Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 09/01/2020 and ending 08/31/2021

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
CATTLEMENS PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/30/1976

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)

CATTLEMENS, INC.

PETER MROZIK

250 DUTTON AVENUE
SANTA ROSA, CA 95407

2b Employer Identification Number (EIN) 94-1729627

2c Plan Sponsor's telephone number 707-528-1040

2d Business code (see instructions)

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.	03/31/2022	PETER MROZIK
	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	Filed with incorrect/unrecognized electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	248
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)**	224
a(2) Total number of active participants at the end of the plan year	**6a(2)**	193
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	87
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	280
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	280
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	260
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	36
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 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	[ ]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[ ]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

For calendar plan year 2020 or fiscal plan year beginning 09/01/2020 and ending 08/31/2021

A Name of plan
CATTLEMENS PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-1729627

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

CHARLES SCHWAB & CO, INC

94-1737785

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

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

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

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

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

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

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

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

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

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

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

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

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

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 09/01/2020 and ending 08/31/2021

A Name of plan
CATTLEMENS PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-1729627

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		237
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	37815	61903
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	2138	16675
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(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)	1382007	1593046
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1421960	1671861
	Liabilities			
g	Benefit claims payable	1g		118
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	241	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	241	118
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1421719	1671743

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	758	
	(F) Other	2b(1)(F)	237	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		997
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	23544	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		23544
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	195690	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	168135	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		27555
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(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)		197958
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		250054
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30	
(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)		30
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		30
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		250024
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: CAROLYN A MAYES CPA **(2)** EIN: 74-3051073

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		3655

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

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 _____.

CATTLEMENS PROFIT SHARING PLAN

FINANCIAL STATEMENTS

August 31, 2021 and 2020

TABLE OF CONTENTS

	PAGE
TABLE OF CONTENTS	2
INDEPENDENT AUDITOR'S REPORT	3 - 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits, August 31, 2021 and 2020	5
Statement of Changes in Net Assets Available For Benefits, For the Year Ended August 31, 2021	6
Notes to Financial Statements	7 - 14
SUPPLEMENTAL INFORMATION	
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, August 31, 2021	16
Schedule H, Line 4i - Schedule of Assets (Held at End of Year), August 31, 2021	17
Schedule H, Line 4j - Schedule of Reportable Transactions, For the Year Ended August 31, 2021	18

Carolyn A. Mayes, CPA
Auditing and Consulting Services

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Cattlemens Profit Sharing Plan
Santa Rosa, California

Report on the Financial Statements
I have audited the accompanying financial statements of the Cattlemens Profit Sharing Plan, which comprise the statements of net assets available for benefits as of August 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended August 31, 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.

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, 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, I express no such opinion. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion
In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Cattlemens Profit Sharing Plan as of August 31, 2021 and 2020, and the changes in its net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter
The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 9 to the financial statements, the Board of Directors of Cattlemens, the Plan's sponsor, decided in December 2021 to terminate the Plan effective December 31, 2021, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination. My opinion is not modified with respect to that matter.

California Office: 465 Stony Point Road, #237 Santa Rosa, California 95401 Tel: (707) 573-8892
Maine Office: P.O. Box 86 Friendship, Maine 04547 Tel (207) 832-7883

Report on Supplemental Information

My audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules of Schedule of Delinquent Participant Contributions as of August 31, 2021, Schedule of Assets (Held at End of Year) as of August 31, 2021, and Schedule of Reportable Transactions for the year ended August 31, 2021, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In my opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Carolyn A Mayer, CPA

Santa Rosa, California
March 30, 2022

CATTLEMENS PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
August 31, 2021 and 2020

	2021	2020
ASSETS		
INVESTMENTS, at fair value:		
Exchange Traded Funds	$ 517,055	$ 417,457
Mutual Funds	1,075,991	964,550
Money Market Fund	61,903	37,815
	1,654,949	1,419,822
NOTES RECEIVABLE FROM PARTICIPANTS	16,675	2,138
OTHER EMPLOYER CONTRIBUTIONS RECEIVABLE	237	-
TOTAL ASSETS	1,671,861	1,421,960
LIABILITIES		
INCOME TAX WITHHOLDINGS	-	241
TOTAL LIABILITIES	-	241
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,671,861	$ 1,421,719

