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), 6057(b), 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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1973

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DELICATO VINEYARDS

12001 S HIGHWAY 99
MANTECA, CA 95336

2b Employer Identification Number (EIN)
94-2212174

2c Plan Sponsor's telephone number
209-824-3651

2d Business code (see instructions)
312130

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.	10/14/2016	JUAN VALDES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	JUAN VALDES
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	721
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	623
a(2) Total number of active participants at the end of the plan year	**6a(2)**	606
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	104
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	712
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	712
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	700
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 Characteristics Codes in the instructions:
2E 2J 2F 2G 2K 3D 2S 2T

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [ ] **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)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2212174

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
MASSACHUSETTS MUTUAL LIFE INSURANCE 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
04-1590850	65935	MR 60898	712	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
0	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

(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	

(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	0

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	6697431
c	Additions: (1) Contributions deposited during the year	7c(1)	688943		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	183381		
	(4) Transferred from separate account	7c(4)	802349		
	(5) Other (specify below)	7c(5)	5622		
	▶ ROLLOVER, TRANS FORFS, TRANSFERRED				
	(6) Total additions			7c(6)	1680295
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	8377726
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	748072		
	(2) Administration charge made by carrier	7e(2)	19211		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	767283
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	7610443

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 organizations(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 line **9c(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, line 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 C (Form 5500)	Service Provider 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). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2212174

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SERVICE PROVIDER	125275	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

GENOVESE BURFORD & BROTHERS

45-5146130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	73864	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 60 68 72	CONTRACT ADMINISTRATOR	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GENOVESE BURFORD & BROTHERS	27	73864

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL JENNISON MID CAP GR FD 04-3212059	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE EQUITY INCOME FUND 13-2631108	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
13-3963293	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JP MORGAN MID CAP VALUE FUND 52-1424600	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2212174

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	36979584	38089862
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6697431	7610442
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(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	43677015	45700304
	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	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	43677015	45700304

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)	1748265	
	(B) Participants	2a(1)(B)	3552854	
	(C) Others (including rollovers)	2a(1)(C)	948948	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6250067
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	0	
	(F) Other	2b(1)(F)	183380	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		183380
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1926706	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1926706
	(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)		0
	(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		-2417544
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		5942609
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3793496	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3793496
f Corrective distributions (see instructions)	2f		549
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	7661	
(3) Investment advisory and management fees	2i(3)	117614	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		125275
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3919320
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2023289
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)? [ ] Yes [X] No

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

(1) Name: CAMPBELL TAYLOR & COMPANY **(2)** EIN: 68-0251243

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	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			6311
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		

		Yes	No	N/A	Amount
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			2000000
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				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2212174

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): 04-1590850

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**

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Financial Statements and
Independent Auditor's Report of

DELICATO VINEYARDS
EMPLOYEE RETIREMENT PLAN

December 31, 2015 and 2014

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1 and 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Change in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 10
SUPPLEMENTAL SCHEDULES	
Schedule H, line 4i - Schedule of Assets Held at End of Year	11
Schedule H, line 4a - Schedule of Delinquent Participant Contributions	12

CTC CAMPBELL TAYLOR & COMPANY ♦ An Accountancy Corporation
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Committee
Delicato Vineyards Employee Retirement Plan
Manteca, California

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Delicato Vineyards Employee Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of change in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by MassMutual Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the custodian as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter
The supplemental schedules of assets held at end of year and delinquent participant contributions as of and for the year ended December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations
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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our 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.

Campbell Taylor & Company
An Accountancy Corporation

Roseville, California
October 3, 2016

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	2015	2014
ASSETS:		
Investments, participant directed:		
Investments at fair value	$ 38,089,862	$ 36,979,584
Fully benefit responsive investment contract at contract value	7,610,442	6,697,431
Total investments	45,700,304	43,677,015
Receivables		
Employee contributions receivable	733	37
Employer contributions receivable	99,761	47,383
Total receivables	100,494	47,420
Net assets available for benefits	$ 45,800,798	$ 43,724,435

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

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2015 and 2014

	2015	2014
ADDITIONS:		
Investment income:		
Net (depreciation) appreciation in fair value of investments	$ (2,417,544)	$ 848,990
Dividend and interest income	2,110,086	1,864,080
Total investment (loss) income	(307,458)	2,713,070
Contributions:		
Employee	3,553,001	3,033,139
Employer	1,800,643	1,595,712
Rollover	948,948	399,869
Total contributions	6,302,592	5,028,720
Total additions	5,995,134	7,741,790
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	3,793,496	3,224,907
Administrative expenses	125,275	112,576
Total deductions	3,918,771	3,337,483
Net increase	2,076,363	4,404,307
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	43,724,435	39,320,128
End of year	$ 45,800,798	$ 43,724,435

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

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 1: **DESCRIPTION OF PLAN**

The following description of Delicato Vineyards Employee Retirement Plan (the Plan) provides only summarized general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan covering all employees except collectively bargained employees, who have attained age 18 and completed three consecutive months of service and who are employed by Delicato Vineyards (the Plan Sponsor) or one of its subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Reliance Trust Company acts as the trustee.

