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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>10/01/2021</u> and ending <u>09/30/2022</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                        | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>MID-VALLEY AGRICULTURAL SERVICES, INC. 401K PROFIT SHARING PLAN AND TRUST</u>                                                                                                                                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>10/01/1987</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>94-1234418</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>209-851-3200</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>115110</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>10/01/1987</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>94-1234418</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>209-851-3200</u> |  | <b>2d</b> Business code (see instructions)<br><u>115110</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                              | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>10/01/1987</u>                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>94-1234418</u>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>209-851-3200</u>                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>115110</u>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MID-VALLEY AGRICULTURAL SERVICES, INC.</u><br><br><u>P.O. BOX 728</u><br><u>OAKDALE, CA 95361</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 05/08/2023 | TODD HUDELSON                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN              |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3c</b> Administrator's telephone number |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4b</b> EIN<br><br><b>4d</b> PN          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 272                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6a(1)</b> 224                           |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6a(2)</b> 225                           |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6b</b> 0                                |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6c</b> 26                               |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6d</b> 251                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6e</b> 0                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6f</b> 251                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6g</b> 243                              |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6h</b> 9                                |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |                                            |

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

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**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.

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                  |                                                      |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022       |                                                      |
| A Name of plan<br>MID-VALLEY AGRICULTURAL SERVICES, INC. 401K PROFIT SHARING PLAN AND TRUST      | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MID-VALLEY AGRICULTURAL SERVICES, INC. | D Employer Identification Number (EIN)<br>94-1234418 |

|        |                                                                                                                                                                                                                                              |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
JOHN HANCOCK LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 76538                                 | 238                                                                         | 10/01/2021              | 09/30/2022 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                               |                                        |
|-----------------------------------------------|----------------------------------------|
| (a) Total amount of commissions paid<br>63936 | (b) Total amount of fees paid<br>16822 |
|-----------------------------------------------|----------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
MORGAN STANLEY INSURANCE SERVICES,I 1020 10TH STREET, 2ND FLOOR  
MODESTO, CA 95354

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 63936                                         |                                 |             | 7                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
PENSION MANAGEMENT CONSULTANTS, INC 1165 SCENIC DRIVE, BLDG B1  
MODESTO, CA 95350

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                        | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose            |                       |
|                                               | 11934                           | TPA FORUM COMPENSATION | 5                     |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PENSION MANAGEMENT CONSULTANTS, INC

1165 SCENIC DRIVE, BLDG B1  
MODESTO, CA 95350

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
|                                               | 4888                            | TPA SERVICE FEES | 5                     |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |       |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4</b>     |       |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5</b>     |       |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |       |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |       |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>6b</b>    |       |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6c</b>    |       |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6d</b>    |       |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |       |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |       |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |       |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>7b</b>    | 58375 |
| <b>c</b> | <div style="display: flex;"> <div style="flex: 1;">           Additions: (1) Contributions deposited during the year .....<br/>           (2) Dividends and credits.....<br/>           (3) Interest credited during the year.....<br/>           (4) Transferred from separate account.....<br/>           (5) Other (specify below) .....<br/>           ▶         </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7c(1)</b></div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7c(2)</b></div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7c(3)</b></div> <div style="text-align: right; color: blue;">2</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7c(4)</b></div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7c(5)</b></div> <div></div> </div> <div style="height: 40px; background-color: #f0f0f0;"></div> </div> </div> |              |       |
|          | (6) Total additions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7c(6)</b> | 2     |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7d</b>    | 58377 |
| <b>e</b> | <div style="display: flex;"> <div style="flex: 1;">           Deductions:<br/>           (1) Disbursed from fund to pay benefits or purchase annuities during year .....<br/>           (2) Administration charge made by carrier.....<br/>           (3) Transferred to separate account.....<br/>           (4) Other (specify below) .....<br/>           ▶         </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7e(1)</b></div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7e(2)</b></div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7e(3)</b></div> <div style="text-align: right; color: blue;">58377</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7e(4)</b></div> <div></div> </div> <div style="height: 40px; background-color: #f0f0f0;"></div> </div> </div>                                                                                                                       |              |       |
|          | (5) Total deductions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>7e(5)</b> | 58377 |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>7f</b>    | 0     |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>MID-VALLEY AGRICULTURAL SERVICES, INC. 401K PROFIT SHARING PLAN AND TRUST                                                                                                                  | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MID-VALLEY AGRICULTURAL SERVICES, INC.                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br>94-1234418                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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**(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

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**(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

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**(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

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**(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)

JOHN HANCOCK LIFE INSURANCE COMPANY

P.O. BOX 600  
BUFFALO, NY 14201-0600

01-0233346

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 28 59<br>60 62 63<br>68 | RECORD<br>KEEPER                                                                                  | 1061                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

|                                                                                                                       |                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>MID-VALLEY AGRICULTURAL SERVICES, INC. 401K PROFIT SHARING PLAN AND TRUST</u>             | <b>B</b> Three-digit plan number (PN) <u>001</u>                   |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MID-VALLEY AGRICULTURAL SERVICES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>94-1234418</u> |  |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                              |                               |                                                                                                                    |  |  |
|----------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER GROWTH LS</u>              |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3119000</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN U.S. EQUITY FUND</u>              |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1696168</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY ADVISOR TOTAL BOND</u>            |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1351670</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MONEY MARKET FUND</u>                      |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1243306</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER AGGRESSIVE LS</u>          |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1197523</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WASHINGTON MUTUAL INVESTORS</u>            |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1185900</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>500 INDEX FUND</u>                         |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1174016</u> |  |  |

