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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
GEMPERLE BROTHERS PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/29/1969

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)
GEMPERLE BROTHERS

10218 LANDER AVENUE
TURLOCK, CA 95380-9627

2b Employer Identification Number (EIN) 94-1441610

2c Plan Sponsor's telephone number 209-667-2651

2d Business code (see instructions) 112300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/18/2022	LOUIS MACHADO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

GEMPERLE BROTHERS

10218 LANDER AVENUE
TURLOCK, CA 95380-9627

3b Administrator's EIN
94-1441610

3c Administrator's telephone number
209-667-2651

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**	416
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)**	215
a(2) Total number of active participants at the end of the plan year	**6a(2)**	209
b Retired or separated participants receiving benefits	**6b**	7
c Other retired or separated participants entitled to future benefits	**6c**	212
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	428
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**	**6f**	430
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	430
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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)	☒	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)	☐	0	**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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
GEMPERLE BROTHERS PROFIT SHARING PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
GEMPERLE BROTHERS	94-1441610

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

AMERICAN INVESTORS COMPANY

2682 BISHOP DRIVE STREET 123
P.O. BOX 1307
SAN RAMON, CA 94583

94-2201424

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	INVESTMENT ADVISOR	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOX & FOX BENEFIT CONSULTANTS

2491 ALLUVIAL AVE.
CLOVIS, CA 93611

77-0228429

(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?
15 17	TPA	0	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 G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
GEMPERLE BROTHERS PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GEMPERLE BROTHERS

D Employer Identification Number (EIN)
94-1441610

Part I **Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible**

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
0					

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	0				

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
			0

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0				

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
GEMPERLE BROTHERS PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GEMPERLE BROTHERS

D Employer Identification Number (EIN)
94-1441610

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	77998	1295863
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	705653	731513
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	60684	43316
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6640814	939279
(2) U.S. Government securities	1c(2)	368	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1219695	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	85657	0
(B) Common	1c(4)(B)	5749221	0
(5) Partnership/joint venture interests	1c(5)	279785	293510
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	1070318	890863
(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)	4477697	18188397
(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	20367890	22382741
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	30425	35085
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	30425	35085
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	20337465	22347656

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)	731513	
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		731513
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32801	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		32801
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	438809	
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		438809
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	67460	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		67460

		(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)		1274933
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2545516
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	454998	
(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)		454998
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)	80327	
(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)		80327
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		535325
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2010191
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: ATHERTON & ASSOCIATES **(2)** EIN: 94-1239084

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
GEMPERLE BROTHERS PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GEMPERLE BROTHERS

D Employer Identification Number (EIN)
94-1441610

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 94-1441610

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

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

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

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

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

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

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

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

GEMPERLE BROTHERS
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2020



ATHERTON
& ASSOCIATES, LLP

Tax · Assurance · Consulting

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ATHERTON
& ASSOCIATES, LLP
Tax • Assurance • Consulting

INDEPENDENT AUDITOR'S REPORT

October 11, 2022

Board of Trustees
Gemperle Brothers Profit Sharing Plan
Turlock, California

Report on the Financial Statements

We have audited the accompanying financial statements of Gemperle Brothers Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's 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 auditor's 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 entity'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 entity'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.

Scott Kerr | Loren Kuntz | Rebecca Terpstra | Craig Schaurer | Marissa Williams | Jackie Howell | Natalya Mann

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RSM US Alliance

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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 the Plan as of December 31, 2020 and 2019, and the changes in net assets available for benefits for the year ended December 31, 2020, in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Report on Supplementary 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 as of December 31, 2020, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary 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.

