# 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

**2020**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
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. | 10/13/2021 | GEORGE ZANINOVICH |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2021 | GEORGE ZANINOVICH |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | | |
| | **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** | 794 |
| **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)** | 557 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 568 |
| **b** | Retired or separated participants receiving benefits | **6b** | 16 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 209 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 793 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 793 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 714 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2020**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| JASMINE VINEYARDS, INC. PROFIT SHARING PLAN | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
| JASMINE VINEYARDS, INC. | 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

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**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 | 43065 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CHARLES SCHWAB

94-1737782

| (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 | 20778 | 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 [ ] |

**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)**<br>(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

**2020**

**This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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 reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 474 | 474 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 921025 | 131539 |
| **(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) | 5361952 | 7418463 |
| **(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) | 4752712 | 3021917 |
| **(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 | 11036163 | 10572393 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 4551 | 15277 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 4551 | 15277 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 11031612 | 10557116 |

## 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) | | |
| | **(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) | | 0 |
| **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) | 216623 | |
| | **(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) | | 216623 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 136945 | |
| | **(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) | | 136945 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | 669173 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 669173 |

| | | (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 | | 237 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1022978 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1432143 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | 1488 | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1433631 |
| **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) | 63843 | |
| **(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) | | 63843 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1497474 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | -474496 |
| **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] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**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 | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 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** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

# 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

**2020**

**This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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): _____

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **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):

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

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, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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

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## *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, 2020 and 2019, and the changes in its net assets available for benefits for the year ended December 31, 2020, 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) and schedule of reportable transactions referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 13, 2021



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

# 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

**2020**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

**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 ☒ | Signature of plan administrator | Date 10/12/2021 | Enter name of individual signing as plan administrator: George Zaninovich |
| SIGN HERE ☒ | Signature of employer/plan sponsor | Date 10/12/2021 | Enter name of individual signing as employer or plan sponsor: George Zaninovich |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

**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** | 794 |
| **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)** | 557 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 568 |
| **b** Retired or separated participants receiving benefits | **6b** | 16 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 209 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 793 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 793 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 714 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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_____

*Jasmine Vineyards, Inc. Profit Sharing Plan*

*Financial Statements*

*December 31, 2020 and 2019*

***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 - 11 |
| ***Supplemental Information*** | |
| Schedule of assets (held at end of year) | 12 - 13 |
| Schedule of reportable transactions | 14 |

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## *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, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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.



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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, 2020 and 2019, and the changes in its net assets available for benefits for the year ended December 31, 2020, 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) and schedule of reportable transactions referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 13, 2021



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, 2020 and 2019*

| ***ASSETS*** | ***2020*** | ***2019*** |
|---|---|---|
| ***Investments at fair value (see Note 3)*** | $ 10,571,918 | $ 11,035,689 |
| ***Reimbursements receivable*** | - | 16,817 |
| ***Other receivable*** | 474 | 474 |
| Total assets | 10,572,392 | 11,052,980 |
| ***LIABILITIES*** | | |
| ***Distribution tax payable*** | 9,238 | - |
| Total liabilities | 9,238 | - |
| ***NET ASSETS AVAILABLE FOR BENEFITS*** | $ 10,563,154 | $ 11,052,980 |

*See Notes to Financial Statements.*

*Jasmine Vineyards, Inc. Profit Sharing Plan*

*Statement of Changes in Net Assets Available for Benefits*
*Year Ended December 31, 2020*

| | |
|---|---|
| ***Additions to net assets attributed to:*** | |
| Investment income: | |
| Dividend and interest income | $ 216,623 |
| Net appreciation in fair value of investments | 806,119 |
| Other income | 237 |
| Total investment income | 1,022,979 |
| Employer contribution | - |
| Total additions | 1,022,979 |
| ***Deductions from net assets attributed to:*** | |
| Benefit payments | 1,432,143 |
| Administrative fees | 80,662 |
| Total deductions | 1,512,805 |
| Net decrease | (489,826) |
| ***Net assets available for benefits:*** | |
| Beginning of year | 11,052,980 |
| End of year | $ 10,563,154 |

*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).

In March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress. The CARES Act provided immediate and temporary relief for retirement plan sponsors and their participants with respect to distributions and participant loans. The optional provisions in the CARES Act were available to be effective and operationalized immediately, prior to amending the Plan. These provisions were adopted in part by the Plan during 2020, and available to be used by participants. The Plan suspended the required minimum distribution for the Plan year as part of the CARES Act. The Plan does not allow for loans, and as such, the loan provisions were not adopted by the Plan.