See Accompanying Notes to the Financial Statements

CATTLEMENS PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended August 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income:	
Net appreciation in fair value of investments	$ 225,601
Dividend income	23,544
Interest income	239
Total Investment Income	249,384
Interest income on notes receivable from participants	758
TOTAL ADDITIONS	250,142
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
TOTAL DEDUCTIONS	0
NET INCREASE IN NET ASSETS	250,142
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	1,421,719
END OF YEAR	$ 1,671,861

See Accompanying Notes to the Financial Statements

CATTLEMENS PROFIT SHARING PLAN
Notes to Financial Statements
August 31, 2021 and 2020

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Cattlemens Profit Sharing Plan (the Plan) provides only general information. The Plan's sponsor is Cattlemens, Inc. (the Company). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a profit sharing plan. The Plan was established August 30, 1976 and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan was amended and restated on August 8, 2015. The Plan Trustees are responsible for oversight of the Plan.

Eligibility – Employees of the Company are eligible to participate in the Plan as of the September 1st that occurs immediately before the date that all of the age and service requirements have been met. Employees must be 18 years of age, completed 12 consecutive months of employment, worked at least 1,000 hours of service during the applicable Plan year, and be employed as of the last day of the Plan year.

Contributions – Contributions to the Plan are made at the discretion of the Board of Directors of Cattlemens, Inc. Employer contributions are allocated and credited to each eligible participant on each anniversary date. The participants allocable share is based on eligible compensation. The Company did not make an employer contribution during the fiscal year ended August 31, 2021. Under the provisions of the Plan, employee contributions are neither required or allowed.

Participant Accounts – The Plan maintains separate accounts for each eligible participant. Each participant's account is credited with the Company's contributions, the Plan earnings, and the forfeitures of terminated participants' nonvested accounts. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant's accounts.

Investment Direction – All of the Plan's investments are non-participant directed. The Plan's trustees have authority to supervise and direct the investments of the Plan and monitor investment performance.

Vesting - Participants who are employed on or after his or her Normal Retirement Age or terminate employment for reasons of death or disability, will be 100% vested in their accounts. Vesting is in accordance with a graded vesting schedule based on the number of years of credited service in which at least 1,000 hours are worked in a plan year. A participant vests 20% after two years of services and 20% for each additional year of credited service. A participant is fully vested after accumulating six years of credited service.

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

Forfeited Accounts - Available forfeitures of the nonvested portion of terminated participants' accounts can be used to reduce administrative expenses, to reduce employer contributions, or to allocate as additional discretionary employer contributions. During the year ended August 31, 2021, forfeitures totaling $16,121 were allocated to participant accounts in the same manner as Company contributions. Forfeited nonvested accounts totaled $3,307 and $17,575 at August 31, 2021 and 2020, respectively.

Notes Receivable from Participants – 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 percent of their vested account balance. Loan terms generally range from one to five years. The loans are secured by the vested balance in the participant's account. A participant's account is charged monthly interest on the outstanding loan balance. Interest rates on loans ranged from 5.25% to 6.5% per annum during the fiscal year ended August 31, 2021. Notes receivable mature at various dates through December 15, 2025. Principal and interest are paid ratably through payroll deductions.

Allocations of Earnings – Earnings and losses on the Plan's investments are allocated each valuation date based on (a) each participant's account balance as of the preceding valuation date reduced by his or her distributions or withdrawals during the plan year subsequent to the valuation date, divided by (b) the total value of the trust fund reduced by any distributions or withdrawals during the plan year subsequent to the valuation date.

Payment of Benefits – A terminated participant whose vested account balance exceeds $1,000 may elect to receive either a lump-sum amount equal to the value of the vested portion of his or her account, or the value of the vested portion of his or her account payable in installments. Participants who have been participants for a minimum of five year can also make in-service withdrawals on or after attaining age 59 ½. The Plan will make a mandatory distribution for terminated participants whose vested account balance, excluding any rollover amount, is $1,000 or less.

Plan Termination – The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants will become 100% vested in their account balances.

In December 2021, the Company's Board of Directors decided to terminate the Plan effective December 31, 2021. See subsequent event at Note 9.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustees determine the Plan's valuation policies. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded as earned. 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.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued by unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of August 31, 2021 and 2020.

