages from the Employer as reported by you for federal income tax purpose on Form W-2.

Average Annual Compensation: A participant's Average Annual Compensation is his/her highest average monthly Compensation received during any 5 consecutive Plan Years during the last 10 consecutive Plan Years before his/her termination of employment with the Employer. If the participant has received Annual Compensation for 5 or fewer consecutive Plan Years, the annual average is taken by using the months of service that are available.

Normal Form: Annuity payable for life, with 120 monthly payments guaranteed.

Normal Retirement Benefit: Twenty percent (20%) of the participant's average compensation, pro-rated for less than 25 Years of Service at Normal Retirement.

Accrued Benefit: At any time prior to Normal Retirement, the accrued benefit is equal to the projected benefit at Normal Retirement, calculated using current Average Compensation, and multiplied by the ratio (not to exceed 1.) of the Years of Service to Date to the Years of Service at Normal Retirement.

Termination Benefit: A participant who has at least five years of Vesting Service has a nonforfeitable right to his or her Accrued Benefit.

Early Retirement Benefit: If an eligible participant elects to draw benefits, they are reduced so as to be actuarially equivalent to the Accrued Benefit payable at Normal Retirement.

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PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, PART V: SUMMARY OF PLAN PROVISIONS (CONT)

Optional Forms: Life annuity, a choice of a 50% or 100% Joint and Survivor Annuity, or a lump sum payment.

Actuarial Equivalence: For benefits paid in the form of an annuity, equivalence will be determined using an interest rate of 8.0% and the 1983 Group Annuity Mortality Table.

For benefits paid in the form of a lump sum, equivalence will be determined using the mortality table specified by the Secretary of the Treasury and the rate of interest on 30-year Treasury securities determined as of the second calendar month preceding the first day of the Play Year in which payments begin.

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, PART V: STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Cost Method – PPA

Contributions are based on plan's Funding Target. The minimum required contribution is the sum of target normal cost plus a 7-year amortization of unfunded funding target liability of the plan.

Actuarial Assumptions

INTEREST RATES:	Effective ..... 6.65% Segment 1 ..... 5.63% Segment 2 ..... 6.65% Segment 3 ..... 6.72% FAS35 (pre & post) 6.50%
MORTALITY:	Valuation ..... 2009 PPA FASB 35 ..... RP 2000 Combined
ASSET METHOD:	Market Value of Assets
SALARY SCALE:	4%
RETIREMENT AGE:	65
TURNOVER:	T-5
DISABILITY:	None
EXPENSE LOAD:	$121,986
OPTIONAL FORMS:	0% Load to account for the value of optional annuity forms.

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, LINE 26: SCHEDULE OF ACTIVE PARTICIPANT DATA

Schedule of Active Participant Data

	Years of credited service:										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	111	9	0	0	0	0	0	0	0	120
25 to 29	0	140	80	5	0	0	0	0	0	0	225
30 to 34	0	104	89	17	0	0	0	0	0	0	210
35 to 39	0	81	70	19	10	4	0	0	0	0	184
40 to 44	0	52	47	30	23	6	0	0	0	0	158
45 to 49	1	45	45	22	18	13	3	1	0	0	148
50 to 54	0	26	22	24	22	17	5	3	0	0	119
55 to 59	0	10	18	9	11	10	8	3	0	0	69
60 to 64	0	4	4	8	9	9	2	2	0	0	38
65 to 69	0	3	2	4	0	0	1	1	0	0	11
70 & up	0	2	0	1	0	1	0	0	0	0	4
Total	1	578	386	139	93	60	19	10	0	0	1286

PLAN SPONSOR: GIUMARRA VINEYARDS CORP
PLAN NAME: GIUMARRA VINEYARDS CORP HOURLY PENSION PLAN
EIN: 95-1496509
PIN: 002
PLAN YEAR: 7/1/2009-6/30/2010
SCHEDULE SB, LINE 32: SCHEDULE OF AMORTIZATION BASES

Base Type	Outstanding Balance	Date Established	Remaining Amortization Period	Amortization Installment
Shortfall	$0	7/1/2009	7	$0

GIUMARRA VINEYARDS CORPORATION
HOURLY PENSION PLAN
SCHEDULE 1 – FORM 5500, SCHEDULE H, PART IV, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2010

Identity of Issuer or Borrower	Description of Investment	Contract Number	Cost	Contract Value
*Prudential Financial, Inc.	Immediate participation guarantee contract	GR4332	$5,544,548	$5,544,548

*Denotes Party-in-interest to the Plan.

The accompanying notes are an integral part of these financial statements.

GIUMARRA VINEYARDS CORPORATION
HOURLY PENSION PLAN
SCHEDULE 2 – FORM 5500, SCHEDULE H, PART IV, LINE 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2010

Category (i) – Single transactions in excess of 5% of plan assets at the beginning of the Plan year.

Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
*Immediate Participation Guarantee Contract (GR4332) Prudential Financial, Inc.	$600,000	$ -	$600,000	$600,000	N/A
	N/A	$299,278	$299,278	$299,278	$ -

*All transactions represent party-in-interest transactions.

The accompanying notes are an integral part of these financial statements.