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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
V. SATTUI WINERY 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1980

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)
V. SATTUI WINERY, INC.

1111 WHITE LANE
ST. HELENA, CA 94574-1551

2b Employer Identification Number (EIN) 94-2684602

2c Plan Sponsor's telephone number 707-286-7248

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.	09/05/2017	THOMAS DAVIES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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**	229
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)**	137
a(2) Total number of active participants at the end of the plan year	**6a(2)**	106
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	122
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	228
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	228
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	227
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 2G 2J 2K 3D

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)	[ ] Insurance	**(1)**	[ ] 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)** [ ] **A** (Insurance Information)
- **(4)** [ ] **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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 H (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
V. SATTUI WINERY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
V. SATTUI WINERY, INC.

D Employer Identification Number (EIN)
94-2684602

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)	402407	430157
(2) Participant contributions	1b(2)		3126
(3) Other	1b(3)		2342
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1275575	1692781
(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)	232212	36830
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	99930	
(B) Common	1c(4)(B)	5187182	2625477
(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)	279742	261160
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1745177	4535608
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	9222225	9587481
	Liabilities			
g	Benefit claims payable	1g	1469	
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1469	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9220756	9587481

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)	430157	
	(B) Participants	2a(1)(B)	251867	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		682024
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	298	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	2627	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	10877	
	(F) Other	2b(1)(F)	152	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13954
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	9641	
	(B) Common stock	2b(2)(B)	64012	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	41968	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		115621
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5686055	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5821761	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-135706
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	120669	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		120669

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		40718
d Total income. Add all **income** amounts in column (b) and enter total	2d		837280
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	470555	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		470555
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		470555
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		366725
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] 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: DAVID J. CORMIA, CPA **(2)** EIN: 20-8298840

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	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		102051
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	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		500000
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	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
V. SATTUI WINERY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
V. SATTUI WINERY, INC.

D Employer Identification Number (EIN)
94-2684602

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** 5

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): 94-2726483

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? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

V. SATTUI WINERY 401(K)
PROFIT SHARING PLAN

Financial Statements
With Supplemental Schedule

December 31, 2016 and 2015

(With Independent Auditors' Report Thereon)

David J. Cormia
Certified Public Accountant
5669 Snell Ave. #111
San Jose, CA 95123

V. SATTUI WINERY 401(K)
PROFIT SHARING PLAN
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Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable, or is not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

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www.401k-cpa.com

Independent Auditor's Report

To the Plan Administrative Committee
V. Sattui Winery 401(k) Profit Sharing Plan

Report on the Financial Statements
I have audited the accompanying statements of net assets available for benefits of V. Sattui Winery 401(k) Profit Sharing Plan (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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.

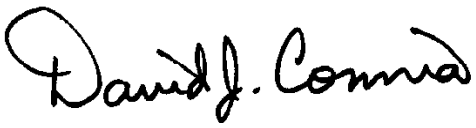
Auditor's Responsibility
My responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2016 and 2015, and the changes in net assets available for benefits for the year ended December 31, 2016 in conformity with accounting principles generally accepted in the United States of America.

Report on Supplementary Information
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of the assets held for investment purposes as of December 31, 2016 is prepared for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



San Jose, California
August 15, 2017

V. Sattui Winery 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

Assets	**2016**	2015
Investments (participant directed, at fair value):		
Cash and Cash Equivalents	**$ 1,692,781**	$ 1,275,575
Corporate Debt Instruments	**36,830**	232,212
Preferred Stocks	**-**	99,930
Corporate Stocks	**2,625,477**	5,187,182
Mutual Funds	**4,535,608**	1,745,177
Total investments	**8,890,696**	8,540,076
Receivables:		
Notes receivable from participants	**261,160**	279,742
Plan Sponsor receivables	**430,157**	402,407
Participant receivables	**3,126**	-
Other receivables	**2,342**	-
Total receivables	**696,785**	682,149
Other Payables	**-**	(1,469)
Net assets available for benefits	**$ 9,587,481**	$ 9,220,756

The accompanying Independent Auditor's Report
and notes are an integral part of these financial statements.