|                                                                                       |                        |                                                                                                             |
|---------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND                     |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1122134 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA          |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 764487  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD                        |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 661835  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2045 LIFETIME          |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 644030  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF THE GROWTH FUND OF AMERICA          |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 499317  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS            |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 404471  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF AMERICAN BALANCED FUND              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 392337  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2035 PRESERV            |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 371039  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2030 LIFETIME          |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336534  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2035 LIFETIME          |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308352  |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2055 LIFETIME          |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 302311 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND              |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 282019 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2040 PRESERV            |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175291 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK MID CAP GROWTH            |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169336 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN                      |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160644 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PARNASSUS CORE EQUITY FUND             |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159825 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2050 LIFETIME          |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144289 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS             |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140516 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK U.S. GROWTH FUND          |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121763 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE CAP APPRECIATION         |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120783 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2020 LIFETIME          |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120050 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL FUND                    |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119577 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND                  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112882 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX STOCK FUND                 |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110056 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF            |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109748 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SEC            |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107995 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE              |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104367 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2040 LIFETIME          |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102162 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2060 LIFETIME          |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94829  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND                   |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88441  |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2025 LIFETIME          |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77278 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH          |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72371 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND                         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69690 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND                   |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63136 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF THE INCOME FUND OF AMERICA          |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58461 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND             |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58396 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND          |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58271 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP STOCK FUND                   |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57791 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV NEW INSIGHTS              |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57259 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: OPPORTUNISTIC FIXED INCOME             |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52586 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH              |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50025 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND                 |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49566 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND             |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48848 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46990 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS            |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42460 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SPROTT GOLD EQUITY FUND                |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41920 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40881 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND              |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36381 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM FEDERAL            |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34077 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK BASIC VALUE                  |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30884 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX INTERNATIONAL ST           |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30844 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND                    |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30125 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF CAPITAL INCOME BUILDER              |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28089 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX INCOME PRESERV          |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25470 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV LEVERAGED CO STK          |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25256 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL VALUE                |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24509 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND                        |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20933 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2065 LIFETIME          |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19755 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2015 LIFETIME          |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18481 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND                   |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17053 |

|                                                                                       |                        |                                                                                                           |
|---------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND             |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16904 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK BOND FUND                 |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16629 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND                         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16314 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL BEACON FUND            |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14907 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE            |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12526 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES FUND                     |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11862 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND              |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9960  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY                |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8920  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI               |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6612  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SHORT TERM BOND          |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5075  |

|                                                                                              |                               |                                                                                                                 |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FUNDAMENTAL ALL CAP CORE FUND</b>          |                               |                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3848</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO SMALL CAP GROWTH</b>               |                               |                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2586</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTL EQUITY INDEX FUND</b>                 |                               |                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1954</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LORD ABBETT VALUE OPPS FUND</b>            |                               |                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1182</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DFA US TARGETED VALUE FUND</b>             |                               |                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>800</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO COMMODITY REAL RETURN</b>            |                               |                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>800</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE SCI &amp; TECH</b>           |                               |                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>665</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FINANCIAL INDUSTRIES FUND</b>              |                               |                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>546</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMG RIVER ROAD MID CAP VALUE</b>           |                               |                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>533</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>REAL EST. SECURITIES FUND</b>              |                               |                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                                 |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>514</b>  |

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning <span style="color: blue;">10/01/2021</span> and ending <span style="color: blue;">09/30/2022</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">MID-VALLEY AGRICULTURAL SERVICES, INC. 401K PROFIT SHARING PLAN AND TRUST</span>                           | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">001</span> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">MID-VALLEY AGRICULTURAL SERVICES, INC.</span>                      | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">94-1234418</span> |                                       |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |  | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |  |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 |  |                       |                 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                     |  | 200                   | 6278            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |  |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |  | 275000                | 300000          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |  | 854                   | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |  |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |  |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |  |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |  |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |  |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |  |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |  |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |  | 0                     | 19778           |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                  |  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |  |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>                 |  |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |  |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |  | 25140947              | 20739926        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |  |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |  |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 25417001              | 21065982        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |   |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 25417001 | 21065982 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 300000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1199890    |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 100214     |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1600104   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 259        |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 51         |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 310       |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 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) |            | -4540533  |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | -2940119  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 1282158    |           |
| (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)  |            | 1282158   |
| 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)  | 16822      |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 47984      |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 63936      |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 128742    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 1410900   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -4351019  |
| 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: SCHWARTZ, GIANNINI, LANTSBERGER & A

(2) EIN: 68-0290029

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

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

**Part IV Compliance Questions**

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 37186  |

|                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                 | No                 | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------|
| <b>b</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.) .....                                                                                |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>c</b> 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.) .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>d</b> 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.) .....                                                                                                                                                                                                 |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                        | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                         |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>g</b> 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? .....                                                                                                                                                                                                                      |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>h</b> 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? .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                  | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |        |
| <b>j</b> 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.) .....                                                                                                                                                                    |                     |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                             |                     |                    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                              |                     |                    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                    |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>n</b> 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. ....                                                                                                                                                                                                        |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     |                    |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                             |                     |                    |        |
| <b>5b</b> 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.)                                                                                                                                                                                    |                     |                    |        |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                    | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
| <b>5c</b> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. |                     |                    |        |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

|                                                                                                         |                                                             |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>MID-VALLEY AGRICULTURAL SERVICES, INC. 401K PROFIT SHARING PLAN AND TRUST      | <b>B</b> Three-digit plan number (PN) ►<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MID-VALLEY AGRICULTURAL SERVICES, INC. | <b>D</b> Employer Identification Number (EIN)<br>94-1234418 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0 |
| <b>2</b> 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):<br><br>EIN(s): 01-0233346 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |   |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

Schedule R (Form 5500) 2021  
v. 201209

**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 \_\_\_\_\_

**MID-VALLEY AGRICULTURAL SERVICES, INC. 401K  
PROFIT SHARING PLAN**

**FINANCIAL REPORT**

**SEPTEMBER 30, 2022 AND 2021**

# **C O N T E N T S**

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## INDEPENDENT AUDITORS' REPORT

To the Trustees  
of the Mid-Valley Agricultural Services, Inc. 401K  
Profit Sharing Plan  
Oakdale, California

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Mid-Valley Agricultural Services, Inc. 401(k) Profit Sharing Plan and Trust ("Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C)[ERISA Section 103(a)(3)(C)] audit. The financial statements comprise the statement of net assets available for benefits as of September 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Mid-Valley Agricultural Services, Inc. 401(k) Profit Sharing Plan and Trust's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended September 30, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets

held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audit 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 Mid-Valley Agricultural Services, Inc. 401(k) Profit Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management 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, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Mid-Valley Agricultural Services, Inc. 401(k) Profit Sharing Plan and Trust'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.