The Plan was amended and restated effective January 1, 2015 to comply with regulatory updates and incorporate prior amendments.

Plan Year

The Plan year begins January 1st and ends December 31st.

Contributions

The Plan allows for the following types of contributions:

- ***Employee Salary Deferral 401(k) Contributions***
  The Plan includes an elective salary deferral arrangement pursuant to Section 401(k) of the Internal Revenue Code. Eligible employees are automatically enrolled at a deferral rate of 3% on the first day of the calendar quarter after meeting the eligibility requirements. Effective January 1, 2015, employees are automatically enrolled at a deferral rate of 5% and participants contributing less than 8% of compensation are automatically increased by 1% each Plan year. Employees may opt-out of auto enrollment and the automatic increase. Employees may voluntarily contribute a percentage of their regular wages, no less than 1%, subject to various nondiscrimination tests and limitations prescribed by the Internal Revenue Code. Participants may make Roth after-tax elective salary deferral contributions.

- ***Employer Safe Harbor Matching Contributions***
  The Plan Sponsor shall make safe harbor matching contributions to all eligible participants equal to 100% of the first 3% and 50% of the next 2% of salary deferral contributions. The Plan Sponsor made safe harbor matching contributions of $1,800,643 and $1,595,712 for the years ended December 31, 2015 and 2014, respectively.

- ***Discretionary Employer Profit Sharing Contributions***
  The Plan Sponsor may decide to make profit sharing contributions at its discretion. The employer's profit sharing contributions are allocated to participants' individual accounts either as a percentage of their eligible compensation for the Plan year or as a uniform dollar amount. Contributions are allocated on the last day of the Plan year. Participants must have at least 1,000 hours of service and be employed on the last day of the Plan year in order to be eligible for a discretionary employer contribution. The Plan Sponsor did not make employer profit sharing contributions for the years ending December 31, 2015 and 2014.

NOTE 1: **DESCRIPTION OF PLAN (Continued)**

- ***Rollover Contributions***
  Participants may make rollover contributions from another qualified plan.

Participants Accounts and Allocations
The Plan allows each participant the ability to self-direct their account among various investment options. The participant is allowed to invest their account in any one of the funds or combination of funds. Investment earnings and losses are allocated to participants accounts based on the actual earnings or losses of the investments selected. Plan investments are valued daily.

Vesting
Participants are always 100% vested in their voluntary contributions and safe harbor matching contributions. Profit sharing contributions and gains/losses credited thereon vest on a five-year schedule as follows:

Less than 1 year credited service	0%
After 1 year credited service	20%
After 2 years credited service	40%
After 3 years credited service	60%
After 4 years credited service	80%
After 5 years credited service	100%

Forfeitures
Forfeitures from employer contributions may be used to pay Plan expenses or reduce employer contributions. There were unused forfeited contributions of $6,445 and $47,118 available for payment of Plan expenses or reduction of employer contributions at December 31, 2015 and 2014, respectively. Forfeitures in the amounts of $0 and $42,639, respectively, were used to reduce the 2015 and 2014 employer matching contributions.

Retirement
Normal retirement under the Plan is age sixty (60).

Payment of Benefits
Payment of retirement benefits may be made at the following times under the Plan: 1) normal retirement; 2) termination of employment of the participant; 3) upon demonstration of financial hardship; 4) in-service distributions upon reaching age 59 $^{1/2}$; or 5) death or disability of the participant.

The normal forms of benefit payment are either an annuity or a lump sum distribution in the amount equal to the vested value of the participant's account. Balances not exceeding $5,000 must be distributed as a lump sum.

Administrative Costs
All administrative expenses of the Plan are paid by the Plan or the Plan Sponsor at the discretion of the Plan Sponsor. Expenses related to specific participant transactions are charged to the respective participant's account.

Participant Loans
The Plan does not allow participants to borrow from their accounts.

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting
The financial statements of the Plan are maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Investment Valuation and Income Recognition

Investments in mutual funds are stated at fair market value using quoted prices when available. The fully benefit responsive investment contract is stated at contract value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Increases in the unit value of investments are reflected in each participant's self-directed account. Investments are valued daily.

Tax Status

The Plan has adopted a prototype plan which has obtained a favorable opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has determined that as of December 31, 2015 there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine examinations by taxing authorities; however there are currently no examinations for any tax periods in progress.

Payment of Benefits

Benefits to participants are recorded when paid.

Estimates and Assumptions

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and their reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

Recent Accounting Pronouncement

In July 2015, the Financial Accounting Standards Board (FASB) issued ASU 2015-12, *Plan Accounting Defined Contribution Pension Plans (Topic 962) I. Fully Benefit-Responsive Investment Contract, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. The ASU removes the requirements to: record fully benefit responsive investment contracts at fair value, disclose individual investments held which exceed 5% of net assets available for benefits, disclose net appreciation in fair value by investment type, and disaggregate investments reported in the fair value hierarchy by class of investment rather than by general type of investment.

