# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2015**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

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

**1a** Name of plan
CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION DBA OCEAN MIST FARMS 401(K) & PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1963

**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)

CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION
DBA OCEAN MIST FARMS

10855 OCEAN MIST PARKWAY
SUITE A
CASTROVILLE, CA 95012-1247

**2b** Employer Identification Number (EIN)
94-0355910

**2c** Plan Sponsor's telephone number
831-633-2144

**2d** Business code (see instructions)
111210

**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. | 03/09/2017 | GLADYS VALENZUELA-CORZO |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** | EIN |
| **a** | Sponsor's name | **4c** | PN |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 243 |
| **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)** | 208 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 187 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 29 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 216 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 217 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 211 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 13 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D 3F

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

Receipt Confirmation Code_____

| SCHEDULE 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.** | **2015**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION DBA OCEAN MIST FARMS 401(K) & PROFIT SHARING PLAN | | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION | 94-0355910 | |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

**(b)** Enter name and EIN or address of person who provided you disclosure 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (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? |
|---|---|---|---|---|---|---|
| 37 60 64 65 | RECORDKEEPER | 2569 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| ARTISAN MID CAP VAL - BOSTON FINAN<br><br>04-2526037 | 0.40% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| EATON LG CAP VALUE A - BNY MELLON P.O. BOX 9793<br>PROVIDENCE, RI 02940 | 0.50% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| NB GUARDIAN TRUST - STATE STREET B<br><br>04-0025081 | 0.40% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| OAKMARK INTL I - BOSTON FINANCIAL | P.O. BOX 8480<br>BOSTON, MA 02266 | 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| PIF SMALL CAP INST - PRINCIPAL SHA | 711 HIGH STREET<br>DES MOINES, IA 50392 | 0.10% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|---|
| PIMCO HIGH YIELD ADM - BOSTON FINA | BFDS BUILDING, 30 DAN ROAD<br>CANTON, MO 02021 | 0.25% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PIMCO TOT RETURN ADM - BOSTON FINA<br>BFDS BUILDING, 30 DAN ROAD<br>CANTON, MO 02021 | 0.25% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| TRP EQUITY INC ADV - T. ROWE PRICE<br><br>52-2269240 | 0.40% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| WF SM CAP VALUE A - BOSTON FINANCI<br>P.O. BOX 8480<br>BOSTON, MA 02266 | 0.55% |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

**A** Name of plan
CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION DBA OCEAN MIST FARMS 401(K) & PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION

**D** Employer Identification Number (EIN)
94-0355910

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 336260 | 336772 |
| **(2)** Participant contributions | 1b(2) | 0 | 38144 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1666379 | 855405 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 392621 | 383435 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 20635574 | 21052077 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 23030834 | 22665833 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | 0 | 0 |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 0 | 0 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 23030834 | 22665833 |

## 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) | 517955 | |
| **(B)** Participants | 2a(1)(B) | 977636 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 92739 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1588330 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 278 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 14082 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 14360 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1048236 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1048236 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| **(B)** Other | 2b(5)(B) | 0 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -1323499 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1327427 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1682580 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| **(3)** Other | 2e(3) | 0 | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1682580 |
| **f** Corrective distributions (see instructions) | 2f | | 241 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | 0 |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 0 | |
| **(2)** Contract administrator fees | 2i(2) | 0 | |
| **(3)** Investment advisory and management fees | 2i(3) | 0 | |
| **(4)** Other | 2i(4) | 9607 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 9607 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1692428 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | -365001 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | 0 |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: RYAN & MCDONALD LLP **(2)** EIN: 77-0583407

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | N/A | Amount |
|---|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | | |

| | | | Yes | No | N/A | Amount |
|---|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | | 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 | | X | | |
| o | Did the plan trust incur unrelated business taxable income? | 4o | | | | |
| p | Were in-service distributions made during the plan year? | 4p | | | | |

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

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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

## Part V Trust Information

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2015**

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

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

**A** Name of plan
CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION DBA OCEAN MIST FARMS 401(K) & PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION

**D** Employer Identification Number (EIN)
94-0355910

## Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part VII IRS Compliance Questions