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 auditors' 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 Mid-Valley Agricultural Services, Inc. 401(k) Profit Sharing Plan and Trust'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 Mid-Valley Agricultural Services, Inc. 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

The supplemental schedule of assets held (at end of year) is presented for purposes 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 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Schwartz, Giannini, Lantberger & Adamson*

Stockton, California  
July 12, 2023



## INDEPENDENT AUDITORS' REPORT

To the Trustees of the  
Mid-Valley Agricultural Services, Inc. 401(k) Profit Sharing Plan  
Oakdale, California

We were engaged to audit the accompanying statement of net assets available for benefits of Mid-Valley Agricultural Services, Inc. 401(k) Profit Sharing Plan and Trust ("Plan"), as of September 30, 2021, and related notes to the financial statement.

### Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement 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 a financial statement that is free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on the 2021 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of September 30, 2021, that the information provided to the plan administrator by the trustee is complete and accurate.

### Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2021 financial statement. Accordingly, we do not express an opinion on the 2021 financial statement.

Philip Lantsberger, CPA  
Robert Gross, CPA  
Nikolas A. Torres, CPA

■ ■ ■  
3461 Brookside Road  
Suite E  
Stockton, California 95219  
Ph: 209.474.1084  
Fx: 209.474.0301  
www.sglacpas.com

The form and content of the information included in the 2021 financial statement, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Schwartz, Giannini, Lantberger & Adamson*

Stockton, California  
July 12, 2023

**MID-VALLEY AGRICULTURAL SERVICES, INC.**  
**401K PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**September 30, 2022 and 2021**

|                                              | <u>2022</u>                     | <u>2021</u>                     |
|----------------------------------------------|---------------------------------|---------------------------------|
| <b>ASSETS</b>                                |                                 |                                 |
| Investments at fair value (Note 5)           | \$ 20,739,926                   | \$ 25,140,947                   |
| Receivables                                  |                                 |                                 |
| Employer contributions                       | 300,000                         | 275,000                         |
| Other                                        | -                               | 854                             |
| Notes receivable from participants           | 19,778                          | -                               |
|                                              | <u>319,778</u>                  | <u>275,854</u>                  |
| Cash                                         | <u>6,278</u>                    | <u>200</u>                      |
| Total assets                                 | <u><u>\$ 21,065,982</u></u>     | <u><u>\$ 25,417,001</u></u>     |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <br><u><u>\$ 21,065,982</u></u> | <br><u><u>\$ 25,417,001</u></u> |

See notes to financial statements.

**MID-VALLEY AGRICULTURAL SERVICES, INC.**  
**401K PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**For the year ended September 30, 2022**

**ADDITIONS TO NET ASSETS ATTRIBUTED TO**

|                                                       |                |
|-------------------------------------------------------|----------------|
| Investment income:                                    |                |
| Net (depreciation) in fair value of investments       | \$ (4,540,533) |
| Interest other                                        | \$ 51          |
| Interest income on notes receivable from participants | \$ 259         |
| Contributions:                                        |                |
| Employer                                              | \$ 300,000     |
| Participants'                                         | 1,199,890      |
| Rollover                                              | 100,214        |
|                                                       | \$ 1,600,104   |
| Total additions                                       | \$ (2,940,119) |

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO**

|                                         |                |
|-----------------------------------------|----------------|
| Benefits paid to participants           | \$ 1,282,158   |
| Investment advisory and management fees | 63,936         |
| Contract administration fees            | 47,984         |
| Professional fees                       | 16,822         |
| Total deductions                        | \$ 1,410,900   |
| Net (decrease)                          | \$ (4,351,019) |

**NET ASSETS AVAILABLE FOR BENEFITS**

|                   |               |
|-------------------|---------------|
| Beginning of year | 25,417,001    |
| End of year       | \$ 21,065,982 |

See notes to financial statements.

**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022**

**NOTE 1. DESCRIPTION OF PLAN**

The following description of the Mid-Valley Agricultural Services, Inc. 401K Profit Sharing Plan (Plan) provides only general information. Mid-Valley Agricultural Services, Inc. is headquartered in Oakdale, California. 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 eligible employees of the Company who have attained the age of twenty-one and meet following service requirements. For elective deferrals, employee must complete ninety days of continuous service and then enter plan on next plan entry date. For profit sharing contribution must complete one year of continuous service (minimum 1000 hours and then enter plan on next plan entry date. Plan entry dates are October and April 1. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The participants may contribute up to the maximum allowed by law of pretax annual compensation, as defined in the Plan into the 401(k) Plan subject to compliance with IRS laws and regulations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company has elected to make a discretionary profit sharing contribution for 2022 that satisfies required testing to comply with IRS laws and regulations. The Company contributions are invested based on the participant's direction.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow from their funds accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participants Notes fund. The participants can only have one loan, must be employed for one year and must wait one year after paying off a loan, before another loan can be requested. As of September 30, 2022 and 2021, no allowance for credit losses has been recorded. If a participant does not make loan

## **NOTE 1. DESCRIPTION OF PLAN (Continued)**

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. Loan terms range from 1-5 years. These loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Interest rates range from 5% to 6.5% on the participant loans. Principal and interest is paid ratably through semi-monthly payroll deductions.

### Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the employer contributions is based on years of service (year of service equals minimum 1,000 hours of service during the plan year which is the plan year). A participant vests twenty percent after two years of credited service and is one hundred percent vested after six years of credited service.

### Investment Options

Upon enrollment in the Plan, a participant may direct the investment of their account into pooled separate accounts in any of the investment options the Plan has allowed with John Hancock Life Insurance Company under the group annuity contract. The investment options are primarily mutual funds held in sub accounts based upon: single mutual fund (regulated investment companies), target-date fund or lifestyle funds based upon risk, with target-date and lifestyle funds potentially holding multiple mutual funds in the sub account. The sub account funds are audited annually. Participants may change their investments options daily via the internet or via hardcopy election form after their initial enrollment in the plan.

### Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account or periodic payments over the participant's life expectancy. For termination of services due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution or elect to leave it in the plan. A participant may also elect to receive an in-service distribution for a hardship as defined in and subject to the restrictions specified in the plan document.

## **NOTE 2. DATE OF MANAGEMENT'S REVIEW**

In preparing the financial statements, management has evaluated events and transactions for potential recognition or disclosure through July 12, 2023, the date the financial statements were available to be issued.

## **NOTE 3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### Estimates

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

### Basis of Accounting

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

### Forfeitures

Forfeited balances from paid out non-fully vested terminated participants' accounts are added to the employer discretionary profit sharing contribution. At September 30, 2022, forfeited amounts from non-fully-vested participants of \$200 was in forfeiture account and will be allocated to the active participants in addition to the employer contribution accrued as of year-end.

### Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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 trustees determines the Plan's valuation policies. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

### Administrative Expenses

Certain expenses of maintaining the plan like the annual audit are paid directly by the Sponsor and are excluded from these financial statements. Fees related to distributions are charged directly to the participants account and are included in contract administrator fees and other fees. The fees paid to the Registered Investment Advisor are reported as investment fees. John Hancock receives both direct and indirect compensation as discussed in Note 8 along with the third party administrator receiving direct and indirect compensation.

#### NOTE 4. CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held at September 30, 2022 and 2021, and investment income for the year ended September 30, 2022, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by John Hancock Life Insurance Company.

|                                                       | <u>2022</u> | <u>2021</u> |
|-------------------------------------------------------|-------------|-------------|
| Noninterest-bearing cash                              | \$ 6,278    | \$ 200      |
| Registered investment companies at fmv                | 20,739,926  | 25,140,947  |
| Notes receivable from participants                    | 19,778      | -           |
| Net (depreciation) in fair value of investments       | (4,540,533) |             |
| Interest - other                                      | 51          |             |
| Interest income on notes receivable from participants | 259         |             |

#### NOTE 5. FAIR VALUE MEASUREMENTS

The Plan follows the fair value measurement accounting literature which 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 are unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. There are no Level 3 investments.

##### *Level 1 Fair Value Measurements*

The fair values of common stock, corporate bonds, and U.S. Government securities are based on quoted market prices

##### *Level 2 Fair Value Measurements*

Valuations are based on quoted prices for similar assets or liabilities in active markets or in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

## **NOTE 5. FAIR VALUE MEASUREMENTS (Continued)**

Valuation methodologies used are as follows:

### *Pooled separate accounts:*

The plan had \$20,739,926 and \$25,140,947 as of September 30, 2022 and 2021, respectively in participation units held in pooled separate accounts through sub-accounts of an insurance company. The custodian John Hancock Life Insurance Company has certified the amounts held in the pooled separate accounts to be complete and accurate. The schedule of assets held for investment presented as supplementary information is a complete list of all assets held certified by the custodian. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the plan would sell the investment in the underlying investment for an amount different from the reported net asset value. The underlying securities are mutual funds held in the John Hancock pooled separate accounts are listed on national securities exchanges and valued on the basis of year-end closing prices, less liabilities, divided by the number of shares outstanding. The NAV is an internal quoted price supplied by the insurance company sub accounts that is not an active market price, however the value of the underlying mutual fund is based on investments traded in an active market. The Plan has concluded that the net asset value as adjusted and reported by the insurance company approximates fair value of the investments. The investments are redeemable at the adjusted net asset value under the agreement with the insurance company. The pooled separate accounts on the Form 5500 are reported as investments in regulated investment companies.

It is possible that the redemption rights may be restricted or eliminated in the future. Due to the nature of the investments, changes in market conditions, liquidity requirements, and the economic environment may significantly affect the net asset value of the pooled separate accounts and consequently, the fair value of the Plan's investments.

The following tables present the fair value of the Plan's investments as of September 30, 2022 and 2021, classified using the fair value hierarchy:

## **NOTE 5. FAIR VALUE MEASUREMENTS (Continued)**

**September 30, 2022**

|                                                         | Level 1     | Level 2     | Total                |
|---------------------------------------------------------|-------------|-------------|----------------------|
| INVESTMENTS                                             |             |             |                      |
| Total investments valued using the fair value hierarchy | \$ -        | \$ -        | \$ -                 |
| Pooled separate accounts measured at                    |             |             |                      |
| net asset value (a)                                     | \$ -        | -           | \$ 20,739,926        |
| Total investments at fair value                         | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 20,739,926</u> |

**September 30, 2021**

|                                                         |             |             |                      |
|---------------------------------------------------------|-------------|-------------|----------------------|
| INVESTMENTS                                             |             |             |                      |
| Total investments valued using the fair value hierarchy | \$ -        | \$ -        | \$ -                 |
| Pooled separate accounts measured at                    |             |             |                      |
| net asset value (a)                                     | \$ -        | -           | \$ 25,140,947        |
| Total investments at fair value                         | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 25,140,947</u> |

- (a) Certain investments that are measured at fair value using the net asset value per share practical expedient have not been classified in the fair value hierarchy and this table is presented to reconcile items valued in the fair value hierarchy table to total presented in the statements of net assets available for benefits.

For the John Hancock Pooled Separate accounts there are no unfunded commitments, can redeem daily and no redemption notice period. Participant transactions (purchases and sales may occur daily subject to the short-term trading policies of the Plan Sponsor and John Hancock.

**NOTE 6. 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.

## **NOTE 7. TAX STATUS**

The Plan and related trust were amended and restated on October 1, 2021 with some of the provisions effective retroactively. The Company adopted a Volume Submitter 401(k) Profit Sharing Plan which received notice from the Internal Revenue Service stating that the Plan was designed in accordance with applicable sections of the Internal Revenue Code (the Code). The plan was subsequently amended April 1, 2022 to allow one participant loan subject to various provisions in the amendment. The Plan Trustees, Plan Administrator and Pension Consultant are confident that the Plan as amended and restated is designed and currently being operating in accordance with all applicable requirements of the Code.