The Plan has adopted ASU 2015-12 for the Plan year ending December 31, 2015 and the provisions have been retrospectively applied to the prior period presented.

Reclassifications

Certain reclassifications have been made to the 2014 financial statements to conform to the 2015 financial statement presentation. These reclassifications had no effect on previously reported net assets available for benefits.

NOTE 3: **INFORMATION CERTIFIED BY PLAN CUSTODIAN**

The following amounts were taken directly from statements provided and certified as complete and accurate by MassMutual Life Insurance Company, as of and for the years ended December 31, 2015 and 2014, respectively:

	2015	2014
Mutual funds	$ 38,089,862	$ 36,979,584
Fully benefit responsive investment contract	$ 7,610,442	$ 6,697,431
Net (depreciation) appreciation in fair value of investments	$ (2,417,544)	$ 848,990
Interest and dividend income	$ 2,110,086	$ 1,864,080

NOTE 4: **RECONCILIATION TO FORM 5500**

The Plan financial statements include differences from the Form 5500 as follows:

	2015	2014
Net assets available for benefits per Form 5500	$ 45,700,304	$ 43,677,015
Contributions receivable not included in Form 5500	100,494	47,420
Net assets available for benefits as reported	$ 45,800,798	$ 43,724,435
Total contributions per Form 5500	$ 6,250,067	$ 5,040,115
Corrective distributions	(549)	-
Change in contributions receivable not included in Form 5500	53,074	(11,395)
Total contributions as reported	$ 6,302,592	$ 5,028,720

NOTE 5: **FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT**

Plan investments include an investment in a fully benefit responsive guaranteed investment contract with MassMutual Life Insurance Company at December 31, 2015 and 2014. MassMutual Life Insurance Company maintains contributions to the investments in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contracts issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. As noted in Note 2, the Plan has adopted ASU 2015-12 which removes the requirement to present fully benefit responsive investment contracts at fair value. Contract value, as reported to the Plan by MassMutual Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. As of December 31, 2015 and 2014, the contract value of fully benefit responsive investment contract was $7,610,442 and $6,697,431, respectively. Participants may ordinarily direct the withdrawals or transfer of all, or a portion of, their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

NOTE 5: **FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT (Continued)**

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include termination of the contract, spinoffs, divestitures, layoffs, corporate relocation, and partial or total Plan termination. Upon occurrence of any of these events, a market value adjustment may apply.

The issuer may terminate the contract with 30 days advance written notice to the contract owner for reasonable cause, which includes the contract owner's failure to abide by state or federal law, failure to render performance necessary to comply with the terms of the contract, plan disqualification, and failure to adopt the Plan in a reasonable period of time. Upon termination by the issuer, a market value adjustment may apply.

NOTE 6: **FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) ASC 820 provides a framework for measuring fair value. That framework provides a three-tier hierarchy that prioritizes the inputs to valuation techniques used for measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are as follows:

Level 1 - Inputs are unadjusted quoted prices for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, model-based valuation techniques for which all significant assumptions are observable in the market, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs that are unobservable and significant to the fair value measurement.

The asset fair value measurement level within the hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Mutual Funds: Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level within the fair value hierarchy, the Plan's financial assets that were accounted for at fair value on a recurring basis at December 31, 2015:

	Assets at Fair Value as of December 31, 2015		
	Level 1	Level 2	Level 3
Mutual Funds	$ 38,089,862	$ -	$ -
Total Assets at Fair Value	$ 38,089,862	$ -	$ -

NOTE 6: **FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by level within the fair value hierarchy, the Plan's financial assets that were accounted for at fair value on a recurring basis at December 31, 2014:

	Assets at Fair Value as of December 31, 2014		
	Level 1	Level 2	Level 3
Mutual Funds	$ 36,979,584	$ -	$ -
Total Assets at Fair Value	$ 36,979,584	$ -	$ -

NOTE 7: **RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 8: **PLAN TERMINATION**

Although it has no plans to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 9: **RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are units of a mutual fund and a guaranteed investment contract managed by MassMutual Life Insurance Company. MassMutual Life Insurance Company is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees for investment management services are paid to the Plan's investment advisor and certain administrative expenses are paid to MassMutual Life Insurance Company, the custodian and third party administrator of the Plan. These investments and transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 10: **PROHIBITED TRANSACTIONS**

During the years ended December 31, 2015 and 2014, the Plan Sponsor failed to remit $6,274 and $277,082, respectively, of certain contributions to the Plan in a timely manner, as defined by ERISA. These instances were corrected during the years ended December 31, 2015 and 2014.

