

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>07/01/2020</u> and ending <u>06/30/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TOS FARMS, INC. PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1979</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1979</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1979</u>					
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) <u>TOS FARMS, INC.</u> <u>9240 EXCELSIOR AVENUE</u> <u>HANFORD, CA 93230</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>94-2186909</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>559-584-5751</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>111300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>94-2186909</u>	2c Plan Sponsor's telephone number <u>559-584-5751</u>	2d Business code (see instructions) <u>111300</u>	
2b Employer Identification Number (EIN) <u>94-2186909</u>					
2c Plan Sponsor's telephone number <u>559-584-5751</u>					
2d Business code (see instructions) <u>111300</u>					

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.	01/19/2022	BILL TOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	422
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)	128
a(2) Total number of active participants at the end of the plan year		6a(2)	120
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	297
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	417
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	417
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	397
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2T 3D 3H			
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) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021		
A Name of plan TOS FARMS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TOS FARMS, INC.	D Employer Identification Number (EIN) 94-2186909	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

FIRST CLEARING, LLC

23-2384840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70 72	INVESTMENT	24373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVEY INSURANCE MARKETING INC

1645 SHAW AVE SUITE 101
CLOVIS, CA 93611

77-0396341

(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?
14	TPA	12159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILLS, RENAUT, HOMEN AND HUGHES

94-2463125

(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?
10	AUDITOR	11973	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021		
A Name of plan TOS FARMS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TOS FARMS, INC.	D Employer Identification Number (EIN) 94-2186909	

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	6447	7477
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions		1b(1)	96844	0
(2) Participant contributions.....		1b(2)		
(3) Other		1b(3)		
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	37489	87748
(2) U.S. Government securities		1c(2)		
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred		1c(3)(A)	0	0
(B) All other.....		1c(3)(B)	44981	45452
(4) Corporate stocks (other than employer securities):				
(A) Preferred		1c(4)(A)	2200	2316
(B) Common		1c(4)(B)	1667591	2773486
(5) Partnership/joint venture interests		1c(5)		
(6) Real estate (other than employer real property)		1c(6)		
(7) Loans (other than to participants).....		1c(7)		
(8) Participant loans		1c(8)		
(9) Value of interest in common/collective trusts		1c(9)		
(10) Value of interest in pooled separate accounts		1c(10)		
(11) Value of interest in master trust investment accounts		1c(11)		
(12) Value of interest in 103-12 investment entities		1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	1710542	2142403
(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)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	3566094 5058882
Liabilities			
g	Benefit claims payable	1g	3790 0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	3790 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	3562304 5058882

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	10000
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	10000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	3448
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	3453
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	142
	(B) Common stock	2b(2)(B)	40637
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	68633
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	109412
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	794129
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	635657
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	158472
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	968342
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	968342

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		377945
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1627624

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	82275	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		82275
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	11973	
(2) Contract administrator fees	2i(2)	12425	
(3) Investment advisory and management fees	2i(3)	24373	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		48771
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		131046

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1496578
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **HILLS, RENAUT, HOMEN & HUGHES**

(2) EIN: **94-2463125**

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:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

<div>A Name of plan TOS FARMS, INC. PROFIT SHARING PLAN</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 TOS FARMS, INC.</div>	<div>D Employer Identification Number (EIN) 94-2186909</div>

Part I	Distributions
--------	---------------

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>	<div>0</div>
<div>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): 33-6012080</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>		
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>	

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

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div> <div>If the plan is a defined benefit plan, go to line 8.</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

Part III	Amendments
----------	------------

<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☐ No</div>
--	--

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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
16b	

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

TOS FARMS, INC. PROFIT SHARING PLAN

FINANCIAL REPORT

JUNE 30, 2021

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Hills, Renaut, Homen & Hughes

ACCOUNTANCY CORPORATION

7040 NORTH MARKS, SUITE 111 / FRESNO, CA 93711 / FAX (559) 447-4515 / (559) 447-4500

INDEPENDENT AUDITORS' REPORT

Tos Farms, Inc. Profit Sharing Plan
Hanford, California

We have audited the accompanying financial statements of Tos Farms, Inc. Profit Sharing Plan, which comprise the statements of net assets available for benefits as of June 30, 2021, and 2020, and the related statement of changes in net assets available for benefits for the year ended June 30, 2021, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Tos Farms, Inc. Profit Sharing Plan as of June 30, 2021, and 2020, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year), referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hills, Renaut, Homen & Hughes
Fresno, California
January 11, 2022