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

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

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

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

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

# CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION dba OCEAN MIST FARMS 401(k) & PROFIT SHARING PLAN

*Financial Statements For The*
*Years Ended June 30, 2016 and 2015*
*Supplemental Schedule As Of June 30, 2016*
*and Independent Auditors' Report*

INDEPENDENT AUDITORS' REPORT

**California Artichoke & Vegetable Growers Corporation dba Ocean Mist Farms 401(k) & Profit Sharing Plan:**

REPORT ON THE FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of **California Artichoke & Vegetable Growers Corporation dba Ocean Mist Farms 401(k) & Profit Sharing Plan,** which comprise the statements of net assets available for benefits as of June 30, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

*Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; 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 conducting the audit in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

*Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of June 30, 2016 and 2015 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

*Disclaimer of Opinion*

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

*Other Matter*

The supplemental schedule of assets held for investment purposes as of June 30, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

REPORT ON FORM AND CONTENT IN COMPLIANCE WITH DOL RULES AND REGULATIONS

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Ryan & McDonald LLP

January 25, 2017

**CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION**
**dba OCEAN MIST FARMS 401(k) & PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2016 AND 2015

| ASSETS | 2016 | 2015 |
|---|---|---|
| INVESTMENTS, at fair value - | | |
| Mutual funds | $ 21,907,482 | $ 22,301,953 |
| NOTES RECEIVABLE FROM PARTICIPANTS | 383,435 | 392,621 |
| CONTRIBUTIONS RECEIVABLE: | | |
| Employer | 336,772 | 336,260 |
| Participant | 38,144 | - |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 22,665,833 | $ 23,030,834 |

See notes to financial statements.

**CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION**
**dba OCEAN MIST FARMS 401(k) & PROFIT SHARING PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2016 AND 2015

| | 2016 | 2015 |
|---|---|---|
| ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Contributions: | | |
| Participant | $ 977,635 | $ 812,057 |
| Employer – matching | 189,085 | 162,396 |
| Employer – profit sharing | 328,870 | 336,260 |
| Rollovers | 92,739 | 24,429 |
| Total contributions | 1,588,329 | 1,335,142 |
| Investment income: | | |
| Interest and dividends | 1,048,471 | 1,091,126 |
| Net depreciation in fair value of investments | (1,323,456) | (407,867) |
| Total investment income (loss) | (274,985) | 683,259 |
| Interest income on notes receivable from participants | 14,083 | 19,054 |
| Total | 1,327,427 | 2,037,455 |
| DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Benefit payments | 1,682,821 | 621,990 |
| Deemed distribution | - | 38,267 |
| Administrative fees | 9,607 | 3,024 |
| Total | 1,692,428 | 663,281 |
| NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS | (365,001) | 1,374,174 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of year | 23,030,834 | 21,656,660 |
| End of year | $ 22,665,833 | $ 23,030,834 |

See notes to financial statements.

## 1. DESCRIPTION OF THE PLAN

The following description of the California Artichoke & Vegetable Growers Corporation dba Ocean Mist Farms (the "Company" and "Plan Sponsor") 401(k) & Profit Sharing Plan (the "Plan") provides only general information of the Plan provisions. Participants should refer to the plan agreement and amendments for a more complete description of the Plan's provisions.

***General*** - The Plan is a defined contribution plan which covers all nonunion employees of the Company meeting age and service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

***Contributions*** – Each year, participants may contribute a portion of their pretax annual compensation, as defined in the Plan, up to the maximum amount allowed under the Internal Revenue Code ($18,000 in 2016 and 2015). Additionally, participants age 50 and older may make catch-up contributions of up to $6,000 in 2016 and 2015. The Company, at its discretion, may make matching contributions to the Plan. During 2016 and 2015, the Company made matching contributions equal to 25% of the first 8% of compensation that a participant contributed to the Plan. Also, the Company, at its discretion, may make profit sharing contributions to the Plan. Such contributions, if any, are allocated to eligible participants in the ratio that an eligible participant's compensation bears to the total of all eligible participants' compensation.

Nonunion employees greater than 18 years of age are eligible to make pretax salary deferral contributions and receive employer matching contributions and are eligible to participate in the allocation of profit sharing contributions beginning the first plan year following completion of six months of service. Further, to participate in profit sharing contributions for any plan year, employees must have worked at least 1,000 hours during the plan year and must be employed on the last day of the plan year.

