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
SHASTA PRODUCE 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/22/1986

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)
ANDRIGHETTO PRODUCE, INC. DBA SHASTA PRODUCE

155 TERMINAL COURT
STALL 24
SOUTH SAN FRANCISCO, CA 94080

2b Employer Identification Number (EIN) 94-2992661

2c Plan Sponsor's telephone number 650-588-0930

2d Business code (see instructions) 424500

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	DAVID ANDRIGHETTO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/18/2022	DAVID ANDRIGHETTO
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	133
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)**	122
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	123
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	139
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	139
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	138
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2J 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) ▶
SHASTA PRODUCE 401(K) PROFIT SHARING PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ANDRIGHETTO PRODUCE, INC. DBA SHASTA PRODUCE	94-2992661

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MERRILL LYNCH, PIERCE,FENNER&SMITH

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

13-5674085

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

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

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

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250 VESEY STREET
NEW YORK, NY 10281

13-5674085

(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?
51 52 63 71	BROKERAGE	48993	Yes [X] No [ ]	Yes [ ] No [X]	80	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
SHASTA PRODUCE 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANDRIGHETTO PRODUCE, INC. DBA SHASTA PRODUCE

D Employer Identification Number (EIN)
94-2992661

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	633013
(2) Participant contributions	1b(2)	0	41768
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		855698
(2) U.S. Government securities	1c(2)		227285
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		1391393
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	79043	122079
(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)	16947885	16602923
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	17026928	19874159
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		32
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	32
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	17026928	19874127

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)	633013	
	(B) Participants	2a(1)(B)	363009	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		996022
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	5078	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5078
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	282417	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		282417
	(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)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		2090676
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3374193
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	424899	
(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)		424899
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	102095	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		102095
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		526994
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2847199
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ELSENER & ELSENER, LLP **(2)** EIN: 68-0038828

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		61220

			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		1000000
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
SHASTA PRODUCE 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANDRIGHETTO PRODUCE, INC. DBA SHASTA PRODUCE

D Employer Identification Number (EIN)
94-2992661

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): 13-5674085

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 _____

SHASTA PRODUCE 401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

FOR THE YEAR ENDED
DECEMBER 31, 2021

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Independent Auditor's Report

To the Trustees
Shasta Produce 401(k) Profit Sharing Plan
South San Francisco, California

Opinion

We have audited the accompanying financial statements of the Shasta Produce 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Shasta Produce 401(k) Profit Sharing Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Shasta Produce 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Shasta Produce 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit 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 Shasta Produce 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Shasta Produce 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Supplemental Information Required Under Instructions to Items 4a and 4i of Form 5500 Schedule H are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Elsener & Elsener, LLP

October 17, 2022

SHASTA PRODUCE
401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
ASSETS		
Investments		
Investments at fair value	$ 18,221,601	$ 15,346,620
Cash	855,698	1,014,833
Total investments	$ 19,077,299	$ 16,361,453
Receivables		
Participant contributions	41,768	586,432
Employer contributions	633,013	-
Notes receivable from participants	122,079	79,043
Total assets	19,874,159	17,026,928
LIABILITIES		
Excess contributions payable	32	-
Total liabilities	32	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,874,127	$ 17,026,928

See accompanying notes.

SHASTA PRODUCE
401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2021

ADDITIONS TO NET ASSETS	
Investment income:	
Dividends	$ 272,526
Capital gains distributions	97,126
Interest	10,163
Net appreciation in fair value of investments (See Note 9)	1,891,183
Net investment income	2,270,998
Interest on participants' notes receivable	5,078
Contributions:	
Participants	363,009
Employer	633,013
Total contributions	996,022
Total additions	3,272,098
DEDUCTIONS FROM NET ASSETS	
Benefits paid to participants	424,899
NET INCREASE IN NET ASSETS	2,847,199
NET ASSETS AVAILABLE FOR BENEFITS, January 1, 2021	17,026,928
NET ASSETS AVAILABLE FOR BENEFITS, December 31, 2021	$ 19,874,127

See accompanying notes.

SHASTA PRODUCE
401(k) PROFIT SHARING PLAN

Notes to Financial Statements

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Shasta Produce (the "Company") 401(k) 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 the Company who have one year of Service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan. The Plan Administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Contributions are deposited into the Plan accounts and are managed by an investment manager.