Atherton & Associates, LLP

GEMPERLE BROTHERS PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS		
Investments, at fair value		
Money market funds	$ 6,640,814	$ 2,222,805
Corporate stocks, common	5,749,221	10,240,649
Corporate stocks, preferred	85,657	170,124
U.S. government securities	368	397
Mutual funds	4,477,697	5,163,742
Exchange traded funds	1,219,695	1,266,367
Partnership interest	279,785	286,484
Notes receivable	1,070,318	1,059,434
Total investments, at fair value	19,523,555	20,410,002
Cash	77,998	25,194
Receivables		
Employers' contributions	705,653	745,237
Interest	60,684	15,871
Total receivables	766,337	761,108
Total assets	20,367,890	21,196,304
LIABILITIES, Accrued expenses	30,425	22,686
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,337,465	$ 21,173,618

GEMPERLE BROTHERS PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Interest	$ 114,676
Dividends	521,534
Other investment income	69,285
Total investment income	705,495
Employers' contributions	705,653
Total additions	1,411,148
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Net depreciation in fair value of investments	1,277,487
Benefits paid to participants	883,100
Administrative expenses	86,714
Total deductions	2,247,301
Net decrease in net assets	(836,153)
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	21,173,618
End of year	$ 20,337,465

NOTES TO FINANCIAL STATEMENTS

Note 1 Description of the Plan

The following description of the Gemperle Brothers Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General The Plan is a defined contribution plan covering all full-time employees of Gemperle Brothers and Gemperle Egg Packing, Inc. (the Company) who have completed one year of service and 1,000 hours. Employees can enter the Plan on January 1 or July 1 after they become eligible. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is non-participant directed. The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America.

Contributions Each year the Company contributes a percentage of qualified employee earnings. Contributions are at management's discretion. The Plan does not allow participant contributions.

Participant Accounts Each participant's account is credited with an allocation of (a) the Company's contributions, (b) Plan earnings (losses) and charged with an allocation of administrative expenses, and (c) forfeitures of terminated participants' nonvested accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Notes Receivable from Participants The Plan does not allow for participant loans.

Payment of Benefits On termination of service due to death, disability, termination, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in installments. A participant may also take an in-service distribution after the attainment of age 55 or if an employee has been a participant in the Plan for at least 10 years.

Administrative Expenses Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net depreciation in fair value of investments.

Vesting A participant's vesting in the Company contributions portion of their account plus earnings thereon is based on years of continuous service. A participant becomes 100% vested after five years of credited service. A participant is 100% vested after reaching normal retirement age, or upon death or disability.

Forfeitures At December 31, 2020 and 2019, there were no forfeited nonvested accounts which had not been allocated to eligible participants.

Note 2 Summary of Accounting Policies

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

Investment Valuations 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 Company determines the Plan's valuation policies utilizing information provided by the investment advisors, brokerage firms, or trustees.

Note 2 Summary of Accounting Policies (Continued)

Investment Valuations and Income Recognition (Continued) Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Payment of Benefits The Plan records benefits when paid. Total vested benefits due to terminated and retired participants but not paid was $6,425,408 as of December 31, 2020.

Accounting for Uncertainty in Income Taxes 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. Plan management has determined that as of December 31, 2020, there are no uncertain tax positions taken or expected to be taken that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Adoption of New Accounting Standard In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. The Plan adopted the new standard during the year ended December 31, 2020.

Use of Estimates The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Accordingly, actual results could differ from those estimates.

Subsequent Events In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 11, 2022, the date the financial statements were available to be issued.

Note 3 Concentration of Credit Risk

The Federal Deposits Insurance Corporation (FDIC) insures the money market funds held in the Plan's TD Ameritrade account for a maximum of $500,000. Securities held in the Plan's TD Ameritrade account are insured by the Securities Investor Protection Corporation for a maximum of $500,000. TD Ameritrade provides supplementary protection through other insurance companies, which is for securities only. In addition, the FDIC insures up to $250,000 for amounts held in other financial institutions. The uninsured cash and money market funds amounted to $5,889,461 at December 31, 2020.

Note 4 Transactions with Party-In-Interest

Gemperle Brothers and Gemperle Egg Packing Inc., the Plan Sponsor's, TD Ameritrade and Bank of America, the Plan's custodians, Fox and Fox, the Plan's third party administrator, American Investor's Company, the Plan's investment advisor, Triebsch & Frampton, the Plan's attorney, and Atherton & Associates, LLP, the Plan's auditor, are parties-in-interest according to Section 3(14) of ERISA.

