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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 12/31/2017

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.)
- [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
- [X] 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
- [X] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
JASMINE VINEYARDS, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1998

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)

JASMINE VINEYARDS, INC.

11239 FAMOSA - PORTERVILLE HWY.
DELANO, CA 93215

2b Employer Identification Number (EIN)
95-2745235

2c Plan Sponsor's telephone number
661-792-2141

2d Business code (see instructions)
111300

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2018	GEORGE ZANINOVICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2018	GEORGE ZANINOVICH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	734
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)**	565
a(2) Total number of active participants at the end of the plan year	**6a(2)**	532
b Retired or separated participants receiving benefits	**6b**	6
c Other retired or separated participants entitled to future benefits	**6c**	192
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	730
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	730
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	721
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
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:

2A 2E 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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **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)** [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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 12/31/2017

A Name of plan
JASMINE VINEYARDS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JASMINE VINEYARDS, INC.

D Employer Identification Number (EIN)
95-2745235

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).. . . . . ☐ 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

(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

(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)

WELLS FARGO ADVISORS

23-2384840

(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 33 51	NONE	34365	Yes [ ] No [X]	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 [ ]

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
(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.	

(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.	

(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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 12/31/2017

A Name of plan
JASMINE VINEYARDS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JASMINE VINEYARDS, INC.

D Employer Identification Number (EIN)
95-2745235

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		2599
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	741355	1133263
(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)	219661	377445
(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)	8035365	2222315
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		6316915
(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	8996381	10052537
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	2526	2526
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2526	2526
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8993855	10050011

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)	391909	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		391909
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	104938	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		104938
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	-2736	
	(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)		-2736
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	596410	
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		596410

		(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1090521
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
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)	34365	
(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)		34365
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		34365
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1056156
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: CALIBER AUDIT & ATTEST, LLP **(2)** EIN: 26-2350873

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	
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			

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

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.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 12/31/2017

A Name of plan
JASMINE VINEYARDS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JASMINE VINEYARDS, INC.

D Employer Identification Number (EIN)
95-2745235

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** 0

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): 95-2745235 _____

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 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): _____

---

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):

CALIBER
AUDIT & ATTEST, LLP

Independent Auditors' Report

To the Plan Administrator, Trustees, and Participants
Jasmine Vineyards, Inc. Profit Sharing Plan
Delano, California

Report on the Financial Statements

We have audited the accompanying financial statements of the Jasmine Vineyards, Inc. Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and June 30, 2017, and the related statement of changes in net assets available for benefits for the period July 1, 2017 through December 31, 2017, 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.

Auditors' Responsibility

Our 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 of 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 auditors' 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 Plan'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 Plan'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.

805 Aerovista Pl, Ste 103, San Luis Obispo, CA 93401 Phone: (805) 888-0200 Fax: (805) 888-0201

CALIBER
AUDIT & ATTEST, LLP

Independent Auditors' Report - Continued

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Jasmine Vineyards, Inc. Profit Sharing Plan as of December 31, 2017 and June 30, 2017, and the changes in its net assets available for benefits for the period July 1, 2017 through December 31, 2017, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental 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 audit 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 to 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.

Caliber Audit & Attest, LLP

San Luis Obispo, California
October 8, 2018

805 Aerovista Pl, Ste 103, San Luis Obispo, CA 93401 Phone: (805) 888-0200 Fax: (805) 888-0201

Jasmine Vineyards, Inc. Profit Sharing Plan

Financial Statements

December 31, 2017 and June 30, 2017

C O N T E N T S

	Page(s)
Independent Auditors' Report	1 - 2
Financial Statements	
Statements of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5 - 10
Supplemental Information	
Schedule of assets (held at end of year)	11 - 13

CALIBER
AUDIT & ATTEST, LLP

Independent Auditors' Report

To the Plan Administrator, Trustees, and Participants
Jasmine Vineyards, Inc. Profit Sharing Plan
Delano, California

Report on the Financial Statements

We have audited the accompanying financial statements of the Jasmine Vineyards, Inc. Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and June 30, 2017, and the related statement of changes in net assets available for benefits for the period July 1, 2017 through December 31, 2017, 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.