### *Plan administration:*

The Company is the Plan sponsor and Plan administrator. The Plan administrator is responsible for carrying out the duties imposed under 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 using eligible income. The allocation of profit sharing contributions is based on levels of employment, including non-owners and owners.

### *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% |

A year of service is credited when an employee works 1,000 hours within the Plan year. 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.

***Forfeited accounts:***

Forfeitures result from non-vested benefit payments remaining in the Plan for all terminated employees or adjustments, if any. At December 31, 2020 and 2019, the forfeiture balance was $6,038 and $4,551, 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.

***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 fees:***

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 fees.

## *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, 2020 and 2019.

*Interest-bearing cash:* Valued at cost.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds 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 held by the Plan are deemed to be actively traded.

*Exchange traded funds (ETFs):* Valued at the last sales price or official closing price on the exchange or primary market on which they trade. ETFs hold assets such as stock, commodities, or bonds and are designed to trade close to their net asset value. The fair values of exchange-traded funds are determined by obtaining quoted prices on nationally recognized securities exchanges. The 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, 2020:

| | ***Level 1*** |
|---|---|
| Interest-bearing cash | $ 131,539 |
| Mutual funds | 3,021,915 |
| Exchange traded funds (ETFs) | 3,311,325 |
| Common stock | 4,107,139 |
| Total investments at fair value | $ 10,571,918 |

As of December 31, 2020, the Plan holds $160,455 of the common stock balance in a separate collateralized account used for securities lending. Charles Schwab deposits cash in that separate account as collateral, and lends out the common stock shares. As of December 31, 2020, the separate account held $190,950 in cash as collateral, which is not an asset of the Plan. The Plan is credited with interest from the securities lending activity. The transfer of the asset does not meet the conditions for sale accounting, and therefore, the Plan reports the transferred financial asset (the common stock) at fair value and is subject to market risk.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

| | ***Level 1*** |
|---|---|
| Interest-bearing cash | $ 921,025 |
| Mutual funds | 4,752,712 |
| Exchange traded funds (ETFs) | 2,247,382 |
| Common stock | 3,114,570 |
| Total investments at fair value | $ 11,035,689 |

### *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. Effective September 15, 2020, the Plan switched its investment advisor from Wells Fargo Advisors to San Luis Wealth Management. As a result of the switch in investment advisors, the Plan also switched custodians from Wells Fargo Advisors to Charles Schwab. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

### *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, 2020, 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 following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2020.

| | |
|---|---|
| Net assets available for benefits per the financial statements | $ 10,563,154 |
| Forfeitures payable included as a liability for Form 5500, not included as a liability for financial statements | (6,038) |
| Net assets available for benefits per the Form 5500 | $ 10,557,116 |

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2019.

| | |
|---|---|
| Net assets available for benefits per the financial statements | $ 11,052,980 |
| Reimbursements receivable, not included as a receivable for Form 5500 | (16,817) |
| Forfeitures payable included as a liability for Form 5500, not included as a liability for financial statements | (4,551) |
| Net assets available for benefits per the Form 5500 | $ 11,031,612 |

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500 at December 31, 2020.

| | | |
|---|---|---|
| Net increase in net assets available for benefits per the financial statements | $ | (489,826) |
| Reimbursements receivable, not included as a receivable for Form 5500 | | 16,817 |
| Forfeitures payable included as a liability for Form 5500, not included as a liability for financial statements | | (1,487) |
| Net increase in net assets available for benefits per the Form 5500 | $ | (474,496) |

## *Note 9. Subsequent Events*

The Plan has evaluated subsequent events through October 13, 2021, 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, 2020***