TOS FARMS, INC. PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS, AT FAIR VALUE:		
Noninterest-bearing cash	\$ 7,477	\$ 6,447
Interest-bearing cash	87,748	37,489
Mutual funds	2,142,403	1,710,542
Preferred stocks	2,316	2,200
Corporate bonds	45,452	44,981
Common stocks	<u>2,773,486</u>	<u>1,667,591</u>
	5,058,882	3,469,250
RECEIVABLES:		
Employer contributions	<u>0</u>	<u>96,844</u>
TOTAL ASSETS	5,058,882	3,566,094
LIABILITY:		
Benefit claims payable	<u>0</u>	<u>3,790</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 5,058,882</u></u>	<u><u>\$ 3,562,304</u></u>

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

TOS FARMS, INC. PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED JUNE 30, 2021

ADDITIONS:

Investment income (loss):	
Interest income	\$ 3,453
Dividend income	109,412
Realized gain (loss) on sale of investments	158,472
Unrealized gain (loss) in fair value of investments	<u>1,346,287</u>
	1,617,624
Less: Investment expenses	<u>(24,373)</u>
	<u>1,593,251</u>
Contributions:	
Employer	<u>10,000</u>
Total additions (reductions)	<u>1,603,251</u>

DEDUCTIONS:

Benefits paid to participants	82,275
Administrative fees	<u>24,398</u>
Total deductions	<u>106,673</u>

INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS 1,496,578

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>3,562,304</u>
End of year	<u>\$ 5,058,882</u>

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

**TOS FARMS, INC. PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

1. DESCRIPTION OF PLAN:

The following brief description of the Plan provides only general information. Participants should refer to the Plan document for complete information.

General

The Tos Farms, Inc. Profit Sharing Plan (the “Plan”) was adopted effective July 1, 1979 for all eligible employees (participants) of Tos Farms, Inc. and Tos Farming Company, LLC, a California limited liability company and Tos Land Company, a California S Corporation. The Plan was subsequently amended effective July 1, 1980, July 1, 1984, February 4, 1992, December 20, 1994, June 28, 2005, August 31, 2008, and April 5, 2012. The Plan and the related trust fund are established for the exclusive benefit of the participating employees and no part of the trust fund, including income from investments and employer contributions, can revert to the Plan or the Partnership.

Management has evaluated subsequent events through January 11, 2022, the date at which the financial statements were available to be issued. No significant subsequent events were discovered by management.

Eligibility and Vesting

An employee becomes eligible for participation in the Plan upon attainment of his twenty-first birthday, after completing one year of service and after completing one thousand hours of service. Contributions vest 100% at the end of the third year of service in the Plan and become fully vested upon the employee’s death, incapacity, attainment of normal retirement age or upon termination of the Plan. An employee becomes eligible for normal retirement benefits upon attainment of his sixty-fifth birthday. Benefit payments may be made in a lump sum or in installments.

Administration

The Plan is administered by Pace TPA and plan administration costs were paid for by the Plan.

Contributions

The Plan is a defined contribution plan. As such, the Plan’s contributions are determined each year at the discretion of the Board of Directors. All contributions made by the Plan to the trust are irrevocable and are used to pay benefits under the Plan or to pay expenses incurred in connection with the purchase and sale of securities or other investments of the trust fund.

Distributions

In the event of death, disability, retirement or termination, a participant’s vested interest in the Plan will be distributed in a lump-sum payment or in installments as soon as administratively feasible.

**TOS FARMS, INC. PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

1. DESCRIPTION OF PLAN (CONTINUED):

Termination

Although termination of the Plan is not presently contemplated, Tos Farms, Inc. has the right to terminate the Plan at any time. In the event of termination, participants become 100% vested in their respective investments, including all discretionary employer contributions.