The Company makes safe harbor matching contributions up to a maximum of 4% of annual compensation. The Company also makes a discretionary profit sharing contribution. The Company makes discretionary matching contributions based on a percentage of employee compensation, which is determined annually by the Company's Board of Directors. To receive discretionary profit sharing contributions, participants must be employed by the Company at the end of the plan year. Contributions are subject to certain statutory limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's matching contribution and (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts and charged with an allocation of any administrative expenses paid by the plan. The benefit to which the participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions, rollover contributions, and safe harbor matching contributions, plus actual earnings thereon. Vesting in the Company's discretionary profit sharing contributions is based on years of continuous service. A participant is 100% vested after six years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest rates ranging from 5.00% - 7.25%, which are commensurate with local prevailing rates determined by the plan administrator. Principal and interest are paid ratably through bi-weekly payroll deductions.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Payment of Benefits
On termination of service due to death, a beneficiary may receive a lump-sum distribution or annual installments over a period of time until the account balance is depleted. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts
At December 31, 2021 and 2020, forfeited nonvested accounts totaled $4,425 and $524, respectively. These accounts will be reallocated to participants in the same manner as employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared on the accrual method of accounting. Investments held by a defined contribution plan are required to be reported at fair value.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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

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

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess Contributions Liability
Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as accounts payable, with a corresponding reduction to contributions. The Plan distributed the 2021 excess contributions prior to March 15, 2022.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits
Benefits are recorded when paid.

Expenses
Certain expenses of maintaining the Plan are paid by the Company. Expenses that are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in the fair value of investments.

Date of Management's Review of Subsequent Events
Subsequent events were evaluated through October 17, 2022, which is the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1), and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements

The fair values of mutual funds are based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of ETFs are based on the closing price reported in the active market where the individual securities are traded, when available.

Level 2 Fair Value Measurements

The fair value of corporate bonds and U.S. government securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020.

	Fair Value	Fair Value Measurements at the end of the Reporting Period Using Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)
December 31 2021			
U.S. government securities	$ 227,285	$ -	$ 227,285
Corporate bonds (Aa to Aaa credit rating, investment grade)	269,414	-	269,414
Mutual funds	3,373,424	3,373,424	-
ETFs	14,351,478	14,351,478	-
Total investments at fair value	$ 18,221,601	$ 17,724,902	$ 496,699
December 31 2020			
U.S. government securities	$ 266,262	$ -	$ 266,262
Corporate bonds (Aa to Aaa credit rating, investment grade)	230,861	-	230,861
Mutual funds	2,820,900	2,820,900	-
ETFs	12,028,597	12,028,597	-
Total investments at fair value	$ 15,346,620	$ 14,849,497	$ 497,123

Gains and losses included in the statement of changes in net assets available for benefits for the years ended December 31, 2021 and 2020 are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or range in circumstances that caused the transfer. For the year ended December 31, 2021, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

NOTE 4 - RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain officers and employees of the Company are trustees and administrators of the Plan and are participants in the Plan. No such officer or employee receives compensation from the Plan.

NOTE 5 - PLAN TERMINATION

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

NOTE 6 - INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated January 1, 2022 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

NOTE 7 - RISKS AND UNCERTAINTIES

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

NOTE 8 - SUBSEQUENT EVENTS

As of October 17, 2022, the Plan signed a contract with a new custodian and will be moving the assets of the plan to the new custodian. The change in custodian will result in a different set of investment options. The change of custodian does not have a financial impact on the financial statements for the years Ended December 31, 2021 and 2020.

NOTE 9 - NET APPRECIATION IN FAIR VALUE OF INVESTMENTS

For the year ended December 31, 2021, net appreciation (depreciation) in fair value of investments consisted of the following,:

Treasuries	$ (5,220)
Corporate Bonds	(9,771)
Bond Mutual Funds/ETFs	(78,528)
US Equity Mutual Funds/ETFs	2,032,329
Foreign Equity Mutual Funds/ETFs	54,468
Investment Management Fees	(102,095)
Total net appreciation in fair value of investments	$ 1,891,183

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

There are no differences between net assets available for benefits per the financial statements and Schedule H in Form 5500.