NOTE 11: **SUBSEQUENT EVENTS**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 3, 2016, the date the financial statements were available to be issued, and management has determined that no subsequent events have occurred that should be disclosed other than the matter described below.

Effective January 1, 2016, the Plan was amended to revise the service requirement for eligibility to one month of service for employee contributions and revise the entry dates for employee contributions.

SUPPLEMENTAL SCHEDULES

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN
EIN 94-2212174, Plan No. 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2015

(a)	(b) Identity of issue or similar party	(c) Description	(d) Cost	(e) Current Value
*	MassMutual Retirement Services SAGIC	Fully Benefit Responsive Investment Contract	$ -	$ 7,610,442
	Vanguard 500 Index Fund	Mutual Fund	-	5,196,539
	Prudential Jennison Mid Cap Growth	Mutual Fund	-	4,627,952
*	MassMutual Select Growth Opportunities	Mutual Fund	-	3,886,271
	T. Rowe Price Equity Income	Mutual Fund	-	3,473,376
	American Fund Europacific Growth	Mutual Fund	-	3,464,716
	Vanguard Extended Market Index Fund	Mutual Fund	-	2,732,148
	JP Morgan Mid Cap Value	Mutual Fund	-	1,775,550
	Blackrock Total Return Fund	Mutual Fund	-	1,773,961
	Vanguard Target Retirement 2030 Fund	Mutual Fund	-	1,628,166
	Vanguard Small Cap Growth Index	Mutual Fund	-	1,429,699
	Vanguard Target Retirement 2040 Fund	Mutual Fund	-	1,379,844
	Vanguard Target Retirement 2020 Fund	Mutual Fund	-	1,086,792
	Vanguard Target Retirement 2025 Fund	Mutual Fund	-	1,022,185
	Vanguard Target Retirement 2035 Fund	Mutual Fund	-	838,239
	Vanguard Wellington	Mutual Fund	-	831,629
	Vanguard Target Retirement 2050 Fund	Mutual Fund	-	821,559
	Vanguard Target Retirement 2045 Fund	Mutual Fund	-	658,803
	Vanguard Target Retirement 2015 Fund	Mutual Fund	-	521,092
	American Beacon Small Cap Value	Mutual Fund	-	409,281
	Vanguard Target Retirement Income Fund	Mutual Fund	-	234,325
	Vanguard Target Retirement 2055 Fund	Mutual Fund	-	217,566
	Vanguard Target Retirement 2010 Fund	Mutual Fund	-	65,809
	Vanguard Target Retirement 2060 Fund	Mutual Fund	-	14,360
	Total Assets Held at End of Year		$ -	$ 45,700,304

* *Party in interest*

Note: Cost basis omitted as all investments are participant directed.

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN
EIN 94-2212174, Plan No. 001

SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2015

	Total that Constitute Nonexempt Prohibited Transactions				
	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
*	$ 37	$ -	$ 37	$ -	$ -
**	$ 6,274	$ -	$ 6,274	$ -	$ -

Note:

* *The participant contributions reported above in the amount of $37 were remitted late to the Plan during the 2014 Plan year and the Plan Sponsor corrected the contributions on September 25, 2015 incuding lost earnings of $1.*

** *The participant contributions reported above in the amount of $6,274 were remitted late to the Plan during the 2015 Plan year and the Plan Sponsor corrected the contributions on during 2015 incuding lost earnings of $119.*

A Name of Plan	B Three-digit plan Number
Delicato Vineyards Employee Retirement Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
Delicato Vineyards	**942212174**

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest,collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	7,610,442	7,610,442
*	MassMutual Premier	Holding Account - MF-G	0	1,132
*	American Funds	MF-1046	3,264,604	3,464,716
*	Vanguard	MF-1119	0	0
*	American Beacon	MF-1222	456,058	409,281
*	Vanguard	MF-1283	225,462	217,566
*	Prudential	MF-1354	4,548,914	4,627,952
*	Vanguard	MF-1403	14,092	13,227
*	JP Morgan	MF-141	1,712,881	1,775,550
*	PIMCO Funds	MF-165	0	0
*	Vanguard	MF-169	1,212,650	1,429,699
*	Vanguard	MF-180	841,988	831,629
*	BlackRock	MF-1834	1,856,328	1,773,961
*	Vanguard	MF-2064	2,771,650	2,732,148
*	Vanguard	MF-302	0	0
*	Vanguard	MF-469	5,053,746	5,196,539
*	Vanguard	MF-618	239,160	234,325
*	Vanguard	MF-620	69,036	65,809
*	Vanguard	MF-621	565,306	521,092
*	Vanguard	MF-622	1,139,405	1,086,792
*	Vanguard	MF-623	1,061,358	1,022,185
*	Vanguard	MF-624	1,707,613	1,628,166
*	Vanguard	MF-625	873,840	838,239
*	Vanguard	MF-626	1,421,268	1,379,844
*	Vanguard	MF-627	690,289	658,803
*	Vanguard	MF-628	842,302	821,559
*	T. Rowe Price	MF-633	3,466,705	3,473,376
*	MassMutual Select	MF-CAB	3,582,638	3,886,271

A Name of Plan	B Three-digit plan Number
Delicato Vineyards Employee Retirement Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
Delicato Vineyards	**942212174**

Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☐	0.00	6,273.75	0.00	0.00

Copyright © 2012 Massachusetts Mutual Life Insurance Company, Springfield, MA 01111. All rights reserved. www.massmutual.com
MassMutual Financial Group is the fleet name for Massachusetts Mutual Life Insurance Company (MassMutual)
[of which Retirement Services is a division] and its affiliated companies and sales representatives.