Payment of Benefits – Benefits are recorded when paid.

Expenses – Expenses of maintaining the Plan are primarily paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the assets 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. Unobservable inputs reflect the Trustees' own assumptions about the assumptions market participants would use in pricing the asset or liability (including assumptions about risk). Unobservable inputs are developed based on the best information available in the circumstances and may include the Trustee's own data.

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

The 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 August 31, 2021 and 2020.

NOTE 3 – FAIR VALUE MEASUREMENTS (continued)

Level One Investments

Mutual Funds

Mutual Funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. These investments are reflected as Level 1 because the inputs used to determine fair value are quoted prices in an active market.

Exchange Traded Funds

Exchange Traded Funds (ETF) are valued at the closing price as reported by the active market on which the ETF is traded. ETFs are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) at the end of each day. These investments are reflected as Level 1 because the inputs used to determine fair value are quoted prices in an active market.

Level Two Investments

Money Market Fund

Money Market Fund transactions may occur daily. The securities are valued at amortized cost, which approximates fair value. The amortized cost is determined by valuing it at its original cost and thereafter amortizing any discount or premium for its face value at a constant rate until maturity. Securities held are generally high quality and liquid; however, they are reflected as Level 2 because the inputs used to determine fair value are not quoted prices in an active market.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2021 and 2020:

Assets at Fair Value as of August 31, 2021

		Fair Value Measurements Using		
	Fair Value 8/31/2021	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$1,075,991	$1,075,991	$ -	$ -
Exchange Traded Funds	517,055	517,055	-	-
Money Market Fund	61,903	-	61,903	-
Totals	$1,654,949	$1,593,046	$61,903	$ -

NOTE 3 – FAIR VALUE MEASUREMENTS (continued)

Assets at Fair Value as of August 31, 2020

		Fair Value Measurements Using		
	Fair Value 8/31/20	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$964,550	$964,550	$ -	$ -
Exchange Traded Funds	417,457	417,457	-	-
Money Market Fund	37,815	-	37,815	-
Totals	$1,419,822	$1,382,007	$37,815	$ -

NOTE 4 – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan's investments are primarily held by Charles Schwab & Company, Inc. in a Schwab One trust account. Investment related expenses paid by the Plan to Charles Schwab and its affiliates are party-in-interest transactions. Such transactions are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Fees incurred by the Plan for investment transaction and management services are included in net appreciation in fair value of the investment. The Plan Sponsor pays directly any other fees related to the Plan's operations.

NOTE 5 – LATE REMITTANCES

The Company erroneously failed to transmit certain participant loan repayment to the Plan within the period prescribed in 29 CFR 2510.3-102 during the plan year ended August 31, 2021. The amount required to be reported on Schedule H, Part IV, Line 4a of the Federal Form 5500 totaled $3,655 due to participant loan repayments withheld from participants' compensation from the September 30, 2020 through July 31, 2021 pay dates not remitted to the Plan until August 19, 2021. Management remitted lost earnings totaling $237 related to these late remittances into the Plan on December 8, 2021.

NOTE 6 – TAX STATUS

The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code, and the related trust's net income is exempt from income taxes. The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated September 27, 2016 that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code, and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

On January 21, 2020, the Center for Disease Control and Prevention confirmed the first case of 2019 Novel Coronavirus (2019-nCoV) in the United States. On March 13, 2020, President of the United States declared a national emergency due to the outbreak of 2019-nCoV in the United States of America. The financial markets for investment securities have become abnormally volatile, and the risk of material investment losses has significantly increased due to these events. The exact outcome on the Plan is not known.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 at August 31, 2021 and 2020:

	2021	2020
Net assets available for benefits per the financial statements	$1,671,861	$1,421,719
Amounts allocated to withdrawing participants	(118)	-
Net Assets available for benefits per Form 5500	$1,671,743	$1,421,719

The following is a reconciliation of the net increase in net assets per the financial statements to net income per the Form 5500 for the year ended August 31, 2021:

Net increase in net assets per financial statements	$ 250,142
Amounts allocated to withdrawing participants	(118)
Net Income per Form 5500, Schedule H	$250,024

NOTE 9 – SUBSEQUENT EVENTS

The plan has evaluated subsequent events for recognition and disclosure through March 30, 2022, the date the financial statements were available to be issued.