See Accountant's Audit Report.

SHASTA PRODUCE
401(k) RETIREMENT PLAN

SUPPLEMENTAL INFORMATION REQUIRED
UNDER INSTRUCTIONS TO ITEM
4a and 4i OF FORM 5500 SCHEDULE H

FOR THE YEAR ENDED
DECEMBER 31, 2021

R&S 401(k) PROFIT SHARING PLAN

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

For the Year Ended
December 31, 2021

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP And PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$61,220	$0	$61,220	$0	$0

E.I.N. 94-2992661
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See Accountant's Audit Report.

SHASTA PRODUCE
401(k) RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets Held at End of Year

December 31, 2021

At December 31, 2021, assets held for investment purposes consisted of the following:

(a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)	Cost (d)	Value (e)
	JPMorgan Hedged Eqty 2 Rund R6	Hedge fund	$ 310,000	$ 324,482
	JOHCM Intl Sel Fund Instl Clas	Mutual fund	323,640	442,358
	Vanguard Intl Eqty Index FDS V	ETF	437,207	439,378
	Ishares TR Russell 1000 Growth	ETF	253,180	739,528
	Ishares TR Russell 1000 Value	ETF	416,324	661,644
	Ishares TR Russell 3000 ETF	ETF	1,244,159	3,468,750
	Polen Growth Fund Instl Class	Mutual fund	230,515	550,321
	Smead Value Class Fund Class Y	Mutual fund	436,221	603,792
	Vanguard SP FD Divid ApprecETF	ETF	451,772	678,413
	Champlain SmallCo FD Instl Sha	Mutual fund	275,822	330,493
	SPDR S&P Midcap400 ETF TR SER1	ETF	142,741	348,399
	Vanguard Index FDS Small Cap E	ETF	271,474	293,813
	MitsubishiUFJ FinGrp Inc3.741%	Bnd 3.741% Maturity 7,000 3/07/29	7,889	7,654
	Bank Montreal MTN 2.900%	Bnd 2.900% Maturity 14,000 3/26/22	14,090	14,087
	BankNovaScotia B C SRNT 1.300%	Bnd 1.30% Maturity 8,000 11/06/25	8,152	7,957
	HSBC Holdings PLC 0.976%	Bnd 0.976% Maturity 7,000 5/24/25	6,993	6,917
	Shell Intl FIN B C GTD 2.000%	Bnd 2.000% Maturity 8,000 11/07/24	8,312	8,201
	Allstate Corp SR NT 0.750%	Bnd .0750% Maturity 15,000 12/15/25	14,995	14,624
	Amerisource Bergen SRNT 2.700%	Bnd 2.700% Maturity 7,000 3/15/31	7,072	7,080
	Amgen Inc SR NT 2.200%	Bnd 2.200% Maturity 9,000 2/21/27	9,270	9,218
	BankAmer Med Tern SRNT 3.974%	Bnd 3.974% Maturity 6,000 2/7/30	6,640	6,615
	Boeing CO SR NT 2.800%	Bnd 2.800% Maturity 8,000 3/01/24	8,281	8,221
	Broadcom Corp/Cayman FIN3.875%	Bnd 3.875% Maturity 7,000 1/15/27	7,595	7,594
	Bunge Ltd Fin Fxd Rt 3.250%	Bnd 3.250% Maturity 8,000 8/15/26	8,577	8,443
	Citigroup Fltg Rate SR 1.193%	Bnd 1.193% Maturity 14,000 6/01/24	14,206	14,125
	Citigroup Inc SR NT FLTG1.257%	Bnd 1.257% Maturity 14,000 5/17/24	14,207	14,140
	Constellation BrandsInc 2.250%	Bnd 2.250% Maturity 8,000 8/01/31	7,964	7,828
	Discover Full ExchCusip3.850%	Bnd 3.850% Maturity 7,000 11/21/22	7,214	7,185
	DoubleLine Total Ret Class 1	Mutual fund	564,247	560,679
	Entergy LA LLC 0.950%	Bnd 0.95% Maturity 8,000 10/01/24	7,988	7,914
	Gen Motors CO Fxd Rt SR 5.000%	Bnd 5.000% Maturity 6,000 10/01/28	6,882	6,885
	Harris Corp Del Fxd Rt 4.400%	Bnd 4.400% Maturity 6,000 6/15/28	6,845	6,740