V. Sattui Winery 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2016

Changes in net assets attributable to:		
Contributions:		
Participants		**$ 251,867**
Plan sponsor		**430,157**
Participant transfers from other plans		**-**
	Total contributions	**682,024**
Investment activity:		
Net realized and unrealized gain		**25,681**
Dividends and interest		**118,698**
	Net investment activity	**144,379**
Interest income on notes receivable from participants		**10,877**
Distributions to participants		**(470,555)**
Administrative expenses		**-**
Net change		**366,725**
Net assets available for benefits at:		
Beginning of year		**9,220,756**
End of year		**$ 9,587,481**

The accompanying Independent Auditor's Report
and notes are an integral part of these financial statements.

V. Sattui Winery 401(k) Profit Sharing Plan
Notes to the Financial Statements

1. DESCRIPTION OF PLAN

The following description of the V. Sattui Winery 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established on August 1, 1980 as a defined contribution plan established to provide eligible employees of the V. Sattui Winery, Inc. (the Company) with retirement, death and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and Section 401(k) of the Internal Revenue Code (the IRC).

Participant Eligibility, Contribution, and Vesting

Employees are eligible to participate in the Plan providing they have reached age twenty-one (21) and have completed a minimum of one year of service. Employees covered under a collective bargaining agreement are not eligible to participate in the plan. Participants may begin deferring a portion of their compensation into the Plan on the first day of January first day of July of the plan year following eligibility. Contributions to the Plan are limited to the maximum amount allowable under the provisions of the IRC and to an annual limitation of $18,000 ($24,000 for those participants over age 49).

The Company has elected to make a safe-harbor non-elective contribution up to 3% of eligible compensation and also a fixed matching contribution equal to 140% of participant's 401(k) deferrals up to 5% of the eligible salary. The amount of the safe-harbor non-elective contribution and fixed matching contribution totaled $430,157 and $402,985 for the years ended December 31, 2016 and 2015, respectively. Additionally, the Plan allows the Company to make discretionary profit sharing contributions to eligible employees. For the year ended December 31, 2016 and 2015, the Company elected to forego a discretionary profit sharing contribution.

Vesting is immediate for the safe harbor non-elective matching. The Company's fixed matching contribution vests according the employee's years of service, as follows:

Years of Service	Vesting Percentage
Less than 1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

In addition, the Company's contribution is fully vested when a participant reaches the age of 65 and has 5 years of service, or becomes totally disabled, or dies. As of December 31, 2016, non-vested forfeiture accounts totaled $0. These accounts will be used to reduce future employer contributions.

Participant Accounts
Each participant's account is credited with the employee's payroll contributions; the employer's matching and safe-harbor non-elective contributions, and Plan earnings and losses. Allocations to participants' accounts are based on participant compensation or account balances in accordance with the provisions of the Plan.

Participant Loans
With the Plan trustee's approval, and subject to IRS regulations and limitations, participants may borrow up to the lesser of $50,000 or 50% of their vested account balance with a minimum loan amount of $1,000. Loans are subject to approval by the plan administrator, bear interest at prevailing market rates of interest and must be repaid within five years, except for loans secured by a principal residence, where the repayment period of 30 years is allowed. All loans are secured by the participants' account balances and must be repaid through a direct, after tax payroll deduction.

Payment of Benefits
The Plan provides for the payment of benefits to the participant (or, if applicable, the beneficiary) at retirement (age 65 and five years of service), disability, death, or termination of employment. Participants who qualify for retirement benefits and withdrawals may elect to receive their benefits in the form of a lump sum in cash. The benefit to which a participant is entitled is the benefit that can be provided directly from the participant's vested account balance.

Participants who separate from service and have vested account balances of $1,000 or less are subject to an administrative lump sum distribution at the discretion of the plan administrator. Mandatory distributions of separated participants' vested balances between $1,000 and $5,000 are subject to a direct rollover of their balance into an Individual Retirement Account (IRA) designated by the plan administrator in the name of the separated participant.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the plan are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Valuation of Investments
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Benefits
Benefits are recorded when paid.

Expenses
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events
The Company has evaluated subsequent events through August 15, 2017, the date that the financial statements were available to be issued. Management has determined that there were no subsequent events or transactions that would have a material impact on the current year financial statements.