Forfeited Accounts

Forfeitures may be used to reduce any employer contribution. Forfeitures in the amount of \$961 and \$662 were available for the reduction of employer contributions at June 30, 2021 and 2020, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Accounting Method

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

Management uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Actual results could vary from the estimates that were used.

Investments

As of June 30, 2021, and 2020, investments of the Plan are reported at fair value, and are classified as available-for-sale. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are accounted for as of the trade date. Interest 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. The primary objective of the Plan investments is to achieve long-term capital appreciation within reasonable risk parameters. The investments are reviewed annually for impairment by management. No impairments were recognized by the Plan during the years ended June 30, 2021, and 2020.

Operating Expenses

All expenses of maintaining the Plan are paid by the Plan.

TOS FARMS, INC. PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

3. INVESTMENTS:

The Plan's investments held by Waterfront Wealth Advisors, a party-in-interest, (including investments bought, sold, and held during the year) are stated at fair value. Fair values and appreciation (depreciation) in value are summarized as follows:

	<u>Net Increase (Decrease) In Value</u>	<u>Fair Value</u>
<u>June 30, 2021</u>		
Investments consisted of:		
Mutual funds	\$ 417,175	\$ 2,142,403
Preferred stocks	101	2,316
Corporate bonds	432	45,452
Common stocks	<u>1,087,051</u>	<u>2,773,486</u>
	1,504,759	4,963,657
Cash & money funds, includes Union Bank, a party-in-interest	<u>0</u>	<u>95,225</u>
	<u>\$ 1,504,759</u>	<u>\$ 5,058,882</u>
<u>June 30, 2020</u>		
Investments consisted of:		
Mutual funds	\$ 69,037	\$ 1,710,542
Preferred stocks	(11,712)	2,200
Corporate bonds	(32,063)	44,981
Common stocks	<u>(295,918)</u>	<u>1,667,591</u>
	(270,656)	3,425,314
Cash & money funds, includes Union Bank, a party-in-interest	<u>0</u>	<u>43,936</u>
	<u>\$ (270,656)</u>	<u>\$ 3,469,250</u>

The fair value of investments that represent 5% or more of the Plan's net assets available for benefits is as follows:

	<u>2021</u>	<u>2020</u>
Jefferies Finl Group Inc	<u>\$ 365,701</u>	<u>\$ 0</u>

TOS FARMS, INC. PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

4. FAIR VALUE MEASUREMENTS:

Generally accepted accounting principles establish a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 Fair Value Measurements: 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 Fair Value Measurements: Inputs to the valuation methodology include:

1. quoted prices for similar assets or liabilities in active markets;
2. quoted prices for identical or similar assets or liabilities in inactive markets;
3. inputs other than quoted prices that are observable for the asset or liability;
4. 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 Fair Value Measurements: Fair values are based on inputs other than quoted prices included within Level 1 that are unobservable and significant to the fair value measurements.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2021 and 2020.

Mutual funds: Valued at the net asset value of shares held by the Plan at year-end.

Money market funds: Valued at the net asset value of shares held by the Plan at year-end.

TOS FARMS, INC. PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

4. FAIR VALUE MEASUREMENTS (CONTINUED):

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

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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

	Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets (Level 1)
<u>June 30, 2021</u>		
Mutual funds	\$ 2,142,403	\$ 2,142,403
Preferred stocks	2,316	2,316
Corporate bonds	45,452	45,452
Common stocks	<u>2,773,486</u>	<u>2,773,486</u>
Total	<u>\$ 4,963,657</u>	<u>\$ 4,963,657</u>

**TOS FARMS, INC. PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

4. FAIR VALUE MEASUREMENTS (CONTINUED):

	Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets (Level 1)
<u>June 30, 2020</u>		
Mutual funds	\$ 1,710,542	\$ 1,710,542
Preferred stocks	2,200	2,200
Corporate bonds	44,981	44,981
Common stocks	<u>1,667,591</u>	<u>1,667,591</u>
Total	<u>\$ 3,425,314</u>	<u>\$ 3,425,314</u>

5. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H, FORM 5500:

At June 30, 2021 and 2020, there were no differences between assets available for benefits per the financial statements and the assets available per Schedule H, Form 5500. Also, there were no differences in benefits paid to participants per the financial statements and Schedule H, Form 5500.