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SHASTA PRODUCE
401(k) RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets Held at End of Year

December 31, 2021

(a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)	Cost (d)	Value (e)
	HP Inc NT 3.000%	Bnd 3.000% Maturity 9,000 6/17/27	9,705	9,471
	JPMorganChase Fxd toFltg3.782%	Bnd 3.782% Maturity 7,000 2/01/28	8,005	7,582
	Lennar Corp GTD FxdRt 5.875%	Bnd 5.875% Maturity 12,000 11/15/24	13,330	13,212
	MorganStanley FltgGlobal1.364%	Bnd 1.364% Maturity 8,000 5/08/24	8,150	8,094
	Nucor Corp Nt 2.700%	Bnd 2.700% Maturity 8,000 6/01/30	8,269	8,254
	Nvidia Corp NT 1.550%	Bnd 1.550% Maturity 15,000 6/15/28	14,946	14,892
	Pioneer Nat Res Co SR NT1.125%	Bnd 1.125% Maturity 8,000 1/15/26	8,014	7,774
	Simon PPTY Group LP NT 2.450%	Bnd 2.450% Maturity 8,000 9/13/29	8,068	8,062
	SouthernCA Edison Ser2013 3.5%	Bnd 3.500% Maturity 7,000 10/01/23	7,322	7,258
	Southwest Air CO NT 2.625%	Bnd 2.625% Maturity 7,000 1/10/30	7,143	6,997
	Stifel Finl Co FxdRt 4.250%	Bnd 4.250% Maturity 6,000 7/18/24	6,526	6,390
	US Treasury NTS 0.500%	Notes 0.500% Maturity 15,000 4/30/27	14,987	14,399
	US Treasury NTS 1.250%	Notes 1.250% Maturity 44,000 8/31/24	45,091	44,414
	US Treasury NTS 1.375%	Notes 1.375% Maturity 44,000 8/31/23	44,850	44,524
	US Treasury NTS 1.625%	Notes 1.625% Maturity 44,000 8/31/22	44,428	44,397
	US Treasury NTS 1.875%	Notes 1.875% Maturity 27,000 6/30/26	28,719	27,770
	US Treasury NTS 2.000%	Notes 2.000% Maturity 27,000 8/15/25	28,596	27,856
	US Treasury NTS 2.875%	Notes 2.875% Maturity 13,000 8/15/28	14,850	14,209
	US Treasury NTS 1.125%	Notes 1.125% Maturity 10,000 2/15/31	9,854	9,716
	Pimco Income Fd Instl Class	Mutual fund	546,778	561,299
	Eagle Bank Sweep Tier 19	Cash balance	149,745	149,745
	BLF Fedfund Cash Reserve	Cash balance	174,100	174,100
	Merrill Lynch	Cash balance	760	760
	Comm Services Select	ETF	180,589	279,027
	Consumer Discretionary	ETF	183,330	333,697
	Fidelity MSCI Utilities	ETF	12,933	14,730
	First Trust Dow Jones	ETF	76,784	119,171
	First Trust Cloud	ETF	73,402	115,830
	Global X Funds SHS US	ETF	42,774	46,525
	Health Care Select SPDR	ETF	211,531	305,516
	Invesco Emerging Markets	ETF	85,253	79,366
	Invesco Preferred ETF	ETF	51,039	53,235

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SHASTA PRODUCE
401(k) RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets Held at End of Year