Auditors' Responsibility

Our 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 of 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 auditors' 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 Plan'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 Plan'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.

805 Aerovista Pl, Ste 103, San Luis Obispo, CA 93401 Phone: (805) 888-0200 Fax: (805) 888-0201

CALIBER
AUDIT & ATTEST, LLP

Independent Auditors' Report - Continued

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Jasmine Vineyards, Inc. Profit Sharing Plan as of December 31, 2017 and June 30, 2017, and the changes in its net assets available for benefits for the period July 1, 2017 through December 31, 2017, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental 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 audit 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 to 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.

Caliber Audit & Attest, LLP

San Luis Obispo, California
October 8, 2018

805 Aerovista Pl, Ste 103, San Luis Obispo, CA 93401 Phone: (805) 888-0200 Fax: (805) 888-0201

Jasmine Vineyards, Inc. Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2017 and June 30, 2017

ASSETS	*December 31, 2017*	*June 30, 2017*
Cash	$ 2,599	$ 5,097
Investments at fair value (see Note 3)	8,916,675	8,249,930
Employer contributions receivable	1,130,737	738,828
Total assets	10,050,011	8,993,855
LIABILITIES		
Total liabilities	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,050,011	$ 8,993,855

See Notes to Financial Statements.

Jasmine Vineyards, Inc. Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
For the period July 1, 2017 through December 31, 2017

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 593,674
Dividend and interest income	104,938
	698,612
Employer contribution	391,909
Total additions	1,090,521
Deductions from net assets attributed to:	
Administrative fees	34,365
Total deductions	34,365
Net increase	1,056,156
Net assets available for benefits:	
Beginning of year	8,993,855
End of year	$ 10,050,011

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the Jasmine Vineyards, Inc. Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan document, adoption agreement, or summary plan description for a more complete description of the Plan's provisions.

General:

The Plan is a profit sharing plan covering the employees of Jasmine Vineyards, Inc. (the Company) who are age 18 and have completed 1,000 hours of service within a twelve-month period. Employees enter the Plan semiannually, on the first of January or July, that occurs after the employee has completed the eligibility service period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2017, the Plan amended its year-end from June 30 to December 31 to match the change in the fiscal year end of the Company to a calendar year end. The statement of changes in net assets available for benefits presented is for the period July 1, 2017 through December 31, 2017 as a result of the change.

Plan administration:

The Company is the Plan sponsor and Plan administrator. The Plan administrator is responsible for carrying out the duties imposed under the ERISA, including oversight of the Plan, appropriateness of investment offerings, and monitoring investment performance.

Contributions:

Company contributions are discretionary and may be made for the Plan year up to a percentage of eligible compensation as defined by the Plan document. Contributions are funded annually and are allocated to participants who worked at least 1,000 hours during the Plan year and are employed on the last day of the Plan year. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Contributions are calculated using cross-testing methods, testing contributions on an equivalent benefit basis. The contribution formula for the Plan separates participants into two groups: non-owners and owners. For the period July 1, 2017 through December 31, 2017, the contribution percentages for non-owners and owners were 5% and 30%, respectively.

Participant accounts:

Each participant's account is credited with the allocation of the Company's contribution, if any, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

The balance of vesting in the participants' accounts for the payment of benefits is based on years of service as follows:

Years of service	*Years*
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

If an active participant dies or is disabled prior to attaining the normal retirement age, the participant becomes 100% vested.

Benefit payments and withdrawals:

On termination of service due to death, disability, or retirement, participants, or their beneficiaries, are entitled to a distribution of their vested account balance. On termination of service before retirement age, if the participant's vested account does not exceed $1,000, a lump sum distribution will be made. On termination of service before retirement age , if the participant's vested account balance exceeds $1,000, the participant may elect to have their vested account balance distributed as soon as administratively feasible.

At December 31, 2017 and June 30, 2017, there were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not been paid.

Forfeited accounts:

Forfeitures result from non-vested benefit payments remaining in the Plan for all terminated employees or adjustments, if any. At December 31, 2017 and June 30, 2017, the forfeiture balance was $0 and $2,526, respectively. These accounts may be applied to reduce employer contributions.