A Name of Plan	B Three-digit plan Number
Delicato Vineyards Employee Retirement Plan	**001**
C Plan sponsor's name as shown on line 2a of Form 5500	**D Employer Identification Number**
Delicato Vineyards	**942212174**

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
American Beacon	752401150		MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to T. Rowe Price Equity Income Fund (MF-633).
American Funds	951411037		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Beacon with respect to American Beacon Small Cap Val Fd (MF-1222).
BlackRock	132949519		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Wellington Fund (MF-180).
JP Morgan	133963293		MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to PIMCO Total Return Fund (MF-165).
Massachusetts Mutual Life Insurance	041590850		MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to Sel Gr Opportunities Fd (Sands/JSP) (MF-CAB).
Massachusetts Mutual Life Insurance	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to Amer Funds EuroPacific Growth Fund (MF-1046).
Massachusetts Mutual Life Insurance	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-G).
Massachusetts Mutual Life Insurance	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Sel Gr Opportunities Fd (Sands/JSP) (MF-CAB).
Massachusetts Mutual Life Insurance	041590850		MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to Premier Money Market Fd (Babson) (MR-G).
Massachusetts Mutual Life Insurance	041590850		MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to JP Morgan Mid Cap Value Fund (MF-141).
Massachusetts Mutual Life Insurance	041590850		MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to T. Rowe Price Equity Income Fund (MF-633).
Massachusetts Mutual Life Insurance	041590850		MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Prudential Jennison Mid Cap Gr Fd (MF-1354).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
PIMCO Funds	330239892		MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackrockTotal Return Fund (MF-1834).
Prudential	132631108		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Extended Market Index Fund (MF-2064).
T. Rowe Price	521424600		MassMutual provided the Plan with the required written disclosure for Management Fees received by Prudential with respect to Prudential Jennison Mid Cap Gr Fd (MF-1354).
Vanguard	200147814		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to JP Morgan Mid Cap Value Fund (MF-141).
Vanguard	204683839		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement Incm Fd (MF-618).
Vanguard	204683964		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2010 Fd (MF-620).
Vanguard	204683985		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2020 Fd (MF-622).
Vanguard	204684039		MassMutual provided the Plan with the required written disclosure for Management Fees

Copyright © 2010 Massachusetts Mutual Life Insurance Company, Springfield, MA 01111. All rights reserved. MassMutual Financial Group is the fleet name for Massachusetts Mutual Life Insurance Company (MassMutual) [of which Retirement Services is a division] and its affiliated companies and sales representatives.

Vanguard	204684087	received by Vanguard with respect to Vanguard Target Retirement 2030 Fd (MF-624). MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2040 Fd (MF-626).
Vanguard	231999755	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2045 Fd (MF-627).
Vanguard	231999755	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2060 Fd (MF-1403).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Small Cap Growth Index Fnd (MF-169).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2015 Fd (MF-621).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2025 Fd (MF-623).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2035 Fd (MF-625).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2050 Fd (MF-628).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2055 Fd (MF-1283).
Vanguard	510071687	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard 500 Index Fund (MF-469).

Copyright © 2010 Massachusetts Mutual Life Insurance Company, Springfield, MA 01111. All rights reserved. MassMutual Financial Group is the fleet name for Massachusetts Mutual Life Insurance Company (MassMutual) [of which Retirement Services is a division] and its affiliated companies and sales representatives.

MassMutual
FINANCIAL GROUP®

Schedule C Soft Dollar Compensation
Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

Massachusetts Mutual Life Insurance Company and affiliates • Springfield, MA 01111-0001 • (413) 788-8411

Financial Statements and
Independent Auditor's Report of

DELICATO VINEYARDS
EMPLOYEE RETIREMENT PLAN

December 31, 2015 and 2014

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1 and 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Change in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 10
SUPPLEMENTAL SCHEDULES	
Schedule H, line 4i - Schedule of Assets Held at End of Year	11
Schedule H, line 4a - Schedule of Delinquent Participant Contributions	12

CTC CAMPBELL TAYLOR & COMPANY ♦ An Accountancy Corporation
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Committee
Delicato Vineyards Employee Retirement Plan
Manteca, California

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Delicato Vineyards Employee Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of change in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by MassMutual Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the custodian as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter
The supplemental schedules of assets held at end of year and delinquent participant contributions as of and for the year ended December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations
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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our 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.