Note 5 Income Tax Status

The Plan adopted a prototype non-standardized profit sharing plan determination letter, which has been pre-approved by the Internal Revenue Service dated March 31, 2014. The pre-approved profit sharing plan opinion letter has been relied upon by this Plan. The Plan has been amended and restated since receiving the determination letter, however; the Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Note 6 Plan Termination

Although it has not expressed any interest to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 7 Risk and Uncertainties

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

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic, and on March 13, 2020, the President of the United States declared a national emergency relating to the disease. 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 statement of changes in net assets available for benefits. Because of the uncertainty of the market during this time, Plan management is unable to estimate the total impact the pandemic will have.

Note 8 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access at the measurement date.

Note 8 Fair Value Measurements (Continued)

Level 2 Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

Level 3 Inputs that are unobservable inputs for the asset or liability.

The asset's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at December 31, 2020 and 2019. The following is a description of the valuation methodologies used for assets measured at fair value.

Money market funds: Determined using a market approach and is based upon unadjusted quoted prices for identical assets in active markets.

Common stocks, preferred stocks, exchange traded funds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: 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 U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Partnership interest: Valued by computing the average net operating income for the prior five years and applying a capitalization rate of 10% less an estimated 5% discount for disposal purposes and then comparing to the underlying net book value.

Notes receivable: Valued at amortized cost, which approximates fair value.

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

Note 8 Fair Value Measurements (Continued)

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 6,640,814	$ -	$ -	$ 6,640,814
Corporate stocks, common	5,749,221	-	-	5,749,221
Corporate stocks, preferred	85,657	-	-	85,657
U.S. government securities	368	-	-	368
Mutual funds	4,477,697	-	-	4,477,697
Exchange traded funds	1,219,695	-	-	1,219,695
Partnership interest	-	-	279,785	279,785
Notes receivable	-	-	1,070,318	1,070,318
Total assets in the fair value hierarchy	$18,173,452	$ -	$1,350,103	$19,523,555

	December 31, 2019			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 2,222,805	$ -	$ -	$ 2,222,805
Corporate stocks, common	10,240,649	-	-	10,240,649
Corporate stocks, preferred	170,124	-	-	170,124
U.S. government securities	397	-	-	397
Mutual funds	5,163,742	-	-	5,163,742
Exchange traded funds	1,266,367	-	-	1,266,367
Partnership interest	-	-	286,484	286,484
Notes receivable	-	-	1,059,434	1,059,434
Total assets in the fair value hierarchy	$19,064,084	$ -	$1,345,918	$20,410,002

The following table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2020.

	Partnership Interest	Notes Receivable
Balance, beginning of year	$ 286,484	$ 1,059,434
Unrealized loss	(21,728)	-
Earnings	41,847	41,366
Distributions/payments	(26,818)	(30,482)
Balance, end of year	$ 279,785	$ 1,070,318

Note 8 Fair Value Measurements (Continued)

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2020 and 2019, respectively, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value 12/31/2020	Fair Value 12/31/2019	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Partnership interest	$ 279,785	$ 286,484	Discounted cash flow	Net book value	$1,329,866
				5 year average net operating income	408,485
				Capitalization rate	10%
				Discount rate	5%
Notes receivable	$1,070,318	$1,059,434	Amortized cost	Interest rates	4.0% - 6.0%
				Maturity dates	past due – 2/1/29

SUPPLEMENTAL SCHEDULE - FORM 5500 PURPOSES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSET

(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	
*	TD Ameritrade	Money market funds	$
*	Charles Schwab	Money market funds	
*	Bank of America	Money market funds	
			$
*	TD Ameritrade - Alcon Ag	Corporate stocks, common	$
*	TD Ameritrade - Altria Group Inc	Corporate stocks, common	
*	TD Ameritrade - American Water Works Company	Corporate stocks, common	
*	TD Ameritrade - Apple Hospitality	Corporate stocks, common	
*	TD Ameritrade - Arcosa Inc	Corporate stocks, common	
*	TD Ameritrade - AT&T Inc	Corporate stocks, common	
*	TD Ameritrade - B&G Foods Inc	Corporate stocks, common	
*	TD Ameritrade - Bank of Nova Scotia	Corporate stocks, common	
*	TD Ameritrade - Baxter International Inc	Corporate stocks, common	
*	TD Ameritrade - BHP Billiton Limited ADR	Corporate stocks, common	
*	TD Ameritrade - Blackstone Mortgage Trust Inc	Corporate stocks, common	
*	TD Ameritrade - Box Inc Company	Corporate stocks, common	
*	TD Ameritrade - BP PLC Sponsored ADR	Corporate stocks, common	
*	TD Ameritrade - Broadcom Inc	Corporate stocks, common	
*	TD Ameritrade - Broadmark Realty Capital Inc	Corporate stocks, common	
*	TD Ameritrade - Campbell Soup Co	Corporate stocks, common	
*	TD Ameritrade - Care Trust REIT Inc	Corporate stocks, common	
*	TD Ameritrade - Caterpillar Inc	Corporate stocks, common	