Note 2. 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 accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash and cash equivalents:

The Plan considers cash equivalents to be highly liquid debt instruments purchased with an original maturity date of three months or less.

Investment valuation and income recognition:

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. The Plan sponsor's management determines the Plan's valuation policies utilizing information provided by the custodian, investment advisor, and third party administrator. 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. All investments in the Plan are nonparticipant directed.

Benefit payments:

Benefits are recorded when paid.

Administrative expenses:

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of benefit payments are charged directly to the participant's account and are included in administrative expenses. Quarterly fees for investment advisor services are paid by the Plan and included in administrative expenses. Other investment related expenses are included in either net appreciation of fair value of investments or administrative expenses.

Reclassifications:

Certain amounts in the June 30, 2017 financial statements have been reclassified for comparative purposes to conform with presentation in the December 31, 2017 financial statements.

Note 3. Nonparticipant Directed Investments and Fair Value Measurements

All of the assets in the Plan are nonparticipant directed, as such, all of the activity presented and disclosed about the Plan relate to nonparticipant directed net assets.

The *Fair Value Measurements* topic of the Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC)* 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 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 by 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. There have been no changes to the methodologies used at December 31, 2017 and June 30, 2017.

Interest-bearing cash: Valued at cost.

Mutual funds and exchange-traded funds (ETFs): Valued at the daily closing price as reported by the fund. Mutual funds and ETFs held by the Plan are open-ended mutual funds and ETFs that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds and ETFs held by the Plan are deemed to be actively traded.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	Level 1
Interest-bearing cash	$ 377,445
Mutual and exchange-traded funds	6,316,915
Common stock	2,222,315
Total investments at fair value	$ 8,916,675

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2017:

	Level 1
Interest-bearing cash	$ 214,565
Mutual and exchange-traded funds	5,929,976
Common stock	2,105,389
Total investments at fair value	$ 8,249,930

For the period July 1, 2017 through December 31, 2017 and the year ended June 30, 2017, there were no significant transfers between Levels 1, 2, or 3.

Note 4. Related Party and Party-in-Interest Transactions

Barbich Hooper King Dill Hoffman Accountancy Corporation is the third-party administrator of the Plan and provides administrative services, which are paid by the Plan sponsor.

Wells Fargo Advisors is the custodian of the Plan assets and, therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rule.

Note 5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested and the assets would be distributed among the participants of the Plan in accordance with the provisions of the Plan.

Note 6. Tax Status

The Company has adopted a standardized volume submitter profit sharing plan. The IRS has opined and informed the volume submitter plan administrator by a letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed, and is

currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes 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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan as of December 31, 2017, and is not aware of any uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 the participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8. Reconciliation of the Plan Financial Statements to the Form 5500

Certain amounts included on Schedule H Part I and II on the Annual Return/Report of Employee Benefits Plan (Form 5500) have been grouped differently for purposes of presentation in the financial statements.

The net assets available for benefits per the financial statements and Form 5500 at December 31, 2017 and June 30, 2017 agreed. As such, there is no reconciliation.

The changes in net assets available for benefits per the financial statements and Form 5500 for the period July 1, 2017 through December 31, 2017 agreed. As such, there is no reconciliation.

Note 9. Subsequent Events

The Plan has evaluated subsequent events through October 8, 2018 the date the financial statements were available to be issued.

Supplemental Information
Jasmine Vineyards, Inc. Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year)
EIN 95-2745235 Plan #001
December 31, 2017