In accordance with provisions of the Internal Revenue Code, each year the Plan must perform certain nondiscrimination tests related to contributions made by Highly Compensated Employees, as defined, compared to those of Non-Highly Compensated Employees. The Plan failed one of such tests for both of the years ended June 30, 2016 and 2015. Accordingly, subsequent to year-end, corrective distributions were made to the affected Highly Compensated Employees, including the calculated excess contributions, totaling $11,958 in 2016 and $8,163 in 2015, plus earnings thereon. Additionally, employer matching contributions attributable to such excess contributions, totaling $888 in 2016 and $316 in 2015, plus earnings thereon, were forfeited.

***Participant Accounts*** – Individual accounts are maintained for each participant.

***Notes Receivable From Participants*** are stated at amortized cost. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Participants may have only one loan outstanding at a time. Loan repayment terms shall not exceed five years with the exception of loans for the purchase of a primary residence for which repayment beyond five years is available. The notes are secured by the balance in the participant's account and bear interest at a fixed rate based on prime plus 1.0%.

***Vesting*** – Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching and profit sharing contributions, plus actual earnings thereon, is based on years of service. Such employer contributions, vest at a rate of 10% per year for the first two years of service and 20% per year thereafter.

***Forfeitures*** – Forfeited non-vested accounts that are not used to pay administrative expenses of the Plan are allocated to eligible participants in the ratio that an eligible participant's compensation bears to the total of all eligible participants' compensation. At June 30, 2016 and 2015 forfeited accounts totaled $69,555 and $69,259, respectively.

***Payment of Benefits*** - Upon retirement, termination, disability, or death, the vested value of the participant's account may be distributed in a lump sum payment. With the Plan Administrator's approval, participants may withdraw all or part of their elective deferrals and vested profit sharing contributions in the event of financial hardship.

***Investments*** – Participants direct the investments of their contributions and their portion of the employer's contribution into various investment options offered by the Plan.

***Plan Trustee*** – Fidelity Management Trust Company is the appointed Plan trustee and manages the funds on behalf of the Plan.

## 2. SIGNIFICANT ACCOUNTING POLICIES

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

***Investment Valuation and Income Recognition*** – The Plan's investments are stated at fair value as reported by the Plan's trustee, Fidelity Management Trust Company. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 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.

***Contributions*** – Employer and participant contributions are recorded as additions to net assets available for benefits in the period the related payroll is paid by the Company to the employee.

***Payment of Benefits*** – Distributions to participants are recorded when paid.

***Income Taxes*** – Income taxes are not provided as the Plan is designed to be exempt from taxation under the Internal Revenue Code (IRC). The Company believes that the Plan was designed and is currently operated in compliance with the applicable requirements of the IRC.

***Use of Estimates*** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

***Risks and Uncertainties*** – The Plan provides for various investment options in 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in value due to these risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for Plan benefits and the statement of changes in net assets available for Plan benefits. Contributions receivable are due from the Plan Sponsor. The Plan has not experienced any credit losses from these receivables.

***Expenses*** – Administrative expenses of the Plan are paid by either the Plan or the Plan's Sponsor, as provided in the Plan Document.

***Subsequent events*** have been evaluated through January 25, 2017 (date financial statements were available for issuance).

## 3. NEW ACCOUNTING STANDARDS

In May 2015, FASB issued Accounting Standards Update (ASU) 2015-07 *Fair Value Measurement: Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (Topic 820). The ASU removes the requirement to categorize investments measured at fair value using net asset value (NAV) as a practical expedient within the fair value hierarchy. In July 2015, FASB issued ASU 2015-12 *Plan Accounting: Defined Contribution Pension Plans* (Topic 962). Part I of this ASU eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Part II of this ASU eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured at fair value. Part III of this ASU allows a plan with a fiscal year end that does not coincide with the end of a calendar month to measure its investments and investment-related accounts using the month end closest to its fiscal year end. Each ASU is effective for fiscal years beginning after December 15, 2015. As permitted, Plan management has elected to early adopt and retroactively apply both ASU 2015-07 and ASU 2015-12 for the year ended June 30, 2016.

## 4. FAIR VALUE MEASUREMENTS

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and

- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest priority 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.