## **NOTE 8. 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 statement of net assets available for benefits.

## **NOTE 9. RELATED PARTY TRANSACTIONS AND PROHIBITED TRANSACTIONS**

The plan assets are in pooled separate accounts held by John Hancock Life Insurance Company (U.S.A.) which is a Custodian, as defined by the Plan and accordingly transactions with John Hancock Life Insurance Company qualify as party-in-interest transactions according to applicable regulations. Fees incurred for the investment management services, recordkeeping and information management, shareholder servicing fees, sub-transfer agency fees, float revenue, distribution (12b-1) fees, other insurance wrap fees and soft dollar commissions are based on percentages provided to the plan and as such John Hancock does not report a dollar amount for these fees and are indirect compensation as defined for Form 5500 reporting and satisfies reporting requirement under alternative reporting as it properly discloses the indirect compensation to the plan. John Hancock did report it received \$1,061 of direct compensation for the plan year and John Hancock paid \$11,643 directly to the third party administrator from indirect compensation it received from the plan.

## **NOTE 9. RELATED PARTY TRANSACTIONS AND PROHIBITED TRANSACTIONS (Continued)**

As described in Note 3, John Hancock plan made certain payments totaling \$63,936 to the registered investment advisor as commissions which reduced net appreciation in fair value of investments and \$4,888 to the third party administrator for services and for fees charged to specific participants' accounts which were paid from general plan assets and in addition to the \$11,934 third party administrator received indirect compensation from John Hancock based on a formula that was applied to the plan assets in the amount noted in the preceding paragraph.

The late deposit of employee deferrals results is a prohibited transaction. During the plan year ended September 30, 2021, one deposit of \$37,186 was deposited two days late which is considered not timely and is as disclosed in the supplemental schedule of delinquent participant contributions. The Plan has corrected by depositing \$51 of lost earnings and filing the excise tax for the late deposit subsequent to year end but by the report date.

## SUPPLEMENTAL INFORMATION

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

| Name of Plan:<br>MID-VALLEY AGRICULTURAL SERVICES, INC 401(K) PROFIT SHARING PLAN |                                                           |                                                                                                            |                  |                   |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------|-------------------|
| Employer Identification Number: 94-1234418                                        |                                                           |                                                                                                            |                  |                   |
| For plan year (beginning/ending): (10/1/2021 / 9/30/2022)                         |                                                           |                                                                                                            | 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 |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager Growth LS                                                                                  | n/a              | 3,119,000         |
| *                                                                                 | John Hancock Life Ins Co                                  | JPMorgan U.S. Equity Fund                                                                                  | n/a              | 1,696,168         |
| *                                                                                 | John Hancock Life Ins Co                                  | Fidelity Advisor Total Bond                                                                                | n/a              | 1,351,670         |
| *                                                                                 | John Hancock Life Ins Co                                  | Money Market Fund                                                                                          | n/a              | 1,243,306         |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager Aggressive LS                                                                              | n/a              | 1,197,523         |
| *                                                                                 | John Hancock Life Ins Co                                  | Washington Mutual Investors                                                                                | n/a              | 1,185,900         |
| *                                                                                 | John Hancock Life Ins Co                                  | 500 Index Fund                                                                                             | n/a              | 1,174,016         |
| *                                                                                 | John Hancock Life Ins Co                                  | Mid Cap Index Fund                                                                                         | n/a              | 1,122,134         |
| *                                                                                 | John Hancock Life Ins Co                                  | Investment Company of America                                                                              | n/a              | 764,487           |
| *                                                                                 | John Hancock Life Ins Co                                  | Templeton World                                                                                            | n/a              | 661,835           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager 2045 Lifetime                                                                              | n/a              | 644,030           |
| *                                                                                 | John Hancock Life Ins Co                                  | AF The Growth Fund of America                                                                              | n/a              | 499,317           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager Balanced LS                                                                                | n/a              | 404,471           |
| *                                                                                 | John Hancock Life Ins Co                                  | AF American Balanced Fund                                                                                  | n/a              | 392,337           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multi-Index 2035 Preserv                                                                                | n/a              | 371,039           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager 2030 Lifetime                                                                              | n/a              | 336,534           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager 2035 Lifetime                                                                              | n/a              | 308,352           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager 2055 Lifetime                                                                              | n/a              | 302,311           |
| *                                                                                 | John Hancock Life Ins Co                                  | Capital Appreciation Fund                                                                                  | n/a              | 282,019           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multi-Index 2040 Preserv                                                                                | n/a              | 175,291           |
| *                                                                                 | John Hancock Life Ins Co                                  | John Hancock Mid Cap Growth                                                                                | n/a              | 169,336           |
| *                                                                                 | John Hancock Life Ins Co                                  | PIMCO Real Return                                                                                          | n/a              | 160,644           |
| *                                                                                 | John Hancock Life Ins Co                                  | Parnassus Core Equity Fund                                                                                 | n/a              | 159,825           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager 2050 Lifetime                                                                              | n/a              | 144,289           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager Conserv LS                                                                                 | n/a              | 140,516           |
| *                                                                                 | John Hancock Life Ins Co                                  | John Hancock U.S. Growth Fund                                                                              | n/a              | 121,763           |
| *                                                                                 | John Hancock Life Ins Co                                  | T. Rowe Price Cap Appreciation                                                                             | n/a              | 120,783           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager 2020 Lifetime                                                                              | n/a              | 120,050           |
| *                                                                                 | John Hancock Life Ins Co                                  | Invesco Global Fund                                                                                        | n/a              | 119,577           |
| *                                                                                 | John Hancock Life Ins Co                                  | Blue Chip Growth Fund                                                                                      | n/a              | 112,882           |
| *                                                                                 | John Hancock Life Ins Co                                  | Dodge & Cox Stock Fund                                                                                     | n/a              | 110,056           |
| *                                                                                 | John Hancock Life Ins Co                                  | Vanguard Mid-Cap Growth ETF                                                                                | n/a              | 109,748           |
| *                                                                                 | John Hancock Life Ins Co                                  | DFA Inflation-Protected Sec                                                                                | n/a              | 107,995           |
| *                                                                                 | John Hancock Life Ins Co                                  | American Century Heritage                                                                                  | n/a              | 104,367           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager 2040 Lifetime                                                                              | n/a              | 102,162           |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager 2060 Lifetime                                                                              | n/a              | 94,829            |
| *                                                                                 | John Hancock Life Ins Co                                  | Small Cap Value Fund                                                                                       | n/a              | 88,441            |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager 2025 Lifetime                                                                              | n/a              | 77,278            |