3. FAIR VALUE MEASUREMENTS

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means • If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value 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 at December 31, 2016.

Cash and cash equivalents: Valued at the closing of December 31, 2016

Mutual funds/Common stocks, Corporate debt instruments: Valued at the net asset value (NAV) of shares held by the plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2016 and 2015:

	Assets at Fair Value as of December 31, 2016			
	Level 1	***Level 2***	***Level 3***	***Total***
Cash and Cash Equivalents	$ 1,692,781	$ -	$ -	$ 1,692,781
Corporate Debt Instruments	36,830	-	-	36,830
Corporate Stocks	2,625,477	-	-	2,625,477
Mutual Funds	4,535,608	-	-	4,535,608
	$ 8,890,696	$ -	$ -	$ 8,890,696

	Assets at Fair Value as of December 31, 2015			
	Level 1	***Level 2***	***Level 3***	***Total***
Cash and Cash Equivalents	$ 1,275,575	$ -	$ -	$ 1,275,575
Corporate Debt Instruments	232,212	-	-	232,212
Preferred Stocks	99,930	-	-	99,930
Corporate Stocks	5,187,182	-	-	5,187,182
Mutual Funds	1,745,177	-	-	1,745,177
	$ 8,540,076	$ -	$ -	$ 8,540,076

4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, all non-vested account balances would become 100% vested in their employer contributions.

5. TAX STATUS

The IRS has determined and informed the Company that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the United States Department of Labor and Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2016, the Company failed to remit certain employee deferrals and loan repayments to the Plan aggregating $102,051 in a timely manner according to DOL regulations. The calculated lost earnings have been determined using the Department of Labor approved VFCP calculator, deposited into the Plan, and allocated to the affected participants by March 31, 2017.

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.

V. Sattui Winery 401(k) Profit Sharing Plan

Plan Sponsor EIN: 94-2684602 Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2016

(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	Current (e) Value
	MorganStanley SmithBarney #93777			
	Morgan Stanley Bank	Cash	891,564	$ 891,564
	Morgan Stanley Private Bank	Cash	245,002	245,002
	MorganStanley SmithBarney #04777			
	Morgan Stanley Bank	Cash	245,002	245,002
	Morgan Stanley Private Bank	Cash	306,542	306,542
	Umpqua Bank			
	Cash	Cash	2,301	2,301
	Vanguard			
	Prime Money Market Fund	Cash	2,370	2,370
		Total Cash and Cash equivalents		1,692,781
	Hess Corp Mand CV PFD - 8.000%	Corporate Debt Instruments		36,830
		Total Corporate Debt Instruments		36,830
	MorganStanley SmithBarney #93777			
	Bank of America Corp	Corporate Stocks	^	243,100
	Citigroup Inc	Corporate Stocks	^	118,860
	Cobalt Intl Energy	Corporate Stocks	^	12,200
	Facebook Inc	Corporate Stocks	^	115,050
	Ferrari N V	Corporate Stocks	^	52,495
	Flat Chrysler Automobiles NV	Corporate Stocks	^	36,480
	Honeywell International Inc	Corporate Stocks	^	115,850
	Johnson CTLS Intl Plc	Corporate Stocks	^	94,737
	Oracle Corp	Corporate Stocks	^	57,675
	Raytheon Co	Corporate Stocks	^	142,000
	MorganStanley SmithBarney #04777			
	Amgen Inc	Corporate Stocks	^	80,415
	Anheuser Busch Inbev SA Spon	Corporate Stocks	^	63,264
	Bankunited Inc.	Corporate Stocks	^	75,380
	Boeing Co	Corporate Stocks	^	77,840
	Chevron Corp	Corporate Stocks	^	58,850
	Crown Castle Intl	Corporate Stocks	^	86,770
	First energy Corp	Corporate Stocks	^	61,940
	Home Depot Inc	Corporate Stocks	^	67,040
	Intl Business Machines Corp	Corporate Stocks	^	82,995
	Johnson CTLS Intl Plc	Corporate Stocks	^	82,380
	Kinder Morgan Incorp	Corporate Stocks	^	62,130
	Lockheed Martin Corp	Corporate Stocks	^	99,976
	Lowes Companies Inc	Corporate Stocks	^	71,120

The accompanying Independent Auditor's Report
and notes are an integral part of this schedule.