6. INCOME TAXES:

The Plan obtained its latest determination letter on January 14, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

The income tax returns for the three prior years for federal and the four prior years for state income tax purposes are subject to examination by appropriate tax authorities. Interest and penalties, if imposed from tax positions, are recognized in the financial statements as general and administrative expenses.

TOS FARMS, INC. PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

7. RISKS AND UNCERTAINTIES:

The Plan invests in numerous publicly traded stock and bond mutual funds. The value, liquidity and related income of these mutual funds are sensitive to changes in economic conditions and may be affected by shifts in the market's perception and changes in interest rates. The ultimate effect of the current economic conditions cannot be determined at this time.

8. RELATED PARTY:

The transactions between the Plan and its employers for the year ended June 30, 21 are as follows:

Employer Contributions:

Tos Farms, Inc.	\$ 9,585
Tos Farming Company, LLC	149
Tos Land Company	<u>266</u>
	<u>\$ 10,000</u>

9. SIGNIFICANT EVENT:

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic, and on March 13, the President of the United States declared a national emergency relating to the disease. In addition to the President's declaration, state and local authorities have recommended social distancing and have imposed quarantine and isolation measures on large portions of the population, including mandatory business closures. These measures are designed to protect the overall public health, however, are expected to negatively affect the results of domestic and foreign economies and may result in the United States entering a period of recession.

As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the Statements of net assets available for benefits and the statements of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have.

TOS FARMS, INC. PROFIT SHARING PLAN #001 94-2186909
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
YEAR ENDED JUNE 30, 2021

(a)	(b)	(c)	(d)	(e)
Identify of Issue, Borrower	Description	Cost	Current	Value
Lessor or Similar Party	of Investment			
INVESTMENTS AT FAIR VALUE				
* Union Bank	Cash	\$ 7,644	\$	7,644
<u>Waterfront Wealth Advisors</u>				
* US Govt Money Market	Bank Deposit Sweep	87,581		87,581
* American Centy US Small Cap	Common Stock	53,634		88,844
* American Centy Avantis Intl	Common Stock	98,193		102,678
* American Centy Emer Mkts	Common Stock	78,727		102,037
* Berkshire Hathaway Inc	Common Stock	133,256		225,949
* Brookfield Asset Mgmt Class A	Common Stock	98,391		228,696
* Brookfield Asset Mgmt Exch	Common Stock	1,561		1,561
* Jefferies Finl Group Inc	Common Stock	91,778		365,701
* Pimco Active Bond ETF	Common Stock	114,512		114,400
* Proshares Large Cap	Common Stock	145,246		202,159
* Schwab Intl Small Index	Common Stock	56,721		69,276
* Schwab Fund Intl Large	Common Stock	114,196		136,880
* Schwab US Small	Common Stock	32,739		53,084
* Schwab US Mid-Cap	Common Stock	30,237		51,267
* SSGA Active	Common Stock	112,859		113,473
* Vanguard S&P 500	Common Stock	135,543		197,547
* Wisdomtree Emerging Small Cap	Common Stock	46,912		54,589
* Allscripts	Common Stock	9,034		18,343
* Ally Financial	Common Stock	10,831		20,983
* Amarin Corporation	Common Stock	1,533		1,476
* Armstrong Flooring Inc	Common Stock	322		545
* Athersys Inc	Common Stock	1,263		943
* Atlas Air Worldwide Holdings	Common Stock	7,567		21,318
* Baidu Inc	Common Stock	8,658		10,195
* Banco Santander	Common Stock	6,273		5,564
* Bank New York Mellon Corp	Common Stock	6,291		7,889
* Bayer Ag Sponsored	Common Stock	10,141		9,114
* Biogen Inc	Common Stock	2,482		3,116
* BNP Paribas	Common Stock	3,959		4,698
* Brunswick Corp	Common Stock	1,791		3,387
* Bunge Ltd	Common Stock	10,309		11,410
* Canaccord Genuity Group	Common Stock	4,247		8,516
* Canadian Solar Inc	Common Stock	3,609		9,237
* Capstone Mining Corp	Common Stock	5,304		23,212
* China Mobile Ltd	Common Stock	4,532		3,362