| *(a)* | *(b)*<br>*Identity of Issue or Borrower* | *(c)*<br>*Description of Investment* | *(d)*<br>*Cost* | *(e)*<br>*Current Value* |
|---|---|---|---|---|
| | Abbvie Inc | Common stock | $ 102,266 | $ 110,043 |
| | Ajax I | Common stock | 66,390 | 67,874 |
| | Alliancebernstein Holding Lp | Common stock | 101,186 | 109,145 |
| | Altria Group Inc | Common stock | 99,644 | 103,525 |
| | Apple Inc | Common stock | 123,168 | 580,253 |
| | At&t Inc | Common stock | 110,473 | 101,954 |
| | Chevron Corporation | Common stock | 88,179 | 75,414 |
| | Dow Inc | Common stock | 102,464 | 111,944 |
| | Edison International | Common stock | 99,440 | 98,753 |
| | Exxon Mobil Corporation | Common stock | 138,013 | 112,366 |
| | Gilead Sciences Inc | Common stock | 100,769 | 97,061 |
| | IBM Corporation | Common stock | 107,401 | 109,264 |
| | Intel Corporation | Common stock | 111,595 | 112,145 |
| | Ishares Convertible Bond ETF | Exchange traded fund | 74,376 | 89,888 |
| | Ishares MSCI Emerging Markets ETF | Exchange traded fund | 101,577 | 107,577 |
| | Ishares MSCI Global Min Vol Factor ETF | Exchange traded fund | 319,134 | 324,358 |
| | IShares Preferred Income SEC ETF | Exchange traded fund | 433,736 | 447,525 |
| | Ishares TIPS Bond ETF | Exchange traded fund | 456,176 | 460,178 |
| | Ishares TRT IS 5-10 Investment Grade Corporate Bd ETF | Exchange traded fund | 334,118 | 337,682 |
| | Johnson & Johnson | Common stock | 68,966 | 84,985 |
| | JPMorgan Chase & Co | Common stock | 31,437 | 37,867 |
| | Kinder Morgan Inc | Common stock | 103,789 | 100,789 |
| | Kraft Heinz Company | Common stock | 101,021 | 111,155 |
| | Masco Corporation | Common stock | 96,147 | 102,005 |
| | Mcdonalds Corporation | Common stock | 32,136 | 49,139 |
| | Microsoft Corporation | Common stock | 223,211 | 384,787 |
| | NIO Inc | Common stock | 95,099 | 109,714 |
| | Pepsico Inc | Common stock | 67,561 | 88,090 |
| | Pfizer Inc | Common stock | 97,191 | 102,810 |
| | Phillips 66 Company | Common stock | 107,444 | 92,671 |
| | Quantumscape Corporation | Common stock | 1,353 | 2,027 |

***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, 2020***

| *(a)* | *(b)* *Identity of Issue or Borrower* | *(c)* *Description of Investment* | *(d)* *Cost* | *(e)* *Current Value* |
|---|---|---|---|---|
| | Quantumscape Corporation | Common stock - used in securities lending * | $ 107,102 | $ 160,455 |
| | Schlumberger Limited | Common stock | 78,010 | 74,178 |
| | Utilities Select Sector SPDR Fund ETF | Exchange traded fund | 99,022 | 104,646 |
| | Silvergate Capital Corporation | Common stock | 67,977 | 125,138 |
| | SPDR Gold Shares ETF | Exchange traded fund | 368,015 | 371,167 |
| | SPDR S&P Dividend ETF | Exchange traded fund | 149,765 | 165,886 |
| | Starbucks Corporation | Common stock | 77,939 | 97,031 |
| | Starwood Property Trust | Common stock | 100,736 | 112,924 |
| | Target Corporation | Common stock | 27,357 | 62,845 |
| | Technipfmc PLC | Common stock | 91,660 | 115,178 |
| | Triterras Inc | Common stock | 119,004 | 106,770 |
| | Vanguard Dividend Appreciation Index ETF | Exchange traded fund | 100,745 | 110,536 |
| | Vanguard Intermediate-term Bond Index Fund ETF | Exchange traded fund | 336,171 | 333,424 |
| | Vanguard Short-term Corporate Bond Idx Fd EFT | Exchange traded fund | 456,884 | 458,458 |
| | Verison Communication Inc. | Common stock | 101,558 | 98,818 |
| | Walmart Inc | Common stock | 69,026 | 98,022 |
| | Blackrock Event Driven Equity Fund | Mutual fund | 375,927 | 389,555 |
| | Blackrock Tactical Opportunities Fund | Mutual fund | 375,927 | 379,427 |
| | Calamos Hedged Equity Fund Class I | Mutual fund | 375,927 | 396,323 |
| | Calamos Market Neutral Income Fund | Mutual fund | 542,945 | 550,117 |
| | Fidelity Advisor Balanced Fund I Class | Mutual fund | 913,136 | 951,356 |
| | Fidelity Contrafund Fund | Mutual fund | 357,352 | 355,137 |
| | JP Morgan 100% US Treasury Securities | Interest-bearing cash | 131,539 | 131,539 |
| | | Total | $ 9,519,184 | $ 10,571,918 |

* Lending of securities permitted under Prohibited Transactions Exemption 81-6.