December 31, 2021

(a)	Identity of issue, borrower, lessor, or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (c)	Cost (d)	Value (e)
	Ishares Biotechnology	ETF	73,150	96,020
	Ishares Iboxx $	ETF	239,467	265,040
	Ishares 20+ Year	ETF	55,480	56,757
	Ishares Tips	ETF	62,801	69,380
	Ishares US Regional	ETF	57,557	60,463
	Ishares MBS ETF	ETF	882,006	878,455
	Ishares Inc Core MSCI	ETF	571,567	614,673
	Ishares TR Core MSCI EAF	ETF	910,759	1,025,108
	Materials Select Sector	ETF	77,885	104,473
	Pacer Benchmark Data	ETF	37,956	40,640
	Proshares Online Retail	ETF	43,189	32,954
	Real Estate Select	ETF	38,594	41,344
	Sector SPDR Consmrs Stpl	ETF	82,409	110,267
	Sector SPDR Energy	ETF	104,956	108,891
	Sector SPDR Industrial	ETF	115,084	184,533
	SPDR Bloomberg	ETF	113,956	113,830
	SPDR S&P Transportation	ETF	31,077	32,365
	Vaneck Fallen Angel	ETF	72,277	79,688
	Vanguard Small Cap	ETF	419,911	531,123
	Vanguard Financials ETF	ETF	197,902	292,124
	Vanguard Information	ETF	306,019	598,277
	Vanguard Short Term	ETF	498,316	501,130
	Vanguard Intermediate Term	ETF	449,311	456,843
	Xtrackers USD High Yield	ETF	79,806	80,078
	Bank of America	Cash balance	530,788	530,788
	First Republic	Cash balance	305	305
*	Participant Loans	Interest ranging from 5.0%-7.25%	-	122,079
			$ 13,702,873	$ 19,199,378

Notes:

1. Column (a) An asterisk denotes that the investment is with a party-in-interest.

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See Accountant's Audit Report.

SHASTA PRODUCE
401(k) RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets Acquired and Disposed Within Year

December 31, 2021

Identity of issue, borrower, lessor, or similar party (a)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value (b)	Cost (c)	Proceeds (d)
General Motors Co SR NT	Note 6.80% 10/1/28	$ 7,854	$ 7,444
Amazon Com Inc NT	Note 2.100% 05/12/31	7,999	8,244
Wells Fargo & Co Medium Term	Note 1.654% 06/02/24	15,421	15,328
Citigroup Inc New NT	Note 2.976%	7,618	7,000
FISERV Inc SR NT	Note 2.750% 07/01/24	7,482	7,417
Bank Amer Corp FXD To FLTG RT	Note 1.658% 03/11/27	8,020	8,130
Verizon Communications Inc NT	Note 1.450% 03/20/26	14,970	15,188
Cigna Corp New SR NT	Note 2.375% 03/15/31	8,009	8,287
Capital One Finl Corp	Note 3.800% 01/31/28	8,132	7,931
Schlumberger Invt SA GTD	Note 2.650% 06/26/30	8,384	8,276
U.S. Treasury Note	Note 1.125% 02/15/31	4,927	4,821
Anthem Inc Nt	Note 2.250% 05/15/30	8,351	8,090
Bank of New York Inc Medium	Note 3.250% 09/11/24	7,780	7,520
Nextera Energy Cap Hldgs	Note 2.250% 06/01/30	8,309	8,073

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P.N. 001

See Accountant's Audit Report.

Schedule H, line 4i

Schedule of Assets (Acquired and Disposed of Within Year).

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

Shasta Produce 401(k) Profit Sharing Plan

Employer Identification Number

94-2992661

Three-digit plan number ► 001

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
General Motors Co SR NT	Note 6.80% 10/1/28	7,854	7,444
Amazon Com Inc NT	Note 2.100% 05/12/31	7,999	8,244
Wells Fargo & Co Medium Term	Note 1.654% 06/02/24	15,421	15,328
Citigroup Inc New NT	Note 2.976%	7,618	7,000
FISERV Inc SR NT	Note 2.750% 07/01/24	7,482	7,417
Bank Amer Corp FXD To FLTG RT	Note 1.658% 03/11/27	8,020	8,130
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Bank of New York Inc Medium	Note 3.250% 09/11/24	7,780	7,520
Nextera Energy Cap Hldgs	Note 2.250% 06/01/30	8,309	8,073