V. Sattui Winery 401(k) Profit Sharing Plan

Plan Sponsor EIN: 94-2684602 Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2016

(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	Current (e) Value
	Marathon Petroleum Corp	Corporate Stocks	^	50,350
	Mc Donalds Corp	Corporate Stocks	^	60,860
	Microsoft Corp	Corporate Stocks	^	93,210
	Newell Brands Inc	Corporate Stocks	^	44,650
	Pepsico Inc	Corporate Stocks	^	104,630
	Philip Morris Intl	Corporate Stocks	^	45,745
	Schlumberger Ltd	Corporate Stocks	^	83,950
	TE Connectivity Ltd New	Corporate Stocks	^	69,280
	Wal Mart Stores Inc	Corporate Stocks	^	69,120
	Weyerhaeuser Co	Corporate Stocks	^	45,135
		Total Corporate Stocks		2,625,477
	Vanguard, T. Rowe Price & Morgan Stanley - Mutual Funds			
	Alerian MLP ETF	Mutual Funds	^	50,400
	Explorer Fund Admiral	Mutual Funds	^	136,716
	Health Care Fund Adm	Mutual Funds	^	339,392
	International Growth Adm	Mutual Funds	^	125,388
	Morgan Growth Fund Inv	Mutual Funds	^	93,143
	Equity Index 500	Mutual Funds	^	291,344
	Total Equity Market Index	Mutual Funds	^	327,934
	Government Money	Mutual Funds	^	254,274
	Ishares S&P 500 Growth ETF	Mutual Funds	^	243,580
	Powershares QQQ Tr	Mutual Funds	^	236,960
	SPDR S&P 500 ETF Trust	Mutual Funds	^	2,436,477
		Total Mutual Funds		4,535,608
*	Participant loans	42 loans - 4.25% to 4.50%	-	261,160
				$ 9,151,856

* Party in interest to the Plan, as defined by ERISA.

^ Cost Information not provided as assets are part of an individual account plan that participants and beneficiaries directed with respect to assets allocated to his or her account.

The accompanying Independent Auditor's Report and notes are an integral part of this schedule.

V. Sattui Winery 401(k) Profit Sharing Plan

Plan Sponsor EIN: 94-2684602 Plan Number: 001

Schedule of Delinquent Participant Contributions

For the year ended December 31, 2016

	Participant Contributions Transferred Late to Plan During Year	Not Corrected	Pending Correction	Corrected	Total That Constitute Non-Exempt Prohibited Transactions
2016	$ 102,051	$ -	$ -	$ 102,051	$ 102,051

The accompanying Independent Auditor's Report
and notes are an integral part of this schedule.

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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- ☒ a single-employer plan;
- ☐ a DFE (specify) ___

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

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

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

Part II Basic Plan Information --- enter all requested information

1a Name of plan
V. Sattui Winery 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 08/01/1980

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)

V. Sattui Winery, Inc.

1111 White Lane

US St. Helena CA 94574-1551

2b Employer Identification Number (EIN)
94-2684602

2c Plan Sponsor's telephone number
(707) 286-7248

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	Signature of plan administrator	Date: 9-5-17	Enter name of individual signing as plan administrator: Thomas Davies
SIGN HERE	Signature of employer/plan sponsor	Date: 9-5-17	Enter name of individual signing as employer or plan sponsor: Thomas Davies
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)
Skip this question

Preparer's telephone number
Skip this question

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**	229
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)**	137
a(2) Total number of active participants at the end of the plan year	**6a(2)**	106
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	122
d Subtotal. Add lines **6a(2), 6b,** and **6c**.	**6d**	228
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	228
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	227
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 2G 2J 2K 3D

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) [ ]	Insurance	(1) [ ]	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		**b General Schedules**	
(1) [x]	**R** (Retirement Plan Information)	(1) [x]	**H** (Financial Information)
(2) [ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ]	**I** (Financial Information - Small Plan)
		(3) [ ] ____	**A** (Insurance Information)
		(4) [ ]	**C** (Service Provider Information)
(3) [ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 H, line 4i

Schedule of Assets (Acquired and Disposed of Within Year).