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT EN

(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	
*	TD Ameritrade - Chatham Lodging Trust	Corporate stocks, common	$
*	TD Ameritrade - City Office Reit, Inc.	Corporate stocks, common	
*	TD Ameritrade - Cohen & Steers Infrastructure	Corporate stocks, common	
*	TD Ameritrade - Colgate Palmolive Company	Corporate stocks, common	
*	TD Ameritrade - Corecivic Inc	Corporate stocks, common	
*	TD Ameritrade - Diversified Healthcare Trust	Corporate stocks, common	
*	TD Ameritrade - DXC Technology Company	Corporate stocks, common	
*	TD Ameritrade - Eaton Corp PLC	Corporate stocks, common	
*	TD Ameritrade - Edison International	Corporate stocks, common	
*	TD Ameritrade - Energy Transfer Partners LP	Corporate stocks, common	
*	TD Ameritrade - Enterprise Products Partners LP	Corporate stocks, common	
*	TD Ameritrade - Essential Utilities, Inc.	Corporate stocks, common	
*	TD Ameritrade - Euronav	Corporate stocks, common	
*	TD Ameritrade - Exxon Mobil Corporation Com	Corporate stocks, common	
*	TD Ameritrade - Gabelli Healthcare & Wellness	Corporate stocks, common	
*	TD Ameritrade - General Dynamics Corporation	Corporate stocks, common	
*	TD Ameritrade - General Electric Co	Corporate stocks, common	
*	TD Ameritrade - GEO Group Inc	Corporate stocks, common	
*	TD Ameritrade - Hannon Armstrong Sust Infr Cap	Corporate stocks, common	
*	TD Ameritrade - Healthpeak Properties Inc Com	Corporate stocks, common	
*	TD Ameritrade - Healthcare Trust of America	Corporate stocks, common	
*	TD Ameritrade - Ingredion Inc	Corporate stocks, common	
*	TD Ameritrade - Iron Mountain Inc	Corporate stocks, common	
*	TD Ameritrade - Kimco Realty Corp	Corporate stocks, common	
*	TD Ameritrade - KNOT Offshore Partners LP	Corporate stocks, common	

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT EN

(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	
*	TD Ameritrade - Ladder Capital Corp	Corporate stocks, common	$
*	TD Ameritrade - Lumen Technologies, Inc.	Corporate stocks, common	
*	TD Ameritrade - Lexington Realty Trust	Corporate stocks, common	
*	TD Ameritrade - Magellan Midstream Partners LP	Corporate stocks, common	
*	TD Ameritrade - Medical Properties Trust Inc	Corporate stocks, common	
*	TD Ameritrade - Medtronic PLC	Corporate stocks, common	
*	TD Ameritrade - Monmouth Real Estate Invest Corp	Corporate stocks, common	
*	TD Ameritrade - MPLX LP	Corporate stocks, common	
*	TD Ameritrade - National Health Investors Inc	Corporate stocks, common	
*	TD Ameritrade - Nestle S A	Corporate stocks, common	
*	TD Ameritrade - Nordic American Tankers Ltd	Corporate stocks, common	
*	TD Ameritrade - Northeast Bancorp	Corporate stocks, common	
*	TD Ameritrade - Nutrien LTD Co	Corporate stocks, common	
*	TD Ameritrade - Nvent Electric	Corporate stocks, common	
*	TD Ameritrade - OGE Energy Corp	Corporate stocks, common	
*	TD Ameritrade - Omega Healthcare Investors Inc	Corporate stocks, common	
*	TD Ameritrade - Oneok Inc	Corporate stocks, common	
*	TD Ameritrade - Oracle Corp	Corporate stocks, common	
*	TD Ameritrade - Outfront Media Inc	Corporate stocks, common	
*	TD Ameritrade - Palo Alto Networks	Corporate stocks, common	
*	TD Ameritrade - Park Hotels & Resorts Inc	Corporate stocks, common	
*	TD Ameritrade - Pebblebrook Hotel Trust	Corporate stocks, common	
*	TD Ameritrade - Pentair PLC	Corporate stocks, common	
*	TD Ameritrade - Perspecta Inc	Corporate stocks, common	
*	TD Ameritrade - Pfizer Inc	Corporate stocks, common	