Campbell Taylor & Company
An Accountancy Corporation

Roseville, California
October 3, 2016

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	2015	2014
ASSETS:		
Investments, participant directed:		
Investments at fair value	$ 38,089,862	$ 36,979,584
Fully benefit responsive investment contract at contract value	7,610,442	6,697,431
Total investments	45,700,304	43,677,015
Receivables		
Employee contributions receivable	733	37
Employer contributions receivable	99,761	47,383
Total receivables	100,494	47,420
Net assets available for benefits	$ 45,800,798	$ 43,724,435

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

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2015 and 2014

	2015	2014
ADDITIONS:		
Investment income:		
Net (depreciation) appreciation in fair value of investments	$ (2,417,544)	$ 848,990
Dividend and interest income	2,110,086	1,864,080
Total investment (loss) income	(307,458)	2,713,070
Contributions:		
Employee	3,553,001	3,033,139
Employer	1,800,643	1,595,712
Rollover	948,948	399,869
Total contributions	6,302,592	5,028,720
Total additions	5,995,134	7,741,790
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	3,793,496	3,224,907
Administrative expenses	125,275	112,576
Total deductions	3,918,771	3,337,483
Net increase	2,076,363	4,404,307
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	43,724,435	39,320,128
End of year	$ 45,800,798	$ 43,724,435

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

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 1: **DESCRIPTION OF PLAN**

The following description of Delicato Vineyards Employee Retirement Plan (the Plan) provides only summarized general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan covering all employees except collectively bargained employees, who have attained age 18 and completed three consecutive months of service and who are employed by Delicato Vineyards (the Plan Sponsor) or one of its subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Reliance Trust Company acts as the trustee.

The Plan was amended and restated effective January 1, 2015 to comply with regulatory updates and incorporate prior amendments.

Plan Year

The Plan year begins January 1st and ends December 31st.

Contributions

The Plan allows for the following types of contributions:

- ***Employee Salary Deferral 401(k) Contributions***
  The Plan includes an elective salary deferral arrangement pursuant to Section 401(k) of the Internal Revenue Code. Eligible employees are automatically enrolled at a deferral rate of 3% on the first day of the calendar quarter after meeting the eligibility requirements. Effective January 1, 2015, employees are automatically enrolled at a deferral rate of 5% and participants contributing less than 8% of compensation are automatically increased by 1% each Plan year. Employees may opt-out of auto enrollment and the automatic increase. Employees may voluntarily contribute a percentage of their regular wages, no less than 1%, subject to various nondiscrimination tests and limitations prescribed by the Internal Revenue Code. Participants may make Roth after-tax elective salary deferral contributions.

- ***Employer Safe Harbor Matching Contributions***
  The Plan Sponsor shall make safe harbor matching contributions to all eligible participants equal to 100% of the first 3% and 50% of the next 2% of salary deferral contributions. The Plan Sponsor made safe harbor matching contributions of $1,800,643 and $1,595,712 for the years ended December 31, 2015 and 2014, respectively.

- ***Discretionary Employer Profit Sharing Contributions***
  The Plan Sponsor may decide to make profit sharing contributions at its discretion. The employer's profit sharing contributions are allocated to participants' individual accounts either as a percentage of their eligible compensation for the Plan year or as a uniform dollar amount. Contributions are allocated on the last day of the Plan year. Participants must have at least 1,000 hours of service and be employed on the last day of the Plan year in order to be eligible for a discretionary employer contribution. The Plan Sponsor did not make employer profit sharing contributions for the years ending December 31, 2015 and 2014.

NOTE 1: **DESCRIPTION OF PLAN (Continued)**

- ***Rollover Contributions***
  Participants may make rollover contributions from another qualified plan.

Participants Accounts and Allocations
The Plan allows each participant the ability to self-direct their account among various investment options. The participant is allowed to invest their account in any one of the funds or combination of funds. Investment earnings and losses are allocated to participants accounts based on the actual earnings or losses of the investments selected. Plan investments are valued daily.

Vesting
Participants are always 100% vested in their voluntary contributions and safe harbor matching contributions. Profit sharing contributions and gains/losses credited thereon vest on a five-year schedule as follows:

Less than 1 year credited service	0%
After 1 year credited service	20%
After 2 years credited service	40%
After 3 years credited service	60%
After 4 years credited service	80%
After 5 years credited service	100%

Forfeitures
Forfeitures from employer contributions may be used to pay Plan expenses or reduce employer contributions. There were unused forfeited contributions of $6,445 and $47,118 available for payment of Plan expenses or reduction of employer contributions at December 31, 2015 and 2014, respectively. Forfeitures in the amounts of $0 and $42,639, respectively, were used to reduce the 2015 and 2014 employer matching contributions.

Retirement
Normal retirement under the Plan is age sixty (60).