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

Shasta Produce 401(k) Profit Sharing Plan

Employer Identification Number

94-2992661

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	JPMorgan Hedged Eqty 2 Fund R6	Hedge Fund	310,000	324,482
	JOHCM Intl Sel Fund Instl Clas	Mutual Fund	323,640	442,358
	Vanguard Intl Eqty Index FDS V	ETF	437,207	439,378
	Ishares TR Russell 1000 Growth	ETF	253,180	739,528
	Ishares TR Russell 1000 Value	ETF	416,324	661,644
	Ishares TR Russell 3000 ETF	ETF	1,244,159	3,468,750
	Polen Growth Fund Instl Class	Mutual Fund	230,515	550,321
	Smead Value Class Fund Class Y	Mutual Fund	436,221	603,792
	Vanguard SP FD Divid ApprecETF	ETF	451,772	678,413
	Champlain SmallCo FD Instl Sha	Mutual Fund	275,822	330,493
	SPDR S&P Midcap400 ETF TR SER1	ETF	142,741	348,399
	Vanguard Index FDS Small Cap E	ETF	271,474	293,813
	MitsubishiUFJ FinGrp Inc3.741%	Bond 3.741% Maturity 3/07/29	7,889	7,654
	Bank Montreal MTN 2.900%	Bond 2.900% Maturity 3/26/22	14,090	14,087
	BankNovaScotia B C SRNT 1.300%	Bond 1.30% Maturity 11/06/25	8,152	7,957
	HSBC Holdings PLC 0.976%	Bond 0.976% Maturity 5/24/25	6,993	6,917
	Shell Intl FIN B V GTD 2.000%	Bond 2.000% Maturity 11/07/24	8,312	8,201
	Allstate Corp SR NT 0.750%	Bond .0750% Maturity 12/15/25	14,995	14,624
	Amerisource Bergen SRNT 2.700%	Bond 2.700% Maturity 3/15/31	7,072	7,080
	Amgen Inc SR NT 2.200%	Bond 2.200% Maturity 2/21/27	9,270	9,218
	BankAmer Med Tern SRNT 3.974%	Bond 3.974% Maturity 2/07/30	6,640	6,615
	Boeing CO SR NT 2.800%	Bond 2.800% Maturity 3/01/24	8,281	8,221
	Broadcom Corp/Cayman FIN3.875%	Bond 3.875% Maturity 1/15/27	7,595	7,594
	Bunge Ltd Fin Fxd Rt 3.250%	Bond 3.250% Maturity 8/15/26	8,577	8,443
	Citigroup Fltg Rate SR 1.193%	Bond 1.193% Maturity 6/01/24	14,206	14,125
	Citigroup Inc SR NT FLTG1.257%	Bond 1.257% Maturity 5/17/24	14,207	14,140
	Constellation BrandsInc 2.250%	Bond 2.250% Maturity 8/01/31	7,964	7,828
	Discover Full ExchCusip3.850%	Bond 3.850% Maturity 11/21/22	7,214	7,185
	DoubleLine Total Ret Class 1	Mutual Fund	564,247	560,679
	Entergy LA LLC 0.950%	Bond 0.95% Maturity 10/01/24	7,988	7,914
	Gen Motors CO Fxd Rt SR 5.000%	Bond 5.000% Maturity 10/01/28	6,882	6,885
	Harris Corp Del Fxd Rt 4.400%	Bond 4.400% Maturity 6/15/28	6,845	6,740
	HP Inc NT 3.000%	Bond 3.000% Maturity 6/17/27	9,705	9,471
	JPMorganChase Fxd toFltg3.782%	Bond 3.782% Maturity 2/01/28	8,005	7,582
	Lennar Corp GTD FxdRt 5.875%	Bond 5.875% Maturity 11/15/24	13,330	13,212
	MorganStanley FltgGlobal1.364%	Bond 1.364% Maturity 5/08/24	8,150	8,094
	Nucor Corp Nt 2.700%	Bond 2.700% Maturity 6/01/30	8,269	8,254
	Nvidia Corp NT 1.550%	Bond 1.550% Maturity 6/15/28	14,946	14,892
	Pioneer Nat Res Co SR NT1.125%	Bond 1.125% Maturity 1/15/26	8,014	7,774