The following is a description of the valuation method used for investments measured at fair value:

Mutual funds – Valued at the quoted market prices in active markets for identical investments at the measurement date.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at June 30, 2016 and 2015:

| | 2016 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $ 21,907,482 | $ - | $ - | $ 21,907,482 |

| | 2015 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $ 22,301,953 | $ - | $ - | $ 22,301,953 |

There were no changes in the inputs used to measure fair value of investments held by the Plan in 2016 or 2015.

## 5. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Plan's investments are held by Fidelity Management Trust Company. The Plan's administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information as of and for the years ended June 30, 2016 and 2015 was certified by the trustee as complete and accurate and was not subjected to auditing procedures:

| | 2016 | 2015 |
|---|---|---|
| Investments, at fair value | $ 21,907,482 | $ 22,301,953 |
| Notes receivable from participants | 383,435 | 392,621 |
| Total investment income (loss) | (274,985) | 683,259 |
| Interest income on notes receivable from participants | 14,083 | 19,054 |
| Supplemental schedule of assets held for investment purposes (see page 10) | | |

## 6. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Investments, a related party to the plan trustee. Therefore, these transactions qualify as party-in-interest transactions. Any purchases and sales of these funds are open market transactions at fair market value. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

## 7. 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 set forth in ERISA.

**CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION**
**dba OCEAN MIST FARMS 401(k) & PROFIT SHARING PLAN**

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FORM 5500, SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2016

| Description | Shares/Units | Fair Value |
|---|---|---|
| Mutual Funds: | | |
| Fidelity Freedom 2020 Fund | 345,235 | $ 5,061,140 |
| Fidelity Freedom 2025 Fund | 303,505 | 3,787,739 |
| Fidelity Freedom 2030 Fund | 205,420 | 3,107,999 |
| Fidelity Freedom 2035 Fund | 92,201 | 1,140,532 |
| Fidelity Freedom 2015 Fund | 80,037 | 966,851 |
| Fidelity US Bond Index PR | 78,719 | 941,478 |
| Fidelity Retirement Gov II | 855,405 | 855,405 |
| Fidelity Freedom 2045 Fund | 85,361 | 838,240 |
| Fidelity Freedom 2040 Fund | 74,726 | 649,373 |
| Fidelity Contrafund | 6,497 | 630,389 |
| Fidelity Growth Company Fund | 3,151 | 409,174 |
| Fidelity International Discovery Fund | 10,899 | 402,719 |
| PIF Small Cap Inst | 16,435 | 341,691 |
| Invesco Diversified Dividend R6 | 16,143 | 306,555 |
| Fidelity 500 Index PR | 3,629 | 269,157 |
| Vanguard Mid Cap Growth Index Adm | 6,123 | 268,613 |
| Artisan Mid Cap Value | 12,132 | 249,429 |
| Fidelity Freedom 2050 Fund | 21,156 | 208,600 |
| PIMCO Total Return Adm | 18,225 | 187,899 |
| Fidelity Balanced Fund | 8,071 | 174,648 |
| Fidelity Global Ex US Index PR | 16,442 | 174,446 |
| PIMCO High Yield Admin Fund | 18,536 | 158,112 |
| Fidelity Freedom 2055 Fund | 13,894 | 153,249 |
| Neuberger Berman Guardian Trust | 11,892 | 125,935 |
| Fidelity Freedom 2010 Fund | 8,063 | 119,573 |
| Fidelity Ext Mkt Index PR | 2,129 | 108,536 |
| Fidelity Freedom 2005 Fund | 6,458 | 75,947 |
| Oakmark International I | 3,024 | 57,823 |
| Vanguard Mid-Cap Growth Adm | 2,539 | 54,735 |
| Fidelity Freedom Income Fund | 4,445 | 50,498 |
| Fidelity Leveraged Company Stock Fund | 381 | 14,793 |
| Fidelity Small Cap Index PR | 816 | 12,787 |
| Fidelity Freedom 2060 Fund | 349 | 3,417 |
| Total mutual funds | | 21,907,482 |
| Participant loans (3.25% to 4.50%) | | 383,435 |
| Total assets held for investment purposes | | $ 22,290,917 |

# CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION dba OCEAN MIST FARMS 401(k) & PROFIT SHARING PLAN

*Financial Statements For The*
*Years Ended June 30, 2016 and 2015*
*Supplemental Schedule As Of June 30, 2016*
*and Independent Auditors' Report*

INDEPENDENT AUDITORS' REPORT

**California Artichoke & Vegetable Growers Corporation dba Ocean Mist Farms 401(k) & Profit Sharing Plan:**

REPORT ON THE FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of **California Artichoke & Vegetable Growers Corporation dba Ocean Mist Farms 401(k) & Profit Sharing Plan,** which comprise the statements of net assets available for benefits as of June 30, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

*Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; 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 conducting the audit in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

*Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of June 30, 2016 and 2015 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

*Disclaimer of Opinion*

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

*Other Matter*

The supplemental schedule of assets held for investment purposes as of June 30, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

REPORT ON FORM AND CONTENT IN COMPLIANCE WITH DOL RULES AND REGULATIONS

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Ryan & McDonald LLP

January 25, 2017

**CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION**
**dba OCEAN MIST FARMS 401(k) & PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2016 AND 2015

| ASSETS | 2016 | 2015 |
|---|---|---|
| INVESTMENTS, at fair value - | | |
| Mutual funds | $ 21,907,482 | $ 22,301,953 |
| NOTES RECEIVABLE FROM PARTICIPANTS | 383,435 | 392,621 |
| CONTRIBUTIONS RECEIVABLE: | | |
| Employer | 336,772 | 336,260 |
| Participant | 38,144 | - |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 22,665,833 | $ 23,030,834 |

See notes to financial statements.

**CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION**
**dba OCEAN MIST FARMS 401(k) & PROFIT SHARING PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2016 AND 2015

| | 2016 | 2015 |
|---|---|---|
| ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Contributions: | | |
| Participant | $ 977,635 | $ 812,057 |
| Employer – matching | 189,085 | 162,396 |
| Employer – profit sharing | 328,870 | 336,260 |
| Rollovers | 92,739 | 24,429 |
| Total contributions | 1,588,329 | 1,335,142 |
| Investment income: | | |
| Interest and dividends | 1,048,471 | 1,091,126 |
| Net depreciation in fair value of investments | (1,323,456) | (407,867) |
| Total investment income (loss) | (274,985) | 683,259 |
| Interest income on notes receivable from participants | 14,083 | 19,054 |
| Total | 1,327,427 | 2,037,455 |
| DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Benefit payments | 1,682,821 | 621,990 |
| Deemed distribution | - | 38,267 |
| Administrative fees | 9,607 | 3,024 |
| Total | 1,692,428 | 663,281 |
| NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS | (365,001) | 1,374,174 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of year | 23,030,834 | 21,656,660 |
| End of year | $ 22,665,833 | $ 23,030,834 |

See notes to financial statements.

## 1. DESCRIPTION OF THE PLAN

The following description of the California Artichoke & Vegetable Growers Corporation dba Ocean Mist Farms (the "Company" and "Plan Sponsor") 401(k) & Profit Sharing Plan (the "Plan") provides only general information of the Plan provisions. Participants should refer to the plan agreement and amendments for a more complete description of the Plan's provisions.

***General*** - The Plan is a defined contribution plan which covers all nonunion employees of the Company meeting age and service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

***Contributions*** – Each year, participants may contribute a portion of their pretax annual compensation, as defined in the Plan, up to the maximum amount allowed under the Internal Revenue Code ($18,000 in 2016 and 2015). Additionally, participants age 50 and older may make catch-up contributions of up to $6,000 in 2016 and 2015. The Company, at its discretion, may make matching contributions to the Plan. During 2016 and 2015, the Company made matching contributions equal to 25% of the first 8% of compensation that a participant contributed to the Plan. Also, the Company, at its discretion, may make profit sharing contributions to the Plan. Such contributions, if any, are allocated to eligible participants in the ratio that an eligible participant's compensation bears to the total of all eligible participants' compensation.

Nonunion employees greater than 18 years of age are eligible to make pretax salary deferral contributions and receive employer matching contributions and are eligible to participate in the allocation of profit sharing contributions beginning the first plan year following completion of six months of service. Further, to participate in profit sharing contributions for any plan year, employees must have worked at least 1,000 hours during the plan year and must be employed on the last day of the plan year.