***Supplemental Information***
***Jasmine Vineyards, Inc. Profit Sharing Plan***
***Schedule H, Line 4j Form 5500***
***Schedule of Reportable Transactions***
***EIN 95-2745235 Plan #001***
***December 31, 2020***

| (a) Identity of party involved | (b) Description of asset | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) value |
|---|---|---|---|---|---|---|---|---|
| Jasmine Vineyards, Inc. (Plan Sponsor) | American Balanced Fund | n/a | $834,591 | n/a | n/a | $819,116 | $819,116 | $ 15,475 |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Eaton Vance Corp non Vtg | $ 600,000 | n/a | n/a | n/a | $600,000 | $600,000 | n/a |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Eaton Vance Corp non Vtg | n/a | $614,923 | n/a | n/a | $617,882 | $617,882 | $ (2,959) |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Fidelity Advisor Balance | $ 913,136 | n/a | n/a | n/a | $913,136 | $913,136 | n/a |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Fidelity Funds | n/a | $702,189 | n/a | n/a | $701,839 | $701,839 | $ 350 |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Interest-bearing cash - Fidelity Funds Fidelity Treasury Only Portfolio Institutional | n/a | $ 1,382,481 | n/a | n/a | $1,382,481 | $1,382,481 | $ - |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Janus Henderson Funds | n/a | $885,806 | n/a | n/a | $838,307 | $838,307 | $ 47,499 |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Money Mkt Obligs Tr Trdas Obligs Fd Instl | $ 633,674 | n/a | n/a | n/a | $633,674 | $633,674 | n/a |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Money Mkt Obligs Tr Trdas Obligs Fd Instl | n/a | $634,267 | n/a | n/a | $634,267 | $634,267 | $ - |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Sector SPDR TR Technology Select sector (XLK) | n/a | $624,277 | n/a | n/a | $423,191 | $423,191 | $ 201,086 |

***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, 2020***

| *(a)* | *(b)*<br>*Identity of Issue or Borrower* | *(c)*<br>*Description of Investment* | *(d)*<br>*Cost* | *(e)*<br>*Current Value* |
|---|---|---|---|---|
| | Abbvie Inc | Common stock | $ 102,266 | $ 110,043 |
| | Ajax I | Common stock | 66,390 | 67,874 |
| | Alliancebernstein Holding Lp | Common stock | 101,186 | 109,145 |
| | Altria Group Inc | Common stock | 99,644 | 103,525 |
| | Apple Inc | Common stock | 123,168 | 580,253 |
| | At&t Inc | Common stock | 110,473 | 101,954 |
| | Chevron Corporation | Common stock | 88,179 | 75,414 |
| | Dow Inc | Common stock | 102,464 | 111,944 |
| | Edison International | Common stock | 99,440 | 98,753 |
| | Exxon Mobil Corporation | Common stock | 138,013 | 112,366 |
| | Gilead Sciences Inc | Common stock | 100,769 | 97,061 |
| | IBM Corporation | Common stock | 107,401 | 109,264 |
| | Intel Corporation | Common stock | 111,595 | 112,145 |
| | Ishares Convertible Bond ETF | Exchange traded fund | 74,376 | 89,888 |
| | Ishares MSCI Emerging Markets ETF | Exchange traded fund | 101,577 | 107,577 |
| | Ishares MSCI Global Min Vol Factor ETF | Exchange traded fund | 319,134 | 324,358 |
| | IShares Preferred Income SEC ETF | Exchange traded fund | 433,736 | 447,525 |
| | Ishares TIPS Bond ETF | Exchange traded fund | 456,176 | 460,178 |
| | Ishares TRT IS 5-10 Investment Grade Corporate Bd ETF | Exchange traded fund | 334,118 | 337,682 |
| | Johnson & Johnson | Common stock | 68,966 | 84,985 |
| | JPMorgan Chase & Co | Common stock | 31,437 | 37,867 |
| | Kinder Morgan Inc | Common stock | 103,789 | 100,789 |
| | Kraft Heinz Company | Common stock | 101,021 | 111,155 |
| | Masco Corporation | Common stock | 96,147 | 102,005 |
| | Mcdonalds Corporation | Common stock | 32,136 | 49,139 |
| | Microsoft Corporation | Common stock | 223,211 | 384,787 |
| | NIO Inc | Common stock | 95,099 | 109,714 |
| | Pepsico Inc | Common stock | 67,561 | 88,090 |
| | Pfizer Inc | Common stock | 97,191 | 102,810 |
| | Phillips 66 Company | Common stock | 107,444 | 92,671 |
| | Quantumscape Corporation | Common stock | 1,353 | 2,027 |