In December 2021, the Company's Board of Directors decided to terminate the Cattlemen's Profit Sharing Plan effective December 31, 2021. Participants with unvested balances in the Plan as of December 31, 2021 totaling $24,116 became fully vested.

SUPPLEMENTAL INFORMATION

CATTLEMENS PROFIT SHARING PLAN
EIN 94-1729627
Plan Number 001
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
August 31, 2021

Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Repayments are included): X	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$3,655	$ 3,655	$ -	$ -	$ -

CATTLEMENS PROFIT SHARING PLAN
EIN 94-1729627
Plan Number 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
August 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vanguard	Vanguard S&P 500 ETF	$ 181,145	$ 277,253
	Polen	Polen Growth Institutional	152,952	240,655
	Doubleline	Doubleline Total Return	202,886	202,124
	Baird	Baird Aggregate Bond INS	192,906	188,115
	ishares	Ishares JP Morgan USD	105,126	110,895
	MFS	MFS Intl Diversification	68,960	97,064
	Vanguard	Vanguard FTSE Developed	66,839	97,051
	Alger	ALGER Small Cap Focus I	65,115	86,840
	GQG Partners	GQG Partners Emerging Mkts Eq FD Inst	41,481	70,331
	Jackson	Jackson Square Small Mid-Cap	63,920	68,923
	MIRAE	MIRAE Asset Emerging Markets G	51,041	67,595
*	Charles Schwab	Schwab Govt Money Fund	61,903	61,903
	Cohen & Steers	Cohen & Steers Real Estate	35,498	54,345
	ishares	Ishares Russell 2000	30,237	31,855
*	Participant Loans	Interest from 5.25% - 6.5%, due 12/2025	-	16,675
			$ 1,320,009	$ 1,671,624

*A party in interest as defined by ERISA

CATTLEMENS PROFIT SHARING PLAN
EIN 94-1729627
Plan Number 001
Schedule H, Line 4j – Schedule of Reportable Transactions
For the Year Ended August 31, 2021

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling price	Lease Rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Charles Schwab	Schwab Govt Money Fund	$187,899	$ -	n/a	$ -	187,899	$187,899	$ -
Charles Schwab	Schwab Govt Money Fund	n/a	159,708	n/a	-	159,708	159,708	-

CATTLEMENS PROFIT SHARING PLAN
EIN 94-1729627
Plan Number 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
August 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vanguard	Vanguard S&P 500 ETF	$ 181,145	$ 277,253
	Polen	Polen Growth Institutional	152,952	240,655
	Doubleline	Doubleline Total Return	202,886	202,124
	Baird	Baird Aggregate Bond INS	192,906	188,115
	ishares	Ishares JP Morgan USD	105,126	110,895
	MFS	MFS Intl Diversification	68,960	97,064
	Vanguard	Vanguard FTSE Developed	66,839	97,051
	Alger	ALGER Small Cap Focus I	65,115	86,840
	GQG Partners	GQG Partners Emerging Mkts Eq FD Inst	41,481	70,331
	Jackson	Jackson Square Small Mid-Cap	63,920	68,923
	MIRAE	MIRAE Asset Emerging Markets G	51,041	67,595
*	Charles Schwab	Schwab Govt Money Fund	61,903	61,903
	Cohen & Steers	Cohen & Steers Real Estate	35,498	54,345
	ishares	Ishares Russell 2000	30,237	31,855
*	Participant Loans	Interest from 5.25% - 6.5%, due 12/2025	-	16,675
			$ 1,320,009	$ 1,671,624

*A party in interest as defined by ERISA

CATTLEMENS PROFIT SHARING PLAN
EIN 94-1729627
Plan Number 001
Schedule H, Line 4j – Schedule of Reportable Transactions
For the Year Ended August 31, 2021

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Charles Schwab	Schwab Govt Money Fund	$187,899	$ -	n/a	$ -	187,899	$187,899	$ -
Charles Schwab	Schwab Govt Money Fund	n/a	159,708	n/a	-	159,708	159,708	-

CATTLEMENS PROFIT SHARING PLAN
EIN 94-1729627
Plan Number 001
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
August 31, 2021

Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Repayments are included): X	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$3,655	$ 3,655	$ -	$ -	$ -