In accordance with provisions of the Internal Revenue Code, each year the Plan must perform certain nondiscrimination tests related to contributions made by Highly Compensated Employees, as defined, compared to those of Non-Highly Compensated Employees. The Plan failed one of such tests for both of the years ended June 30, 2016 and 2015. Accordingly, subsequent to year-end, corrective distributions were made to the affected Highly Compensated Employees, including the calculated excess contributions, totaling $11,958 in 2016 and $8,163 in 2015, plus earnings thereon. Additionally, employer matching contributions attributable to such excess contributions, totaling $888 in 2016 and $316 in 2015, plus earnings thereon, were forfeited.

***Participant Accounts*** – Individual accounts are maintained for each participant.

***Notes Receivable From Participants*** are stated at amortized cost. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Participants may have only one loan outstanding at a time. Loan repayment terms shall not exceed five years with the exception of loans for the purchase of a primary residence for which repayment beyond five years is available. The notes are secured by the balance in the participant's account and bear interest at a fixed rate based on prime plus 1.0%.

***Vesting*** – Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching and profit sharing contributions, plus actual earnings thereon, is based on years of service. Such employer contributions, vest at a rate of 10% per year for the first two years of service and 20% per year thereafter.

***Forfeitures*** – Forfeited non-vested accounts that are not used to pay administrative expenses of the Plan are allocated to eligible participants in the ratio that an eligible participant's compensation bears to the total of all eligible participants' compensation. At June 30, 2016 and 2015 forfeited accounts totaled $69,555 and $69,259, respectively.

***Payment of Benefits*** - Upon retirement, termination, disability, or death, the vested value of the participant's account may be distributed in a lump sum payment. With the Plan Administrator's approval, participants may withdraw all or part of their elective deferrals and vested profit sharing contributions in the event of financial hardship.

***Investments*** – Participants direct the investments of their contributions and their portion of the employer's contribution into various investment options offered by the Plan.

***Plan Trustee*** – Fidelity Management Trust Company is the appointed Plan trustee and manages the funds on behalf of the Plan.

## 2. SIGNIFICANT ACCOUNTING POLICIES

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

***Investment Valuation and Income Recognition*** – The Plan's investments are stated at fair value as reported by the Plan's trustee, Fidelity Management Trust Company. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 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.

***Contributions*** – Employer and participant contributions are recorded as additions to net assets available for benefits in the period the related payroll is paid by the Company to the employee.

***Payment of Benefits*** – Distributions to participants are recorded when paid.

***Income Taxes*** – Income taxes are not provided as the Plan is designed to be exempt from taxation under the Internal Revenue Code (IRC). The Company believes that the Plan was designed and is currently operated in compliance with the applicable requirements of the IRC.

***Use of Estimates*** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

***Risks and Uncertainties*** – The Plan provides for various investment options in 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in value due to these risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for Plan benefits and the statement of changes in net assets available for Plan benefits. Contributions receivable are due from the Plan Sponsor. The Plan has not experienced any credit losses from these receivables.

***Expenses*** – Administrative expenses of the Plan are paid by either the Plan or the Plan's Sponsor, as provided in the Plan Document.

***Subsequent events*** have been evaluated through January 25, 2017 (date financial statements were available for issuance).

## 3. NEW ACCOUNTING STANDARDS

In May 2015, FASB issued Accounting Standards Update (ASU) 2015-07 *Fair Value Measurement: Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (Topic 820). The ASU removes the requirement to categorize investments measured at fair value using net asset value (NAV) as a practical expedient within the fair value hierarchy. In July 2015, FASB issued ASU 2015-12 *Plan Accounting: Defined Contribution Pension Plans* (Topic 962). Part I of this ASU eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Part II of this ASU eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured at fair value. Part III of this ASU allows a plan with a fiscal year end that does not coincide with the end of a calendar month to measure its investments and investment-related accounts using the month end closest to its fiscal year end. Each ASU is effective for fiscal years beginning after December 15, 2015. As permitted, Plan management has elected to early adopt and retroactively apply both ASU 2015-07 and ASU 2015-12 for the year ended June 30, 2016.

## 4. FAIR VALUE MEASUREMENTS

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and

- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest priority 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.