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
	Abbott Laboratories	Common Stock	$ 19,886	$ 28,592
	Accenture PLC Ireland	Common Stock	26,445	28,015
	Aflac Inc.	Common Stock	26,353	33,269
	Air Products & Chemicals Inc.	Common Stock	21,202	25,761
	Amgen Inc.	Common Stock	26,196	28,172
	Analog Devices Inc.	Common Stock	24,404	34,277
	Apple Inc.	Common Stock	144,741	219,999
	At & T Inc.	Common Stock	22,411	21,889
	Automatic Data Processing	Common Stock	23,494	30,352
	Becton Dickinson & Co.	Common Stock	28,179	35,534
	Blackrock Inc.	Common Stock	18,259	25,686
	Chevron Corporation	Common Stock	22,289	26,415
	Chubb Ltd.	Common Stock	27,516	31,856
	Cisco Systems Inc.	Common Stock	26,966	32,478
	Clorox Company	Common Stock	24,689	28,409
	Colgate-Palmolive Co.	Common Stock	20,154	21,654
	Eaton Vance Corp Non Vtg.	Common Stock	9,970	15,169
	Emerson Electric Co.	Common Stock	21,473	26,413
	Eversource Energy	Common Stock	21,727	24,198
	Exxon Mobil Corp.	Common Stock	22,253	21,495
	Facebook Inc Class A	Common Stock	94,273	188,106
	Factset Research Systems Inc.	Common Stock	17,582	21,204
	First Trust NASDAQ 100 ET Technology Index Fund	ETF	237,868	260,423
	General Mills Inc.	Common Stock	21,096	20,040
	Genl Dynamics Corp Com	Common Stock	31,117	39,876
	Grainger W W Inc.	Common Stock	13,001	12,757
	Harris Corp Del	Common Stock	19,922	32,863
	Illinois Tool Works Inc.	Common Stock	27,945	41,379
	Industrial Select Sector Spdr	Common Stock	324,965	410,358
	International Business Machine Corp	Common Stock	19,143	18,564
	Ishares Agency Bond ETF	ETF	72,352	71,361
	Ishares Russell 2000 ETF	ETF	158,345	171,975
	Ishares U.S. Preferred Stock ETF	ETF	72,432	70,734
	Ishares U.S. Aerospace & Defense ETF	ETF	214,683	279,343

Supplemental Information
Jasmine Vineyards, Inc. Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 95-2745235 Plan #001
December 31, 2017

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
	Ishares Core S&P Midcap ETF	ETF	$ 482,360	$ 522,085
	Ishares Core S&P 500 Index Fund ETF	ETF	274,275	300,037
	Ishares Core U.S. Aggregate Bond ETF	ETF	767,946	763,889
	Ishares Jp Morgan Usd Emerging Markets Bond ETF	ETF	123,001	127,942
	Ishares Mbs ETF	ETF	396,588	387,881
	Ishares Tip Bond ETF	ETF	72,096	72,327
	Johnson & Johnson	Common Stock	29,229	35,908
	JP Morgan Chase & Co	Common Stock	20,877	22,030
	Lowes Companies, Inc.	Common Stock	34,534	42,938
	Mcdonalds Corp.	Common Stock	18,380	24,613
	Medtronic Plc	Common Stock	32,772	34,157
	Microsoft Corp	Common Stock	35,660	55,259
	Nextera Energy Inc.	Common Stock	27,115	34,987
	Nike Inc Class B	Common Stock	14,815	16,075
	Norfolk Southern Corp	Common Stock	20,615	29,415
	Novartis Ag Spon Adr	Common Stock	17,280	19,647
	Paychex Inc.	Common Stock	23,426	29,547
	Pepsico Incorporated	Common Stock	21,575	24,584
	Phillips 66	Common Stock	21,939	28,120
	Polaris Inds Inc.	Common Stock	15,654	21,822
	Powershares Em Mar Sov De Pt	ETF	123,049	126,638
	Praxair Inc.	Common Stock	18,889	25,368
	Procter & Gamble Co.	Common Stock	17,056	18,560
	Qualcomm Inc.	Common Stock	15,932	19,654
	Sector Spdr Tr Technology Select Sector ETF	ETF	207,434	274,282
	Slect Sector Spdr Tr Real Estate ETF	ETF	43,668	44,502
	Select Sector Spdr Tr Financial ETF	ETF	167,369	223,531
	Select Sector Spdr Fd Health Care ETF	ETF	399,841	467,803
	Select Sector Spdr Fd Consumer Discretionary ETF	ETF	150,221	184,353
	Spdr Bloomberg Barclays High Yield Bond ETF	ETF	199,099	209,781
	Spdr Dow Jones Global Real Estate ETF	ETF	144,355	145,614

Supplemental Information
Jasmine Vineyards, Inc. Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 95-2745235 Plan #001
December 31, 2017