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

| Name of Plan:<br>MID-VALLEY AGRICULTURAL SERVICES, INC 401(K) PROFIT SHARING PLAN |                                                           |                                                                                                            |                  |                   |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------|-------------------|
| Employer Identification Number: 94-1234418                                        |                                                           |                                                                                                            |                  |                   |
| For plan year (beginning/ending): (10/1/2021 / 9/30/2022)                         |                                                           |                                                                                                            | 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 |
| *                                                                                 | John Hancock Life Ins Co                                  | American Funds EuroPac Growth                                                                              | n/a              | 72,371            |
| *                                                                                 | John Hancock Life Ins Co                                  | Mid Value Fund                                                                                             | n/a              | 69,690            |
| *                                                                                 | John Hancock Life Ins Co                                  | Vanguard Energy Fund                                                                                       | n/a              | 63,136            |
| *                                                                                 | John Hancock Life Ins Co                                  | AF The Income Fund of America                                                                              | n/a              | 58,461            |
| *                                                                                 | John Hancock Life Ins Co                                  | JPMorgan MidCap Value Fund                                                                                 | n/a              | 58,396            |
| *                                                                                 | John Hancock Life Ins Co                                  | Total Stock Market Index Fund                                                                              | n/a              | 58,271            |
| *                                                                                 | John Hancock Life Ins Co                                  | Small Cap Stock Fund                                                                                       | n/a              | 57,791            |
| *                                                                                 | John Hancock Life Ins Co                                  | Fidelity Adv New Insights                                                                                  | n/a              | 57,259            |
| *                                                                                 | John Hancock Life Ins Co                                  | Opportunistic Fixed Income                                                                                 | n/a              | 52,586            |
| *                                                                                 | John Hancock Life Ins Co                                  | Franklin Small-Mid Growth                                                                                  | n/a              | 50,025            |
| *                                                                                 | John Hancock Life Ins Co                                  | Vanguard Explorer Fund                                                                                     | n/a              | 49,566            |
| *                                                                                 | John Hancock Life Ins Co                                  | Templeton Global Bond Fund                                                                                 | n/a              | 48,848            |
| *                                                                                 | John Hancock Life Ins Co                                  | John Hancock Disciplined Value                                                                             | n/a              | 46,990            |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager Moderate LS                                                                                | n/a              | 42,460            |
| *                                                                                 | John Hancock Life Ins Co                                  | Sprott Gold Equity Fund                                                                                    | n/a              | 41,920            |
| *                                                                                 | John Hancock Life Ins Co                                  | American Funds New Perspective                                                                             | n/a              | 40,881            |
| *                                                                                 | John Hancock Life Ins Co                                  | Science & Technology Fund                                                                                  | n/a              | 36,381            |
| *                                                                                 | John Hancock Life Ins Co                                  | Vanguard Short-Term Federal                                                                                | n/a              | 34,077            |
| *                                                                                 | John Hancock Life Ins Co                                  | BlackRock Basic Value                                                                                      | n/a              | 30,884            |
| *                                                                                 | John Hancock Life Ins Co                                  | Dodge & Cox International St                                                                               | n/a              | 30,844            |
| *                                                                                 | John Hancock Life Ins Co                                  | Fidelity ContraFund                                                                                        | n/a              | 30,125            |
| *                                                                                 | John Hancock Life Ins Co                                  | AF Capital Income Builder                                                                                  | n/a              | 28,089            |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multi-Index Income Preserv                                                                              | n/a              | 25,470            |
| *                                                                                 | John Hancock Life Ins Co                                  | Fidelity Adv Leveraged Co Stk                                                                              | n/a              | 25,256            |
| *                                                                                 | John Hancock Life Ins Co                                  | DFA International Value                                                                                    | n/a              | 24,509            |
| *                                                                                 | John Hancock Life Ins Co                                  | High Yield Fund                                                                                            | n/a              | 20,933            |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager 2065 Lifetime                                                                              | n/a              | 19,755            |
| *                                                                                 | John Hancock Life Ins Co                                  | JH Multimanager 2015 Lifetime                                                                              | n/a              | 18,481            |
| *                                                                                 | John Hancock Life Ins Co                                  | Small Cap Index Fund                                                                                       | n/a              | 17,053            |
| *                                                                                 | John Hancock Life Ins Co                                  | Vanguard Growth Index Fund                                                                                 | n/a              | 16,904            |
| *                                                                                 | John Hancock Life Ins Co                                  | John Hancock Bond Fund                                                                                     | n/a              | 16,629            |
| *                                                                                 | John Hancock Life Ins Co                                  | Core Bond Fund                                                                                             | n/a              | 16,314            |
| *                                                                                 | John Hancock Life Ins Co                                  | Franklin Mutual Beacon Fund                                                                                | n/a              | 14,907            |
| *                                                                                 | John Hancock Life Ins Co                                  | Fundamental Large Cap Value                                                                                | n/a              | 12,526            |
| *                                                                                 | John Hancock Life Ins Co                                  | MFS Utilities Fund                                                                                         | n/a              | 11,862            |
| *                                                                                 | John Hancock Life Ins Co                                  | Vanguard Value Index Fund                                                                                  | n/a              | 9,960             |