TOS FARMS, INC. PROFIT SHARING PLAN #001 94-2186909
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
YEAR ENDED JUNE 30, 2021

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Cigna	Common Stock	4,923	6,638
*	Citigroup	Common Stock	1,184	3,353
*	Covestro Ag	Common Stock	16,977	15,980
*	Criteo SA Spon	Common Stock	4,045	20,670
*	Daimler	Common Stock	3,987	6,113
*	DAQO New Energy	Common Stock	1,959	3,446
*	Dorel Inds	Common Stock	4,944	11,425
*	Dropbox Inc	Common Stock	4,364	6,456
*	DXC Technology Co	Common Stock	2,547	5,997
*	Embraer SA Spons	Common Stock	3,687	3,028
*	Energy Transfer LP	Common Stock	6,658	4,209
*	Flex Ltd	Common Stock	3,081	7,720
*	Gannett Co	Common Stock	4,071	3,640
*	General Motors	Common Stock	15,508	28,520
*	Hanesbrands Inc	Common Stock	2,392	3,174
*	Hewlett Packard Enterprise	Common Stock	15,679	19,056
*	Hitachi Ltd	Common Stock	12,720	16,608
*	Houghton Mifflin Harcourt	Common Stock	2,189	12,718
*	Hudbay Minerals	Common Stock	1,255	2,870
*	Impinj Inc	Common Stock	3,485	3,869
*	Intel	Common Stock	8,580	9,656
*	Interfor Corp	Common Stock	7,794	7,856
*	Intl Business Machine	Common Stock	11,405	11,434
*	Ishares MSCI India	Common Stock	3,178	4,159
*	Jefferies Finl	Common Stock	14,469	21,238
*	Jinkosolar Hldg Co Ltd	Common Stock	3,276	2,857
*	Knowles Corp	Common Stock	7,178	6,771
*	Lear Corp	Common Stock	6,261	7,011
*	Linamar Corp	Common Stock	5,038	5,392
*	Macys	Common Stock	8,720	7,489
*	Marinus Pharm	Common Stock	1,254	807
*	Micron Tech	Common Stock	3,453	7,223
*	Mitsubishi Elec	Common Stock	13,206	14,074
*	Nautilus Inc	Common Stock	3,291	3,774
*	Navios Maritime Partners	Common Stock	148	148
*	Nokia Corp	Common Stock	9,741	12,050
*	Novavax Inc	Common Stock	2,108	2,123
*	On Semi Conductor Corp	Common Stock	1,023	2,718
*	Oracle Corp	Common Stock	3,585	5,060
*	Orange Sponsored	Common Stock	10,039	9,873

TOS FARMS, INC. PROFIT SHARING PLAN #001 94-2186909
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
YEAR ENDED JUNE 30, 2021