For the plan year beginning **01/01/2016** and ending **12/31/2016**

Name of plan

V. Sattui Winery 401(k) Profit Sharing Plan

Employer Identification Number

94-2684602

Three-digit plan number ► **001**

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
NATL FUEL GAS CO	2000 SHS COMMON STOCK	82,000	82,180
FITBIT INC CL A	600 SHS COMMON STOCK	11,581	8,396
NEXTERA ENERGY PARTNERS	1500 UTS LP	39,000	38,979
ALPHABET INC CL A	300 SHS COMMON STOCK	222,594	209,976
NIKE INC CL B	1000 SHS COMMON STOCK	59,667	54,493
STARBUCKS CORP WASHINGTON	2000 SHS COMMON STOCK	116,426	109,428
SYNCHRONY FINANCIAL	4000 SHS COMMON STOCK	126,425	101,685
JOHNSON CTLS INTL PLC	.5 SHS COMMON STOCK	24	24
ADIENT PLC	230 SHS COMMON STOCK	10,715	10,031
FACEBOOK INC CL A	500 SHS COMMON STOCK	50,923	52,254
LULULEMON ATHLETICA INC	2000 SHS COMMON STOCK	112,950	120,977
NETFLIX INC	1500 SHS COMMON STOCK	130,497	149,718
UNITED HEALTH GP INC	1500 SHS COMMON STOCK	167,726	182,310
DIGITAL REALTY TRUST INC	100 SHS COMMON STOCK	9,600	9,290
INTL BUSINESS MACHINES CORP	500 SHS COMMON STOCK	72,813	73,666
MARATHON PETROLEUM CORP	1500 SHS COMMON STOCK	51,922	53,275
MGM GROWTH PROPERTIES LLC CL A	700 SHS COMMON STOCK	14,700	15,671
SPIRIT REALTY CAPITAL INC	1100 SHS COMMON STOCK	12,265	12,754
WASH REALTY EST INV TR MARYLND	100 SHS COMMON STOCK	2,820	2,848
FRONTIER COMMUNICATIONS CORP	14000 SHS COMMON STOCK	71,104	67,759
SCHLUMBERGER LTD	500 SHS COMMON STOCK	39,212	39,341
KINDER MORGAN INC SER A	2000 SHS CONV PFD	91,047	93,667
DOMINION RES INC	1000 SHS COMMON STOCK	70,224	73,367
MC DONALDS CORP	600 SHS COMMON STOCK	70,068	71,113
ADIENT PLC	140 SHS COMMON STOCK	6,522	6,180
WELLS FARGO & CO NEW	1500 SHS COMMON STOCK	70,676	82,108