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

|                                                                                   |                                                                  |                                                                                                                   |                  |                          |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|
| Name of Plan:<br>MID-VALLEY AGRICULTURAL SERVICES, INC 401(K) PROFIT SHARING PLAN |                                                                  |                                                                                                                   |                  |                          |
| Employer Identification Number: 94-1234418                                        |                                                                  |                                                                                                                   |                  |                          |
| For plan year (beginning/ending): (10/1/2021 / 9/30/2022)                         |                                                                  |                                                                                                                   | Plan number: 001 |                          |
| <b>(a)</b>                                                                        | <b>(b)</b> Identity of issue, borrower, lessor, or similar party | <b>(c)</b> Description of investment including maturity date, rate of interest, collateral, par or maturity value | <b>(d)</b> Cost  | <b>(e)</b> Current value |
| *                                                                                 | John Hancock Life Ins Co                                         | Mutual Global Discovery                                                                                           | n/a              | 8,920                    |
| *                                                                                 | John Hancock Life Ins Co                                         | T. Rowe Price Health Sci                                                                                          | n/a              | 6,612                    |
| *                                                                                 | John Hancock Life Ins Co                                         | T. Rowe Price Short Term Bond                                                                                     | n/a              | 5,075                    |
| *                                                                                 | John Hancock Life Ins Co                                         | Fundamental All Cap Core Fund                                                                                     | n/a              | 3,848                    |
| *                                                                                 | John Hancock Life Ins Co                                         | Invesco Small Cap Growth                                                                                          | n/a              | 2,586                    |
| *                                                                                 | John Hancock Life Ins Co                                         | Intl Equity Index Fund                                                                                            | n/a              | 1,954                    |
| *                                                                                 | John Hancock Life Ins Co                                         | Lord Abbett Value Opps Fund                                                                                       | n/a              | 1,182                    |
| *                                                                                 | John Hancock Life Ins Co                                         | DFA US Targeted Value Fund                                                                                        | n/a              | 800                      |
| *                                                                                 | John Hancock Life Ins Co                                         | PIMCO Commodity Real Return                                                                                       | n/a              | 800                      |
| *                                                                                 | John Hancock Life Ins Co                                         | T. Rowe Price Sci & Tech                                                                                          | n/a              | 665                      |
| *                                                                                 | John Hancock Life Ins Co                                         | Financial Industries Fund                                                                                         | n/a              | 546                      |
| *                                                                                 | John Hancock Life Ins Co                                         | AMG River Road Mid Cap Value                                                                                      | n/a              | 533                      |
| *                                                                                 | John Hancock Life Ins Co                                         | Real Est. Securities Fund                                                                                         | n/a              | 514                      |
|                                                                                   |                                                                  |                                                                                                                   |                  | 20,739,926               |
|                                                                                   |                                                                  |                                                                                                                   |                  |                          |
| *                                                                                 | John Hancock Life Ins Co                                         | Unallocated Cash                                                                                                  | n/a              | 6,278                    |
|                                                                                   |                                                                  | Participant loans (5% to 6.5%)                                                                                    | n/a              | 19,778                   |
|                                                                                   |                                                                  |                                                                                                                   |                  |                          |
|                                                                                   |                                                                  |                                                                                                                   |                  |                          |
|                                                                                   |                                                                  |                                                                                                                   |                  |                          |

Attachment to 2022 Form 5500

Schedule H, line 4a Schedule of Delinquent Participant Contributions

**Plan name:** Mid- Valley Agricultural Services, Inc. 401(k) Profit Sharing Plan and Trust

**EIN:** 94-1234418

**Plan Sponsor's Name:** Mid- Valley Agricultural Services, Inc.

**Plan #** 1

| Participant Contributions Transferred Late to Plan for Plan Year | 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 |                                                  |
| Check here if late participant loan repayments are included:     |                                                         | \$37,186<br>See note below           |                                          |                                                  |

During plan year ending 9/30/21, there was one employee deferral contribution deposit of \$37,186 that was not deposited timely (2 days) but was deposited into the plan during the plan year. . The Plan has calculated the correction amount at \$51 and deposited it into the plan in July 2022.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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 10/01/2021 and ending 09/30/2022

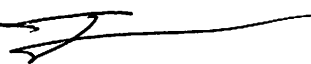
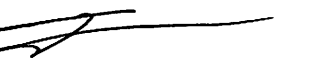
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  
☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first 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**

|                                                                                                                                                                                                                                                                                                                                                     |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>1a</b> Name of plan<br>MID-VALLEY AGRICULTURAL SERVICES, INC. 401K PROFIT SHARING PLAN AND TRUST                                                                                                                                                                                                                                                 | <b>1b</b> Three-digit plan number (PN) ▶ 001                 |
|                                                                                                                                                                                                                                                                                                                                                     | <b>1c</b> Effective date of plan<br>10/01/1987               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>MID-VALLEY AGRICULTURAL SERVICES, INC.<br><br>P.O. BOX 728<br><br>OAKDALE CA 95361 | <b>2b</b> Employer Identification Number (EIN)<br>94-1234418 |
|                                                                                                                                                                                                                                                                                                                                                     | <b>2c</b> Plan Sponsor's telephone number<br>209-851-3200    |
|                                                                                                                                                                                                                                                                                                                                                     | <b>2d</b> Business code (see instructions)<br>115110         |

**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.

|                  |                                                                                     |          |                                                              |
|------------------|-------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 05-08-23 | TODD HUDELSON                                                |
|                  | Signature of plan administrator                                                     | Date     | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | 05-08-23 | TODD HUDELSON                                                |
|                  | Signature of employer/plan sponsor                                                  | Date     | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |          |                                                              |
|                  | Signature of DFE                                                                    | Date     | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 201209

|                                                                                                                                                                                                                                                                                        |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 272                                                                    |
| <b>6</b> 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).                                                                                                                               |                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                 | <b>6a(1)</b> 224                                                                |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 225                                                                |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                     | <b>6b</b> 0                                                                     |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 26                                                                    |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....                                                                                                                                                                                                                                    | <b>6d</b> 251                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 0                                                                     |
| <b>f</b> Total. Add lines 6d and 6e.....                                                                                                                                                                                                                                               | <b>6f</b> 251                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b> 243                                                                   |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 9                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D                                                                                                   |                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► MID-VALLEY AGRICULTURAL SERVICES, INC 401(K) PROFIT SHARING PLAN

Employer Identification Number: ► 94-1234418

For plan year (beginning/ending): ► (10/1/2021 / 9/30/2022)