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT EN

(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	
*	TD Ameritrade - Phillips 66	Corporate stocks, common	$
*	TD Ameritrade - Phillips 66 Partners LP Com	Corporate stocks, common	
*	TD Ameritrade - Phillip Morris Intl	Corporate stocks, common	
*	TD Ameritrade - Physicians Realty Trust	Corporate stocks, common	
*	TD Ameritrade - Pimco Corp & Income Opportunity	Corporate stocks, common	
*	TD Ameritrade - Pimco Income Strategy	Corporate stocks, common	
*	TD Ameritrade - Plymouth Industrial Reit, Inc	Corporate stocks, common	
*	TD Ameritrade - Public Storage Dep SHS PFD C	Corporate stocks, common	
*	TD Ameritrade - Raytheon Technologies Corporation	Corporate stocks, common	
*	TD Ameritrade - Realty Income Corp	Corporate stocks, common	
*	TD Ameritrade - Sabra Healthcare	Corporate stocks, common	
*	TD Ameritrade - Simon Property Group	Corporate stocks, common	
*	TD Ameritrade - Slack Technologies	Corporate stocks, common	
*	TD Ameritrade - Smith A O Corp Com	Corporate stocks, common	
*	TD Ameritrade - Stag Industrial Inc	Corporate stocks, common	
*	TD Ameritrade - Stryker Corp	Corporate stocks, common	
*	TD Ameritrade - Suburban Propane Partners LP	Corporate stocks, common	
*	TD Ameritrade - Tanger Factory Outlet Centers	Corporate stocks, common	
*	TD Ameritrade - Teva Pharmaceutical Inds LTD ADR	Corporate stocks, common	
*	TD Ameritrade - The Mosaic Co	Corporate stocks, common	
*	TD Ameritrade - Toronto Dominion Bk Ont	Corporate stocks, common	
*	TD Ameritrade - TPG RE Finance Trust Inc	Corporate stocks, common	
*	TD Ameritrade - Triton Intl Ltd	Corporate stocks, common	
*	TD Ameritrade - Tupperware Brands Corp	Corporate stocks, common	
*	TD Ameritrade - UGI Corp Com	Corporate stocks, common	

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT ENI

(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	
*	TD Ameritrade - United Natural Foods Inc	Corporate stocks, common	$
*	TD Ameritrade - Universal Health Realty Income Trust	Corporate stocks, common	
*	TD Ameritrade - United Parcel Service	Corporate stocks, common	
*	TD Ameritrade - US Bancorp	Corporate stocks, common	
*	TD Ameritrade - Valero Energy Corp Com	Corporate stocks, common	
*	TD Ameritrade - Ventas Inc	Corporate stocks, common	
*	TD Ameritrade - Viatris Inc	Corporate stocks, common	
*	TD Ameritrade - Vereit Inc Com Reit	Corporate stocks, common	
*	TD Ameritrade - Verizon Communications	Corporate stocks, common	
*	TD Ameritrade - Wabtec Corp	Corporate stocks, common	
*	TD Ameritrade - Wells Fargo & Co	Corporate stocks, common	
*	TD Ameritrade - Welltower Inc	Corporate stocks, common	
*	TD Ameritrade - Whitestone REIT	Corporate stocks, common	
*	TD Ameritrade - Zimmer Biomet Holdings Inc	Corporate stocks, common	
			$
*	TD Ameritrade - Gabelli SML & MD CP Val TR PFD	Corporate stocks, preferred	$
*	TD Ameritrade - Hersha Hospitality Trust REIT	Corporate stocks, preferred	
*	TD Ameritrade - El Paso Ener Cap Trust	Corporate stocks, preferred	
			$
*	TD Ameritrade - GNMA Pass-Thru X, 7.00%, 2029	U.S. government securities	$