Payment of Benefits
Payment of retirement benefits may be made at the following times under the Plan: 1) normal retirement; 2) termination of employment of the participant; 3) upon demonstration of financial hardship; 4) in-service distributions upon reaching age 59 $^{1/2}$; or 5) death or disability of the participant.

The normal forms of benefit payment are either an annuity or a lump sum distribution in the amount equal to the vested value of the participant's account. Balances not exceeding $5,000 must be distributed as a lump sum.

Administrative Costs
All administrative expenses of the Plan are paid by the Plan or the Plan Sponsor at the discretion of the Plan Sponsor. Expenses related to specific participant transactions are charged to the respective participant's account.

Participant Loans
The Plan does not allow participants to borrow from their accounts.

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting
The financial statements of the Plan are maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Investment Valuation and Income Recognition

Investments in mutual funds are stated at fair market value using quoted prices when available. The fully benefit responsive investment contract is stated at contract value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Increases in the unit value of investments are reflected in each participant's self-directed account. Investments are valued daily.

Tax Status

The Plan has adopted a prototype plan which has obtained a favorable opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has determined that as of December 31, 2015 there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine examinations by taxing authorities; however there are currently no examinations for any tax periods in progress.

Payment of Benefits

Benefits to participants are recorded when paid.

Estimates and Assumptions

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and their reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

Recent Accounting Pronouncement

In July 2015, the Financial Accounting Standards Board (FASB) issued ASU 2015-12, *Plan Accounting Defined Contribution Pension Plans (Topic 962) I. Fully Benefit-Responsive Investment Contract, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. The ASU removes the requirements to: record fully benefit responsive investment contracts at fair value, disclose individual investments held which exceed 5% of net assets available for benefits, disclose net appreciation in fair value by investment type, and disaggregate investments reported in the fair value hierarchy by class of investment rather than by general type of investment.

The Plan has adopted ASU 2015-12 for the Plan year ending December 31, 2015 and the provisions have been retrospectively applied to the prior period presented.

Reclassifications

Certain reclassifications have been made to the 2014 financial statements to conform to the 2015 financial statement presentation. These reclassifications had no effect on previously reported net assets available for benefits.

NOTE 3: **INFORMATION CERTIFIED BY PLAN CUSTODIAN**

The following amounts were taken directly from statements provided and certified as complete and accurate by MassMutual Life Insurance Company, as of and for the years ended December 31, 2015 and 2014, respectively:

	2015	2014
Mutual funds	$ 38,089,862	$ 36,979,584
Fully benefit responsive investment contract	$ 7,610,442	$ 6,697,431
Net (depreciation) appreciation in fair value of investments	$ (2,417,544)	$ 848,990
Interest and dividend income	$ 2,110,086	$ 1,864,080

NOTE 4: **RECONCILIATION TO FORM 5500**

The Plan financial statements include differences from the Form 5500 as follows:

	2015	2014
Net assets available for benefits per Form 5500	$ 45,700,304	$ 43,677,015
Contributions receivable not included in Form 5500	100,494	47,420
Net assets available for benefits as reported	$ 45,800,798	$ 43,724,435
Total contributions per Form 5500	$ 6,250,067	$ 5,040,115
Corrective distributions	(549)	-
Change in contributions receivable not included in Form 5500	53,074	(11,395)
Total contributions as reported	$ 6,302,592	$ 5,028,720

NOTE 5: **FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT**

Plan investments include an investment in a fully benefit responsive guaranteed investment contract with MassMutual Life Insurance Company at December 31, 2015 and 2014. MassMutual Life Insurance Company maintains contributions to the investments in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contracts issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. As noted in Note 2, the Plan has adopted ASU 2015-12 which removes the requirement to present fully benefit responsive investment contracts at fair value. Contract value, as reported to the Plan by MassMutual Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. As of December 31, 2015 and 2014, the contract value of fully benefit responsive investment contract was $7,610,442 and $6,697,431, respectively. Participants may ordinarily direct the withdrawals or transfer of all, or a portion of, their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

NOTE 5: **FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT (Continued)**

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include termination of the contract, spinoffs, divestitures, layoffs, corporate relocation, and partial or total Plan termination. Upon occurrence of any of these events, a market value adjustment may apply.

The issuer may terminate the contract with 30 days advance written notice to the contract owner for reasonable cause, which includes the contract owner's failure to abide by state or federal law, failure to render performance necessary to comply with the terms of the contract, plan disqualification, and failure to adopt the Plan in a reasonable period of time. Upon termination by the issuer, a market value adjustment may apply.

NOTE 6: **FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) ASC 820 provides a framework for measuring fair value. That framework provides a three-tier hierarchy that prioritizes the inputs to valuation techniques used for measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are as follows:

Level 1 - Inputs are unadjusted quoted prices for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, model-based valuation techniques for which all significant assumptions are observable in the market, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs that are unobservable and significant to the fair value measurement.