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
	Sysco Corporation	Common Stock	$ 21,602	$ 25,992
	Target Corp.	Common Stock	17,731	15,660
	United Technologies Corp,	Common Stock	24,261	29,596
	U.S. Bancorp New	Common Stock	24,810	24,808
	V F Corporation	Common Stock	23,237	28,934
	Vanguard Ftse Developed Markets ETF	ETF	291,921	357,444
	Vanguard Intermediate Term Corp Bond ETF	ETF	411,435	409,946
	Vanguard Intl Equity Index Fds Ftse Emerging Mkts ETF	ETF	247,259	302,042
	Vanguard Reit ETF	ETF	296,093	288,190
	Vanguard Total Intl Stock Index Fund ETF	ETF	237,904	254,792
	Wal-Mart Stores Inc.	Common Stock	19,771	28,835
	Wec Energy Group Inc.	Common Stock	25,802	27,369
	3M Co.	Common Stock	24,681	33,657
	JP Morgan 100% US Treasury Securities	Interest-bearing cash	377,445	377,445
	Cash	Cash	2,599	2,599
		Total	$ 6,362,351	$ 8,919,274

Supplemental Information
Jasmine Vineyards, Inc. Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year)
EIN 95-2745235 Plan #001
December 31, 2017

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
	Abbott Laboratories	Common Stock	$ 19,886	$ 28,592
	Accenture PLC Ireland	Common Stock	26,445	28,015
	Aflac Inc.	Common Stock	26,353	33,269
	Air Products & Chemicals Inc.	Common Stock	21,202	25,761
	Amgen Inc.	Common Stock	26,196	28,172
	Analog Devices Inc.	Common Stock	24,404	34,277
	Apple Inc.	Common Stock	144,741	219,999
	At & T Inc.	Common Stock	22,411	21,889
	Automatic Data Processing	Common Stock	23,494	30,352
	Becton Dickinson & Co.	Common Stock	28,179	35,534
	Blackrock Inc.	Common Stock	18,259	25,686
	Chevron Corporation	Common Stock	22,289	26,415
	Chubb Ltd.	Common Stock	27,516	31,856
	Cisco Systems Inc.	Common Stock	26,966	32,478
	Clorox Company	Common Stock	24,689	28,409
	Colgate-Palmolive Co.	Common Stock	20,154	21,654
	Eaton Vance Corp Non Vtg.	Common Stock	9,970	15,169
	Emerson Electric Co.	Common Stock	21,473	26,413
	Eversource Energy	Common Stock	21,727	24,198
	Exxon Mobil Corp.	Common Stock	22,253	21,495
	Facebook Inc Class A	Common Stock	94,273	188,106
	Factset Research Systems Inc.	Common Stock	17,582	21,204
	First Trust NASDAQ 100 ET Technology Index Fund	ETF	237,868	260,423
	General Mills Inc.	Common Stock	21,096	20,040
	Genl Dynamics Corp Com	Common Stock	31,117	39,876
	Grainger W W Inc.	Common Stock	13,001	12,757
	Harris Corp Del	Common Stock	19,922	32,863
	Illinois Tool Works Inc.	Common Stock	27,945	41,379
	Industrial Select Sector Spdr	Common Stock	324,965	410,358
	International Business Machine Corp	Common Stock	19,143	18,564
	Ishares Agency Bond ETF	ETF	72,352	71,361
	Ishares Russell 2000 ETF	ETF	158,345	171,975
	Ishares U.S. Preferred Stock ETF	ETF	72,432	70,734
	Ishares U.S. Aerospace & Defense ETF	ETF	214,683	279,343

Supplemental Information
Jasmine Vineyards, Inc. Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 95-2745235 Plan #001
December 31, 2017