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END

(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	
*	TD Ameritrade - Advisor Ser Tr Orinda Income	Mutual funds	$
*	TD Ameritrade - Alliance Bernstein Income	Mutual funds	
*	TD Ameritrade - BMO Short Term Income	Mutual funds	
*	TD Ameritrade - Federated Govt Obligations	Mutual funds	
*	TD Ameritrade - Forward-Accessor Select Income	Mutual funds	
*	TD Ameritrade - JP Morgan Short Term Duration	Mutual funds	
*	TD Ameritrade - Nationwide Highmark Short Term Bond	Mutual funds	
*	TD Ameritrade - PIMCO Low Duration II	Mutual funds	
*	TD Ameritrade - Riverpark Short Term High Yield Retail	Mutual funds	
*	TD Ameritrade - Salient MLP & Energy Infrastructure I	Mutual funds	
			$
*	TD Ameritrade - iShares 20+ Year	Exchange traded funds	$
*	TD Ameritrade - iShares Gold Trust	Exchange traded funds	
*	TD Ameritrade - Market Vectors Agribusiness	Exchange traded funds	
*	TD Ameritrade - Select Sector SPDR Trust Financial	Exchange traded funds	
			$
	Peabody Self Storage	Partnership interest	$

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT EN

(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	
	Note Receivable, John C. Williams	Past due; 4.00%; secured by deed of trust	$
	Note Receivable, William Endsley and Neil Weese	Past due; 5.00%; secured by deed of trust	
	Note Receivable, Rancho Riad, LLC	2/1/29; 6.00%; secured by deed of trust	
	Note Receivable, Skeels Farms	12/31/25; 4.00%; secured by deed of trust	
	Note Receivable, Skeels Farms	12/31/25; 4.00%; secured by deed of trust	
			$
*	Bank of America	General Checking	$
	Total		$

* Represents a party-in-interest

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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
GEMPERLE BROTHERS PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/29/1969

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)

GEMPERLE BROTHERS

10218 LANDER AVENUE

TURLOCK CA 95380-9627

2b Employer Identification Number (EIN) 94-1441610

2c Plan Sponsor's telephone number 209-667-2651

2d Business code (see instructions) 112300

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

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

SIGN HERE	[signature]	10/17/22	Louis Machado
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT EN

(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	
*	TD Ameritrade - Chatham Lodging Trust	Corporate stocks, common	$
*	TD Ameritrade - City Office Reit, Inc.	Corporate stocks, common	
*	TD Ameritrade - Cohen & Steers Infrastructure	Corporate stocks, common	
*	TD Ameritrade - Colgate Palmolive Company	Corporate stocks, common	
*	TD Ameritrade - Corecivic Inc	Corporate stocks, common	
*	TD Ameritrade - Diversified Healthcare Trust	Corporate stocks, common	
*	TD Ameritrade - DXC Technology Company	Corporate stocks, common	
*	TD Ameritrade - Eaton Corp PLC	Corporate stocks, common	
*	TD Ameritrade - Edison International	Corporate stocks, common	
*	TD Ameritrade - Energy Transfer Partners LP	Corporate stocks, common	
*	TD Ameritrade - Enterprise Products Partners LP	Corporate stocks, common	
*	TD Ameritrade - Essential Utilities, Inc.	Corporate stocks, common	
*	TD Ameritrade - Euronav	Corporate stocks, common	
*	TD Ameritrade - Exxon Mobil Corporation Com	Corporate stocks, common	
*	TD Ameritrade - Gabelli Healthcare & Wellness	Corporate stocks, common	
*	TD Ameritrade - General Dynamics Corporation	Corporate stocks, common	
*	TD Ameritrade - General Electric Co	Corporate stocks, common	
*	TD Ameritrade - GEO Group Inc	Corporate stocks, common	
*	TD Ameritrade - Hannon Armstrong Sust Infr Cap	Corporate stocks, common	
*	TD Ameritrade - Healthpeak Properties Inc Com	Corporate stocks, common	
*	TD Ameritrade - Healthcare Trust of America	Corporate stocks, common	
*	TD Ameritrade - Ingredion Inc	Corporate stocks, common	
*	TD Ameritrade - Iron Mountain Inc	Corporate stocks, common	
*	TD Ameritrade - Kimco Realty Corp	Corporate stocks, common	
*	TD Ameritrade - KNOT Offshore Partners LP	Corporate stocks, common	