The following is a description of the valuation method used for investments measured at fair value:

Mutual funds – Valued at the quoted market prices in active markets for identical investments at the measurement date.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at June 30, 2016 and 2015:

| | 2016 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $ 21,907,482 | $ - | $ - | $ 21,907,482 |

| | 2015 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $ 22,301,953 | $ - | $ - | $ 22,301,953 |

There were no changes in the inputs used to measure fair value of investments held by the Plan in 2016 or 2015.

## 5. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Plan's investments are held by Fidelity Management Trust Company. The Plan's administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information as of and for the years ended June 30, 2016 and 2015 was certified by the trustee as complete and accurate and was not subjected to auditing procedures:

| | 2016 | 2015 |
|---|---|---|
| Investments, at fair value | $ 21,907,482 | $ 22,301,953 |
| Notes receivable from participants | 383,435 | 392,621 |
| Total investment income (loss) | (274,985) | 683,259 |
| Interest income on notes receivable from participants | 14,083 | 19,054 |
| Supplemental schedule of assets held for investment purposes (see page 10) | | |

## 6. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Investments, a related party to the plan trustee. Therefore, these transactions qualify as party-in-interest transactions. Any purchases and sales of these funds are open market transactions at fair market value. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

## 7. 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 set forth in ERISA.

**CALIFORNIA ARTICHOKE & VEGETABLE GROWERS CORPORATION**
**dba OCEAN MIST FARMS 401(k) & PROFIT SHARING PLAN**

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FORM 5500, SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2016

| Description | Shares/Units | Fair Value |
|---|---|---|
| Mutual Funds: | | |
| Fidelity Freedom 2020 Fund | 345,235 | $ 5,061,140 |
| Fidelity Freedom 2025 Fund | 303,505 | 3,787,739 |
| Fidelity Freedom 2030 Fund | 205,420 | 3,107,999 |
| Fidelity Freedom 2035 Fund | 92,201 | 1,140,532 |
| Fidelity Freedom 2015 Fund | 80,037 | 966,851 |
| Fidelity US Bond Index PR | 78,719 | 941,478 |
| Fidelity Retirement Gov II | 855,405 | 855,405 |
| Fidelity Freedom 2045 Fund | 85,361 | 838,240 |
| Fidelity Freedom 2040 Fund | 74,726 | 649,373 |
| Fidelity Contrafund | 6,497 | 630,389 |
| Fidelity Growth Company Fund | 3,151 | 409,174 |
| Fidelity International Discovery Fund | 10,899 | 402,719 |
| PIF Small Cap Inst | 16,435 | 341,691 |
| Invesco Diversified Dividend R6 | 16,143 | 306,555 |
| Fidelity 500 Index PR | 3,629 | 269,157 |
| Vanguard Mid Cap Growth Index Adm | 6,123 | 268,613 |
| Artisan Mid Cap Value | 12,132 | 249,429 |
| Fidelity Freedom 2050 Fund | 21,156 | 208,600 |
| PIMCO Total Return Adm | 18,225 | 187,899 |
| Fidelity Balanced Fund | 8,071 | 174,648 |
| Fidelity Global Ex US Index PR | 16,442 | 174,446 |
| PIMCO High Yield Admin Fund | 18,536 | 158,112 |
| Fidelity Freedom 2055 Fund | 13,894 | 153,249 |
| Neuberger Berman Guardian Trust | 11,892 | 125,935 |
| Fidelity Freedom 2010 Fund | 8,063 | 119,573 |
| Fidelity Ext Mkt Index PR | 2,129 | 108,536 |
| Fidelity Freedom 2005 Fund | 6,458 | 75,947 |
| Oakmark International I | 3,024 | 57,823 |
| Vanguard Mid-Cap Growth Adm | 2,539 | 54,735 |
| Fidelity Freedom Income Fund | 4,445 | 50,498 |
| Fidelity Leveraged Company Stock Fund | 381 | 14,793 |
| Fidelity Small Cap Index PR | 816 | 12,787 |
| Fidelity Freedom 2060 Fund | 349 | 3,417 |
| Total mutual funds | | 21,907,482 |
| Participant loans (3.25% to 4.50%) | | 383,435 |
| Total assets held for investment purposes | | $ 22,290,917 |