The asset fair value measurement level within the hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Mutual Funds: Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level within the fair value hierarchy, the Plan's financial assets that were accounted for at fair value on a recurring basis at December 31, 2015:

	Assets at Fair Value as of December 31, 2015		
	Level 1	Level 2	Level 3
Mutual Funds	$ 38,089,862	$ -	$ -
Total Assets at Fair Value	$ 38,089,862	$ -	$ -

NOTE 6: **FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by level within the fair value hierarchy, the Plan's financial assets that were accounted for at fair value on a recurring basis at December 31, 2014:

	Assets at Fair Value as of December 31, 2014		
	Level 1	Level 2	Level 3
Mutual Funds	$ 36,979,584	$ -	$ -
Total Assets at Fair Value	$ 36,979,584	$ -	$ -

NOTE 7: **RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 8: **PLAN TERMINATION**

Although it has no plans to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 9: **RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are units of a mutual fund and a guaranteed investment contract managed by MassMutual Life Insurance Company. MassMutual Life Insurance Company is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees for investment management services are paid to the Plan's investment advisor and certain administrative expenses are paid to MassMutual Life Insurance Company, the custodian and third party administrator of the Plan. These investments and transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 10: **PROHIBITED TRANSACTIONS**

During the years ended December 31, 2015 and 2014, the Plan Sponsor failed to remit $6,274 and $277,082, respectively, of certain contributions to the Plan in a timely manner, as defined by ERISA. These instances were corrected during the years ended December 31, 2015 and 2014.

NOTE 11: **SUBSEQUENT EVENTS**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 3, 2016, the date the financial statements were available to be issued, and management has determined that no subsequent events have occurred that should be disclosed other than the matter described below.

Effective January 1, 2016, the Plan was amended to revise the service requirement for eligibility to one month of service for employee contributions and revise the entry dates for employee contributions.

SUPPLEMENTAL SCHEDULES

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN
EIN 94-2212174, Plan No. 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2015

(a)	(b) Identity of issue or similar party	(c) Description	(d) Cost	(e) Current Value
*	MassMutual Retirement Services SAGIC	Fully Benefit Responsive Investment Contract	$ -	$ 7,610,442
	Vanguard 500 Index Fund	Mutual Fund	-	5,196,539
	Prudential Jennison Mid Cap Growth	Mutual Fund	-	4,627,952
*	MassMutual Select Growth Opportunities	Mutual Fund	-	3,886,271
	T. Rowe Price Equity Income	Mutual Fund	-	3,473,376
	American Fund Europacific Growth	Mutual Fund	-	3,464,716
	Vanguard Extended Market Index Fund	Mutual Fund	-	2,732,148
	JP Morgan Mid Cap Value	Mutual Fund	-	1,775,550
	Blackrock Total Return Fund	Mutual Fund	-	1,773,961
	Vanguard Target Retirement 2030 Fund	Mutual Fund	-	1,628,166
	Vanguard Small Cap Growth Index	Mutual Fund	-	1,429,699
	Vanguard Target Retirement 2040 Fund	Mutual Fund	-	1,379,844
	Vanguard Target Retirement 2020 Fund	Mutual Fund	-	1,086,792
	Vanguard Target Retirement 2025 Fund	Mutual Fund	-	1,022,185
	Vanguard Target Retirement 2035 Fund	Mutual Fund	-	838,239
	Vanguard Wellington	Mutual Fund	-	831,629
	Vanguard Target Retirement 2050 Fund	Mutual Fund	-	821,559
	Vanguard Target Retirement 2045 Fund	Mutual Fund	-	658,803
	Vanguard Target Retirement 2015 Fund	Mutual Fund	-	521,092
	American Beacon Small Cap Value	Mutual Fund	-	409,281
	Vanguard Target Retirement Income Fund	Mutual Fund	-	234,325
	Vanguard Target Retirement 2055 Fund	Mutual Fund	-	217,566
	Vanguard Target Retirement 2010 Fund	Mutual Fund	-	65,809
	Vanguard Target Retirement 2060 Fund	Mutual Fund	-	14,360
	Total Assets Held at End of Year		$ -	$ 45,700,304

* *Party in interest*

Note: Cost basis omitted as all investments are participant directed.

DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN
EIN 94-2212174, Plan No. 001

SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2015

	Total that Constitute Nonexempt Prohibited Transactions				
	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
*	$ 37	$ -	$ 37	$ -	$ -
**	$ 6,274	$ -	$ 6,274	$ -	$ -

Note:

* *The participant contributions reported above in the amount of $37 were remitted late to the Plan during the 2014 Plan year and the Plan Sponsor corrected the contributions on September 25, 2015 incuding lost earnings of $1.*

** *The participant contributions reported above in the amount of $6,274 were remitted late to the Plan during the 2015 Plan year and the Plan Sponsor corrected the contributions on during 2015 incuding lost earnings of $119.*