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT EN

(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	
*	TD Ameritrade - Ladder Capital Corp	Corporate stocks, common	$
*	TD Ameritrade - Lumen Technologies, Inc.	Corporate stocks, common	
*	TD Ameritrade - Lexington Realty Trust	Corporate stocks, common	
*	TD Ameritrade - Magellan Midstream Partners LP	Corporate stocks, common	
*	TD Ameritrade - Medical Properties Trust Inc	Corporate stocks, common	
*	TD Ameritrade - Medtronic PLC	Corporate stocks, common	
*	TD Ameritrade - Monmouth Real Estate Invest Corp	Corporate stocks, common	
*	TD Ameritrade - MPLX LP	Corporate stocks, common	
*	TD Ameritrade - National Health Investors Inc	Corporate stocks, common	
*	TD Ameritrade - Nestle S A	Corporate stocks, common	
*	TD Ameritrade - Nordic American Tankers Ltd	Corporate stocks, common	
*	TD Ameritrade - Northeast Bancorp	Corporate stocks, common	
*	TD Ameritrade - Nutrien LTD Co	Corporate stocks, common	
*	TD Ameritrade - Nvent Electric	Corporate stocks, common	
*	TD Ameritrade - OGE Energy Corp	Corporate stocks, common	
*	TD Ameritrade - Omega Healthcare Investors Inc	Corporate stocks, common	
*	TD Ameritrade - Oneok Inc	Corporate stocks, common	
*	TD Ameritrade - Oracle Corp	Corporate stocks, common	
*	TD Ameritrade - Outfront Media Inc	Corporate stocks, common	
*	TD Ameritrade - Palo Alto Networks	Corporate stocks, common	
*	TD Ameritrade - Park Hotels & Resorts Inc	Corporate stocks, common	
*	TD Ameritrade - Pebblebrook Hotel Trust	Corporate stocks, common	
*	TD Ameritrade - Pentair PLC	Corporate stocks, common	
*	TD Ameritrade - Perspecta Inc	Corporate stocks, common	
*	TD Ameritrade - Pfizer Inc	Corporate stocks, common	

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT EN

(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	
*	TD Ameritrade - Phillips 66	Corporate stocks, common	$
*	TD Ameritrade - Phillips 66 Partners LP Com	Corporate stocks, common	
*	TD Ameritrade - Phillip Morris Intl	Corporate stocks, common	
*	TD Ameritrade - Physicians Realty Trust	Corporate stocks, common	
*	TD Ameritrade - Pimco Corp & Income Opportunity	Corporate stocks, common	
*	TD Ameritrade - Pimco Income Strategy	Corporate stocks, common	
*	TD Ameritrade - Plymouth Industrial Reit, Inc	Corporate stocks, common	
*	TD Ameritrade - Public Storage Dep SHS PFD C	Corporate stocks, common	
*	TD Ameritrade - Raytheon Technologies Corporation	Corporate stocks, common	
*	TD Ameritrade - Realty Income Corp	Corporate stocks, common	
*	TD Ameritrade - Sabra Healthcare	Corporate stocks, common	
*	TD Ameritrade - Simon Property Group	Corporate stocks, common	
*	TD Ameritrade - Slack Technologies	Corporate stocks, common	
*	TD Ameritrade - Smith A O Corp Com	Corporate stocks, common	
*	TD Ameritrade - Stag Industrial Inc	Corporate stocks, common	
*	TD Ameritrade - Stryker Corp	Corporate stocks, common	
*	TD Ameritrade - Suburban Propane Partners LP	Corporate stocks, common	
*	TD Ameritrade - Tanger Factory Outlet Centers	Corporate stocks, common	
*	TD Ameritrade - Teva Pharmaceutical Inds LTD ADR	Corporate stocks, common	
*	TD Ameritrade - The Mosaic Co	Corporate stocks, common	
*	TD Ameritrade - Toronto Dominion Bk Ont	Corporate stocks, common	
*	TD Ameritrade - TPG RE Finance Trust Inc	Corporate stocks, common	
*	TD Ameritrade - Triton Intl Ltd	Corporate stocks, common	
*	TD Ameritrade - Tupperware Brands Corp	Corporate stocks, common	
*	TD Ameritrade - UGI Corp Com	Corporate stocks, common	