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

Shasta Produce 401(k) Profit Sharing Plan

Employer Identification Number

94-2992661

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Simon PPTY Group LP NT 2.450%	Bond 2.450% Maturity 9/13/29	8,068	8,062
	SouthernCA Edison Ser2013 3.5%	Bond 3.500% Maturity 10/01/23	7,322	7,258
	Southwest Air CO NT 2.625%	Bond 2.625% Maturity 1/10/30	7,143	6,997
	Stifel Finl Co FxdRt 4.250%	Bond 4.250% Maturity 7/18/24	6,526	6,390
	US Treasury NTS 0.500%	Notes 0.500% Maturity 4/30/27	14,987	14,399
	US Treasury NTS 1.250%	Notes 1.250% Maturity 8/31/24	45,091	44,414
	US Treasury NTS 1.375%	Notes 1.375% Maturity 8/31/23	44,850	44,524
	US Treasury NTS 1.625%	Notes 1.625% Maturity 8/31/22	44,428	44,397
	US Treasury NTS 1.875	Notes 1.875% Maturity 6/30/26	28,719	27,770
	US Treasury NTS 2.000%	Notes 2.000% Maturity 8/15/25	28,596	27,856
	US Treasury NTS 2.875%	Notes 2.875% Maturity 8/15/28	14,850	14,209
	US Treasury NTS 1.125%	Notes 1.125% Maturity 2/15/31	9,854	9,716
	Pimco Income Fd Instl Class	Mutual Fund	546,778	561,299
	Eagle Bank Sweep Tier 19	Cash Balance	149,745	149,745
	BLF Fedfund Cash Reserve	Cash Balance	174,100	174,100
	Comm Services Select	ETF	180,589	279,027
	Consumer Discretionary	ETF	183,330	333,697
	Fidelity MSCI Utilities	ETF	12,933	14,730
	First Trust Dow Jones	EFT	76,784	119,171
	First Trust Cloud	ETF	73,402	115,830
	Global X Funds SHS US	ETF	42,774	46,525
	Health Care Select SPDR	ETF	211,531	305,516
	Invesco Emerging Markets	ETF	85,253	79,366
	Invesco Preferred ETF	ETF	51,039	53,235
	Ishares Biotechnology	ETF	73,150	96,020
	Ishares Iboxx $	ETF	239,467	265,040
	Ishares 20+ Year	ETF	55,480	56,757
	Ishares Tips	ETF	62,801	69,380
	Ishares US Regional	ETF	57,557	60,463
	Ishares MBS ETF	EFT	882,006	878,455
	Ishares Inc Core MSCI	ETF	571,567	614,673
	Ishares TR Core MSCI EAF	ETF	910,759	1,025,108
	Materials Select Sector	ETF	77,885	104,473
	Pacer Benchmark Data	ETF	37,956	40,640
	Proshares Online Retail	ETF	43,189	32,954
	Real Estate Select	ETF	38,594	41,344
	Sector SPDR Consmrs Stpl	ETF	82,409	110,267
	Sector SPDR Energy	ETF	104,956	108,891
	Sector SPDR Industrial	ETF	115,084	184,533

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

Shasta Produce 401(k) Profit Sharing Plan

Employer Identification Number

94-2992661

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	SPDR Bloomberg	ETF	113,956	113,830
	SPDR S&P Transportation	ETF	31,077	32,365
	Vaneck Fallen Angel	ETF	72,277	79,688
	Vanguard Small Cap	ETF	419,911	531,123
	Vanguard Financials ETF	ETF	197,902	292,124
	Vanguard Information	ETF	306,019	598,277
	Vanguard Short Term	ETF	498,316	501,130
	Vanguard Intermediate Term	ETF	449,311	456,843
	Xtrackers USD High Yield	ETF	79,806	80,078
	Bank of America	Cash Balance	530,788	530,788
	First Republic	Cash Balance	305	305
	Merrill Lynch	Cash Balance	760	760
*	Participant Loans	Interest Ranging 5.0 to 7,25%	122,079	122,079

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2021 and Ending 12/31/2021
Name of Plan: Shasta Produce 401(k) Profit Sharing Plan
Employer Identification Number: 94-2992661 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$14,710		$14,710		
$14,736		$14,736		
$14,726		$14,726		
$15,054		$15,054		
$14,943		$14,943		
$15,020		$15,020		
$15,277		$15,277		
$15,540		$15,540		
$15,767		$15,767		
$14,774		$14,774		
$15,122		$15,122		
$15,332		$15,332		