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Oshkosh Corp	Common Stock	1,439	3,241
*	Porsche Auto	Common Stock	7,223	7,341
*	Regal Beloit	Common Stock	1,678	2,937
*	Sanofi	Common Stock	6,940	7,583
*	Societe Generale France	Common Stock	12,797	19,557
*	Spectrum Brands Hldgs	Common Stock	791	1,276
*	Suzano Bahia Sui Papel	Common Stock	7,301	7,116
*	Telefonica Brasil	Common Stock	9,325	9,503
*	Terex Corp	Common Stock	3,310	3,762
*	Tri Pointe Homes Inc	Common Stock	8,212	9,901
*	Trinseo SA	Common Stock	8,057	11,370
*	Vaneck Vectors TR	Common Stock	3,240	4,221
*	Vanguard Intl Equity Index	Common Stock	17,029	23,082
*	Verso Corp	Common Stock	15,828	14,921
*	Viatis Inc	Common Stock	8,126	7,845
*	Vodafone Group	Common Stock	6,409	6,321
*	Vonage Holds	Common Stock	11,104	17,825
*	West Fraser Timber	Common Stock	8,580	10,107
*	Whirlpool Corp	Common Stock	3,094	4,361
*	Whiting Petroleum Corp	Common Stock	2,218	2,564
*	Citigroup Cap Tru	Preferred Stock	2,234	2,316
*	Quad Graphics	Corp Bond 7.0 %- 5/1/22	1,637	1,980
*	Dean Foods Sr Unsec	Corp Bond 6.5% - 3/15/23	3,680	77
*	Redwood Tr	Corp Bond 4.75% - 8/15/23	4,779	5,000
*	LSC Communications Inc	Corp Bond 8.75% - 10/15/23	2,183	280
*	Donnelley Fin Sol	Corp Bond 8.25% - 10/15/24	6,046	6,225
*	Tesla Inc	Corp Bond 5.3% - 8/15/25	4,316	5,168
*	US Steel Corp	Corp Bond 6.25% - 3/15/26	5,020	6,185
*	Dillards Inc Notes	Corp Bond 7.75% - 5/15/27	4,220	4,835
*	MBIA Debenture	Corp Bond 7.15% - 7/15/27	3,106	3,060
*	SLM Corp	Corp Bond 5.7% - 3/15/29	7,312	7,545
*	First Quantum Min	Corp Bond 7.25% - 4/1/23	4,704	5,097
*	American Funds Emer Mkts	Mutual Fund	85,711	98,016
*	DFA Invt Grp Inc	Mutual Fund	122,890	130,575
*	DFA Invest Intl Hi Rel	Mutual Fund	99,557	139,717
*	US Small Cap Port	Mutual Fund	82,015	124,322
*	DFA Emerg Core Equity Port	Mutual Fund	96,152	134,601
*	DFA Intl Core Equity	Mutual Fund	139,570	171,511
*	DFA US Core Equity	Mutual Fund	143,456	232,409
*	DFA US High Relative	Mutual Fund	134,124	179,762

TOS FARMS, INC. PROFIT SHARING PLAN #001 94-2186909
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
YEAR ENDED JUNE 30, 2021

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	DFA Global Small Co	Mutual Fund	63,600	88,524
*	JP Morgan Gbl Oppty	Mutual Fund	78,485	81,295
*	Lord Abbett Inv't	Mutual Fund	68,516	66,557
*	Artisan Partners High Income	Mutual Fund	78,644	82,764
*	Voya Fds Strategic Income	Mutual Fund	162,312	162,033
*	Alliancebernstein Global Hi Inc	Mutual Fund	99,528	103,095
*	Blackrock Core Bond	Mutual Fund	80,508	102,474
*	Blackrock Limited Dur Inc	Mutual Fund	68,847	87,483
*	Blackrock Floating Rate	Mutual Fund	49,113	50,058
*	Blackrock Credit Alloc	Mutual Fund	70,827	85,511
*	DFA Intl Small Co	Mutual Fund	4,752	5,432
*	DFA Emerging Mkts	Mutual Fund	4,675	6,212
*	Natixis Loomis Sayles	Mutual Fund	2,369	2,258
*	Blackrock Limited	Mutual Fund	3,791	4,510
*	Templeton Emerg Mkts	Mutual Fund	3,937	3,284
				<u>\$ 5,058,882</u>

* Party-in-interest, see footnote 3

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>07/01/2020</u> and ending <u>06/30/2021</u>	
A This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan ☒ a single-employer plan B This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div> </div> </div>	
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☐ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>	

Part II	Basic Plan Information—enter all requested information		
1a Name of plan TOS FARMS, INC. PROFIT SHARING PLAN		1b Three-digit plan number (PN) ▶	001
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) TOS FARMS, INC. 9240 EXCELSIOR AVENUE HANFORD CA 93230		1c Effective date of plan 07/01/1979 2b Employer Identification Number (EIN) 94-2186909 2c Plan Sponsor's telephone number 559-584-5751 2d Business code (see instructions) 111300	

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

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

SIGN HERE		<u>1-19-22</u> Date	BILL TOS 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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 422
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) 128
a(2) Total number of active participants at the end of the plan year		6a(2) 120
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits		6c 297
d Subtotal. Add lines 6a(2), 6b, and 6c.		6d 417
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e.		6f 417
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 397
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2T 3D 3H		
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) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

TOS FARMS, INC. PROFIT SHARING PLAN #001 94-2186909
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
YEAR ENDED JUNE 30, 2021