***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, 2020***

| *(a)* | *(b)* *Identity of Issue or Borrower* | *(c)* *Description of Investment* | *(d)* *Cost* | *(e)* *Current Value* |
|---|---|---|---|---|
| | Quantumscape Corporation | Common stock - used in securities lending * | $ 107,102 | $ 160,455 |
| | Schlumberger Limited | Common stock | 78,010 | 74,178 |
| | Utilities Select Sector SPDR Fund ETF | Exchange traded fund | 99,022 | 104,646 |
| | Silvergate Capital Corporation | Common stock | 67,977 | 125,138 |
| | SPDR Gold Shares ETF | Exchange traded fund | 368,015 | 371,167 |
| | SPDR S&P Dividend ETF | Exchange traded fund | 149,765 | 165,886 |
| | Starbucks Corporation | Common stock | 77,939 | 97,031 |
| | Starwood Property Trust | Common stock | 100,736 | 112,924 |
| | Target Corporation | Common stock | 27,357 | 62,845 |
| | Technipfmc PLC | Common stock | 91,660 | 115,178 |
| | Triterras Inc | Common stock | 119,004 | 106,770 |
| | Vanguard Dividend Appreciation Index ETF | Exchange traded fund | 100,745 | 110,536 |
| | Vanguard Intermediate-term Bond Index Fund ETF | Exchange traded fund | 336,171 | 333,424 |
| | Vanguard Short-term Corporate Bond Idx Fd EFT | Exchange traded fund | 456,884 | 458,458 |
| | Verison Communication Inc. | Common stock | 101,558 | 98,818 |
| | Walmart Inc | Common stock | 69,026 | 98,022 |
| | Blackrock Event Driven Equity Fund | Mutual fund | 375,927 | 389,555 |
| | Blackrock Tactical Opportunities Fund | Mutual fund | 375,927 | 379,427 |
| | Calamos Hedged Equity Fund Class I | Mutual fund | 375,927 | 396,323 |
| | Calamos Market Neutral Income Fund | Mutual fund | 542,945 | 550,117 |
| | Fidelity Advisor Balanced Fund I Class | Mutual fund | 913,136 | 951,356 |
| | Fidelity Contrafund Fund | Mutual fund | 357,352 | 355,137 |
| | JP Morgan 100% US Treasury Securities | Interest-bearing cash | 131,539 | 131,539 |
| | | Total | $ 9,519,184 | $ 10,571,918 |

* Lending of securities permitted under Prohibited Transactions Exemption 81-6.

***Supplemental Information***
***Jasmine Vineyards, Inc. Profit Sharing Plan***
***Schedule H, Line 4j Form 5500***
***Schedule of Reportable Transactions***
***EIN 95-2745235 Plan #001***
***December 31, 2020***

| (a) Identity of party involved | (b) Description of asset | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) value |
|---|---|---|---|---|---|---|---|---|
| Jasmine Vineyards, Inc. (Plan Sponsor) | American Balanced Fund | n/a | $834,591 | n/a | n/a | $819,116 | $819,116 | $ 15,475 |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Eaton Vance Corp non Vtg | $ 600,000 | n/a | n/a | n/a | $600,000 | $600,000 | n/a |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Eaton Vance Corp non Vtg | n/a | $614,923 | n/a | n/a | $617,882 | $617,882 | $ (2,959) |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Fidelity Advisor Balance | $ 913,136 | n/a | n/a | n/a | $913,136 | $913,136 | n/a |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Fidelity Funds | n/a | $702,189 | n/a | n/a | $701,839 | $701,839 | $ 350 |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Interest-bearing cash - Fidelity Funds Fidelity Treasury Only Portfolio Institutional | n/a | $ 1,382,481 | n/a | n/a | $1,382,481 | $1,382,481 | $ - |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Janus Henderson Funds | n/a | $885,806 | n/a | n/a | $838,307 | $838,307 | $ 47,499 |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Money Mkt Obligs Tr Trdas Obligs Fd Instl | $ 633,674 | n/a | n/a | n/a | $633,674 | $633,674 | n/a |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Money Mkt Obligs Tr Trdas Obligs Fd Instl | n/a | $634,267 | n/a | n/a | $634,267 | $634,267 | $ - |
| Jasmine Vineyards, Inc. (Plan Sponsor) | Sector SPDR TR Technology Select sector (XLK) | n/a | $624,277 | n/a | n/a | $423,191 | $423,191 | $ 201,086 |