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT ENI

(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	
*	TD Ameritrade - United Natural Foods Inc	Corporate stocks, common	$
*	TD Ameritrade - Universal Health Realty Income Trust	Corporate stocks, common	
*	TD Ameritrade - United Parcel Service	Corporate stocks, common	
*	TD Ameritrade - US Bancorp	Corporate stocks, common	
*	TD Ameritrade - Valero Energy Corp Com	Corporate stocks, common	
*	TD Ameritrade - Ventas Inc	Corporate stocks, common	
*	TD Ameritrade - Viatris Inc	Corporate stocks, common	
*	TD Ameritrade - Vereit Inc Com Reit	Corporate stocks, common	
*	TD Ameritrade - Verizon Communications	Corporate stocks, common	
*	TD Ameritrade - Wabtec Corp	Corporate stocks, common	
*	TD Ameritrade - Wells Fargo & Co	Corporate stocks, common	
*	TD Ameritrade - Welltower Inc	Corporate stocks, common	
*	TD Ameritrade - Whitestone REIT	Corporate stocks, common	
*	TD Ameritrade - Zimmer Biomet Holdings Inc	Corporate stocks, common	
			$
*	TD Ameritrade - Gabelli SML & MD CP Val TR PFD	Corporate stocks, preferred	$
*	TD Ameritrade - Hersha Hospitality Trust REIT	Corporate stocks, preferred	
*	TD Ameritrade - El Paso Ener Cap Trust	Corporate stocks, preferred	
			$
*	TD Ameritrade - GNMA Pass-Thru X, 7.00%, 2029	U.S. government securities	$

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT EN

(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	
*	TD Ameritrade - Advisor Ser Tr Orinda Income	Mutual funds	$
*	TD Ameritrade - Alliance Bernstein Income	Mutual funds	
*	TD Ameritrade - BMO Short Term Income	Mutual funds	
*	TD Ameritrade - Federated Govt Obligations	Mutual funds	
*	TD Ameritrade - Forward-Accessor Select Income	Mutual funds	
*	TD Ameritrade - JP Morgan Short Term Duration	Mutual funds	
*	TD Ameritrade - Nationwide Highmark Short Term Bond	Mutual funds	
*	TD Ameritrade - PIMCO Low Duration II	Mutual funds	
*	TD Ameritrade - Riverpark Short Term High Yield Retail	Mutual funds	
*	TD Ameritrade - Salient MLP & Energy Infrastructure I	Mutual funds	
			$
*	TD Ameritrade - iShares 20+ Year	Exchange traded funds	$
*	TD Ameritrade - iShares Gold Trust	Exchange traded funds	
*	TD Ameritrade - Market Vectors Agribusiness	Exchange traded funds	
*	TD Ameritrade - Select Sector SPDR Trust Financial	Exchange traded funds	
			$
	Peabody Self Storage	Partnership interest	$

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT EN

(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	
	Note Receivable, John C. Williams	Past due; 4.00%; secured by deed of trust	$
	Note Receivable, William Endsley and Neil Weese	Past due; 5.00%; secured by deed of trust	
	Note Receivable, Rancho Riad, LLC	2/1/29; 6.00%; secured by deed of trust	
	Note Receivable, Skeels Farms	12/31/25; 4.00%; secured by deed of trust	
	Note Receivable, Skeels Farms	12/31/25; 4.00%; secured by deed of trust	
			$
*	Bank of America	General Checking	$
	Total		$

* Represents a party-in-interest