(a)	(b)	(c)	(d)	(e)
Identify of Issue, Borrower	Description	Cost	Current	Value
Lessor or Similar Party	of Investment			
INVESTMENTS AT FAIR VALUE				
* Union Bank	Cash	\$ 7,644	\$	7,644
<u>Waterfront Wealth Advisors</u>				
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TOS FARMS, INC. PROFIT SHARING PLAN #001 94-2186909
SUPPLEMENTAL INFORMATION
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(HELD AT END OF YEAR)
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TOS FARMS, INC. PROFIT SHARING PLAN #001 94-2186909
SUPPLEMENTAL INFORMATION
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(HELD AT END OF YEAR)
YEAR ENDED JUNE 30, 2021

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*	Verso Corp	Common Stock	15,828	14,921
*	Viatis Inc	Common Stock	8,126	7,845
*	Vodafone Group	Common Stock	6,409	6,321
*	Vonage Holds	Common Stock	11,104	17,825
*	West Fraser Timber	Common Stock	8,580	10,107
*	Whirlpool Corp	Common Stock	3,094	4,361
*	Whiting Petroleum Corp	Common Stock	2,218	2,564
*	Citigroup Cap Tru	Preferred Stock	2,234	2,316
*	Quad Graphics	Corp Bond 7.0 %- 5/1/22	1,637	1,980
*	Dean Foods Sr Unsec	Corp Bond 6.5% - 3/15/23	3,680	77
*	Redwood Tr	Corp Bond 4.75% - 8/15/23	4,779	5,000
*	LSC Communications Inc	Corp Bond 8.75% - 10/15/23	2,183	280
*	Donnelley Fin Sol	Corp Bond 8.25% - 10/15/24	6,046	6,225
*	Tesla Inc	Corp Bond 5.3% - 8/15/25	4,316	5,168
*	US Steel Corp	Corp Bond 6.25% - 3/15/26	5,020	6,185
*	Dillards Inc Notes	Corp Bond 7.75% - 5/15/27	4,220	4,835
*	MBIA Debenture	Corp Bond 7.15% - 7/15/27	3,106	3,060
*	SLM Corp	Corp Bond 5.7% - 3/15/29	7,312	7,545
*	First Quantum Min	Corp Bond 7.25% - 4/1/23	4,704	5,097
*	American Funds Emer Mkts	Mutual Fund	85,711	98,016
*	DFA Invt Grp Inc	Mutual Fund	122,890	130,575
*	DFA Invest Intl Hi Rel	Mutual Fund	99,557	139,717
*	US Small Cap Port	Mutual Fund	82,015	124,322
*	DFA Emerg Core Equity Port	Mutual Fund	96,152	134,601
*	DFA Intl Core Equity	Mutual Fund	139,570	171,511
*	DFA US Core Equity	Mutual Fund	143,456	232,409
*	DFA US High Relative	Mutual Fund	134,124	179,762

TOS FARMS, INC. PROFIT SHARING PLAN #001 94-2186909
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
YEAR ENDED JUNE 30, 2021

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	DFA Global Small Co	Mutual Fund	63,600	88,524
*	JP Morgan Gbl Oppty	Mutual Fund	78,485	81,295
*	Lord Abbett Invt	Mutual Fund	68,516	66,557
*	Artisan Partners High Income	Mutual Fund	78,644	82,764
*	Voya Fds Strategic Income	Mutual Fund	162,312	162,033
*	Alliancebernstein Global Hi Inc	Mutual Fund	99,528	103,095
*	Blackrock Core Bond	Mutual Fund	80,508	102,474
*	Blackrock Limited Dur Inc	Mutual Fund	68,847	87,483
*	Blackrock Floating Rate	Mutual Fund	49,113	50,058
*	Blackrock Credit Alloc	Mutual Fund	70,827	85,511
*	DFA Intl Small Co	Mutual Fund	4,752	5,432
*	DFA Emerging Mkts	Mutual Fund	4,675	6,212
*	Natixis Loomis Sayles	Mutual Fund	2,369	2,258
*	Blackrock Limited	Mutual Fund	3,791	4,510
*	Templeton Emerg Mkts	Mutual Fund	3,937	3,284
				<u>\$ 5,058,882</u>

* Party-in-interest, see footnote 3