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
	Ishares Core S&P Midcap ETF	ETF	$ 482,360	$ 522,085
	Ishares Core S&P 500 Index Fund ETF	ETF	274,275	300,037
	Ishares Core U.S. Aggregate Bond ETF	ETF	767,946	763,889
	Ishares Jp Morgan Usd Emerging Markets Bond ETF	ETF	123,001	127,942
	Ishares Mbs ETF	ETF	396,588	387,881
	Ishares Tip Bond ETF	ETF	72,096	72,327
	Johnson & Johnson	Common Stock	29,229	35,908
	JP Morgan Chase & Co	Common Stock	20,877	22,030
	Lowes Companies, Inc.	Common Stock	34,534	42,938
	Mcdonalds Corp.	Common Stock	18,380	24,613
	Medtronic Plc	Common Stock	32,772	34,157
	Microsoft Corp	Common Stock	35,660	55,259
	Nextera Energy Inc.	Common Stock	27,115	34,987
	Nike Inc Class B	Common Stock	14,815	16,075
	Norfolk Southern Corp	Common Stock	20,615	29,415
	Novartis Ag Spon Adr	Common Stock	17,280	19,647
	Paychex Inc.	Common Stock	23,426	29,547
	Pepsico Incorporated	Common Stock	21,575	24,584
	Phillips 66	Common Stock	21,939	28,120
	Polaris Inds Inc.	Common Stock	15,654	21,822
	Powershares Em Mar Sov De Pt	ETF	123,049	126,638
	Praxair Inc.	Common Stock	18,889	25,368
	Procter & Gamble Co.	Common Stock	17,056	18,560
	Qualcomm Inc.	Common Stock	15,932	19,654
	Sector Spdr Tr Technology Select Sector ETF	ETF	207,434	274,282
	Slect Sector Spdr Tr Real Estate ETF	ETF	43,668	44,502
	Select Sector Spdr Tr Financial ETF	ETF	167,369	223,531
	Select Sector Spdr Fd Health Care ETF	ETF	399,841	467,803
	Select Sector Spdr Fd Consumer Discretionary ETF	ETF	150,221	184,353
	Spdr Bloomberg Barclays High Yield Bond ETF	ETF	199,099	209,781
	Spdr Dow Jones Global Real Estate ETF	ETF	144,355	145,614

Supplemental Information
Jasmine Vineyards, Inc. Profit Sharing Plan
Schedule H, Line 4i Form 5500
Schedule of Assets (Held at End of Year) - Continued
EIN 95-2745235 Plan #001
December 31, 2017

(a)	*(b)* *Identity of Issue or Borrower*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
	Sysco Corporation	Common Stock	$ 21,602	$ 25,992
	Target Corp.	Common Stock	17,731	15,660
	United Technologies Corp,	Common Stock	24,261	29,596
	U.S. Bancorp New	Common Stock	24,810	24,808
	V F Corporation	Common Stock	23,237	28,934
	Vanguard Ftse Developed Markets ETF	ETF	291,921	357,444
	Vanguard Intermediate Term Corp Bond ETF	ETF	411,435	409,946
	Vanguard Intl Equity Index Fds Ftse Emerging Mkts ETF	ETF	247,259	302,042
	Vanguard Reit ETF	ETF	296,093	288,190
	Vanguard Total Intl Stock Index Fund ETF	ETF	237,904	254,792
	Wal-Mart Stores Inc.	Common Stock	19,771	28,835
	Wec Energy Group Inc.	Common Stock	25,802	27,369
	3M Co.	Common Stock	24,681	33,657
	JP Morgan 100% US Treasury Securities	Interest-bearing cash	377,445	377,445
	Cash	Cash	2,599	2,599
		Total	$ 6,362,351	$ 8,919,274

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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 12/31/2017

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
Jasmine Vineyards, Inc. Profit Sharing Plan

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan 07/01/1998

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)
Jasmine Vineyards, Inc.

11239 Famosa - Porterville Hwy.

Delano CA 93215

2b Employer Identification Number (EIN) 95-2745235

2c Plan Sponsor's telephone number (661)792-2141

2d Business code (see instructions) 111300

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	(X) [signature]	10/11/18	George Zaninovich
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			George Zaninovich
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	734
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)**	565
a(2) Total number of active participants at the end of the plan year	**6a(2)**	532
b Retired or separated participants receiving benefits	**6b**	6
c Other retired or separated participants entitled to future benefits	**6c**	192
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	730
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	730
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	721
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
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:

2A 2E 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)** [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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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_____