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

For the plan year beginning **01/01/2016** and ending **12/31/2016**

Name of plan
V. Sattui Winery 401(k) Profit Sharing Plan

Employer Identification Number
94-2684602

Three-digit plan number ► **001**

(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
	BANK OF AMERICA CORP	11000 SHS COMMON STOCK	138,232	243,100
	CITIGROUP INC NEW	2000 SHS COMMON STOCK	105,650	118,860
	COBALT INTL ENERGY	10000 SHS COMMON STOCK	258,519	12,200
	FACEBOOK INC CL-A	1000 SHS COMMON STOCK	38,000	115,050
	FERRARI N V	900 SHS COMMON STOCK	49,580	52,495
	FIAT CHRYSLER AUTOMOBILES NV	4000 SHS COMMON STOCK	35,236	36,480
	HONEYWELL INTERNATIONAL INC	1000 SHS COMMON STOCK	110,179	115,850
	JOHNSON CTLS INTL PLC	2300 SHS COMMON STOCK	107,340	94,737
	ORACLE CORP	1500 SHS COMMON STOCK	59,278	57,675
	RAYTHEON CO	1000 SHS COMMON STOCK	100,177	142,000
	ISHARES S&P 500 GRWTH	2000 SHS ETF	234,859	243,580
	POWERSHARES QQQ TR	2000 SHS ETF	224,829	236,960
	SPDR S&P 500 TRUST	10900 SHS ETF	2,263,503	2,436,477
	AMGEN INC	550 SHS COMMON STOCK	85,851	80,416
	ANHEUSER BUSCH INBEV SA SPON	600 SHS COMMON STOCK	63,607	63,264
	BANKUNITED INC	2000 SHS COMMON STOCK	64,607	75,380
	BOEING CO	500 SHS COMMON STOCK	63,015	77,840
	CHEVRON CORP	500 SHS COMMON STOCK	55,569	58,850
	CROWN CASTLE INTL CORP	1000 SHS COMMON STOCK	81,804	86,770
	FIRSTENERGY CORP	2000 SHS COMMON STOCK	66,663	61,940
	HOME DEPOT INC	500 SHS COMMON STOCK	56,457	67,040
	INTL BUSINESS MACHINES CORP	500 SHS COMMON STOCK	72,552	82,995
	JOHNSON CTLS INTL PLC	2000 SHS COMMON STOCK	92,515	82,380
	KINDER MORGAN INCORP	3000 SHS COMMON STOCK	63,051	62,130
	LOCKHEED MARTIN CORP	400 SHS COMMON STOCK	71,377	99,976
	LOWES COMPANIES INC	1000 SHS COMMON STOCK	78,660	71,120
	MARATHON PETROLEUM CORP	1000 SHS COMMON STOCK	47,789	50,350
	MC DONALDS CORP	500 SHS COMMON STOCK	60,470	60,860
	MICROSOFT CORP	1500 SHS COMMON STOCK	77,634	93,210
	NEWELL BRANDS INC	1000 SHS COMMON STOCK	48,719	44,650
	PEPSICO INC NC	1000 SHS COMMON STOCK	97,896	104,630
	PHILIP MORRIS INTL INC	500 SHS COMMON STOCK	45,807	45,745
	SCHLUMBERGER LTD	1000 SHS COMMON STOCK	78,424	83,950
	TE CONNECTIVITY LTD NEW	1000 SHS COMMON STOCK	62,556	69,280
	WAL MART STORES INC	1000 SHS COMMON STOCK	73,979	69,120
	WEYERHAEUSER CO	1500 SHS COMMON STOCK	47,783	45,135
	ALERIAN MLP	4000 SHS ETF	51,482	50,400
	HESS CORP	500 UTS MAND CV PFD 8% 2/1/19	34,047	36,830

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

For the plan year beginning **01/01/2016** and ending **12/31/2016**

Name of plan
V. Sattui Winery 401(k) Profit Sharing Plan

Employer Identification Number
94-2684602

Three-digit plan number ► **001**

(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
	UMPQUA BANK	SAVINGS	2,300	2,300
	MORGAN STANLEY BANK	BANK DEPOSIT .01%	1,197,895	1,198,106
	MORGAN STANLEY PRIVATE BANK	BANK DEPOSIT .01%	489,918	490,005
	T ROWE PRICE EQUITY INDEX 500	MUTUAL FUND	172,295	291,344
	TRP TOTAL EQUITY MARKET INDEX	MUTUAL FUND	193,195	327,934
	T ROWE PRICE GOVERNMENT MONEY	MUTUAL FUND	254,147	254,275
	VANGUARD EXPLORER ADMIRAL	MUTUAL FUND	84,332	136,716
	VANGUARD HEALTH CARE	MUTUAL FUND	179,516	339,392
	VANGUARD INTL GROWTH ADMIRAL	MUTUAL FUND	106,409	125,388
	VANGUARD MORGAN GROWTH ADMIRAL	MUTUAL FUND	56,245	93,143
	VANGUARD PRIME	MONEY MARKET FUND VAR INT	2,357	2,370
*	NOTES RECEIV FROM PARTICIPANTS	4.25-4.5% VAR MATURITY DATES	480,943	261,160

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning **01/01/2016** and Ending **12/31/2016**
Name of Plan: **V. Sattui Winery 401(k) Profit Sharing Plan**
Employer Identification Number: **94-2684602** Three-digit plan number: **001**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$102,051	$0	$0	$0	$102,051
			$0	