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 |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | John Hancock Life Ins Co                                  | JH Multimanager Growth LS                                                                                  | n/a      | 3,119,000         |
| *   | John Hancock Life Ins Co                                  | JPMorgan U.S. Equity Fund                                                                                  | n/a      | 1,696,168         |
| *   | John Hancock Life Ins Co                                  | Fidelity Advisor Total Bond                                                                                | n/a      | 1,351,670         |
| *   | John Hancock Life Ins Co                                  | Money Market Fund                                                                                          | n/a      | 1,243,306         |
| *   | John Hancock Life Ins Co                                  | JH Multimanager Aggressive LS                                                                              | n/a      | 1,197,523         |
| *   | John Hancock Life Ins Co                                  | Washington Mutual Investors                                                                                | n/a      | 1,185,900         |
| *   | John Hancock Life Ins Co                                  | 500 Index Fund                                                                                             | n/a      | 1,174,016         |
| *   | John Hancock Life Ins Co                                  | Mid Cap Index Fund                                                                                         | n/a      | 1,122,134         |
| *   | John Hancock Life Ins Co                                  | Investment Company of America                                                                              | n/a      | 764,487           |
| *   | John Hancock Life Ins Co                                  | Templeton World                                                                                            | n/a      | 661,835           |
| *   | John Hancock Life Ins Co                                  | JH Multimanager 2045 Lifetime                                                                              | n/a      | 644,030           |
| *   | John Hancock Life Ins Co                                  | AF The Growth Fund of America                                                                              | n/a      | 499,317           |
| *   | John Hancock Life Ins Co                                  | JH Multimanager Balanced LS                                                                                | n/a      | 404,471           |
| *   | John Hancock Life Ins Co                                  | AF American Balanced Fund                                                                                  | n/a      | 392,337           |
| *   | John Hancock Life Ins Co                                  | JH Multi-Index 2035 Preserv                                                                                | n/a      | 371,039           |
| *   | John Hancock Life Ins Co                                  | JH Multimanager 2030 Lifetime                                                                              | n/a      | 336,534           |
| *   | John Hancock Life Ins Co                                  | JH Multimanager 2035 Lifetime                                                                              | n/a      | 308,352           |
| *   | John Hancock Life Ins Co                                  | JH Multimanager 2055 Lifetime                                                                              | n/a      | 302,311           |
| *   | John Hancock Life Ins Co                                  | Capital Appreciation Fund                                                                                  | n/a      | 282,019           |
| *   | John Hancock Life Ins Co                                  | JH Multi-Index 2040 Preserv                                                                                | n/a      | 175,291           |
| *   | John Hancock Life Ins Co                                  | John Hancock Mid Cap Growth                                                                                | n/a      | 169,336           |
| *   | John Hancock Life Ins Co                                  | PIMCO Real Return                                                                                          | n/a      | 160,644           |
| *   | John Hancock Life Ins Co                                  | Parnassus Core Equity Fund                                                                                 | n/a      | 159,825           |
| *   | John Hancock Life Ins Co                                  | JH Multimanager 2050 Lifetime                                                                              | n/a      | 144,289           |
| *   | John Hancock Life Ins Co                                  | JH Multimanager Conserv LS                                                                                 | n/a      | 140,516           |
| *   | John Hancock Life Ins Co                                  | John Hancock U.S. Growth Fund                                                                              | n/a      | 121,763           |
| *   | John Hancock Life Ins Co                                  | T. Rowe Price Cap Appreciation                                                                             | n/a      | 120,783           |
| *   | John Hancock Life Ins Co                                  | JH Multimanager 2020 Lifetime                                                                              | n/a      | 120,050           |
| *   | John Hancock Life Ins Co                                  | Invesco Global Fund                                                                                        | n/a      | 119,577           |
| *   | John Hancock Life Ins Co                                  | Blue Chip Growth Fund                                                                                      | n/a      | 112,882           |
| *   | John Hancock Life Ins Co                                  | Dodge & Cox Stock Fund                                                                                     | n/a      | 110,056           |
| *   | John Hancock Life Ins Co                                  | Vanguard Mid-Cap Growth ETF                                                                                | n/a      | 109,748           |
| *   | John Hancock Life Ins Co                                  | DFA Inflation-Protected Sec                                                                                | n/a      | 107,995           |
| *   | John Hancock Life Ins Co                                  | American Century Heritage                                                                                  | n/a      | 104,367           |
| *   | John Hancock Life Ins Co                                  | JH Multimanager 2040 Lifetime                                                                              | n/a      | 102,162           |
| *   | John Hancock Life Ins Co                                  | JH Multimanager 2060 Lifetime                                                                              | n/a      | 94,829            |
| *   | John Hancock Life Ins Co                                  | Small Cap Value Fund                                                                                       | n/a      | 88,441            |
| *   | John Hancock Life Ins Co                                  | JH Multimanager 2025 Lifetime                                                                              | n/a      | 77,278            |
| *   | John Hancock Life Ins Co                                  | American Funds EuroPac Growth                                                                              | n/a      | 72,371            |
| *   | John Hancock Life Ins Co                                  | Mid Value Fund                                                                                             | n/a      | 69,690            |
| *   | John Hancock Life Ins Co                                  | Vanguard Energy Fund                                                                                       | n/a      | 63,136            |
| *   | John Hancock Life Ins Co                                  | AF The Income Fund of America                                                                              | n/a      | 58,461            |

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

Name of Plan:

► MID-VALLEY AGRICULTURAL SERVICES, INC 401(K) PROFIT SHARING PLAN

Employer Identification Number: ► 94-1234418

For plan year (beginning/ending): ► (10/1/2021 / 9/30/2022)

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 |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | John Hancock Life Ins Co                                  | JPMorgan MidCap Value Fund                                                                                 | n/a      | 58,396            |
| *   | John Hancock Life Ins Co                                  | Total Stock Market Index Fund                                                                              | n/a      | 58,271            |
| *   | John Hancock Life Ins Co                                  | Small Cap Stock Fund                                                                                       | n/a      | 57,791            |
| *   | John Hancock Life Ins Co                                  | Fidelity Adv New Insights                                                                                  | n/a      | 57,259            |
| *   | John Hancock Life Ins Co                                  | Opportunistic Fixed Income                                                                                 | n/a      | 52,586            |
| *   | John Hancock Life Ins Co                                  | Franklin Small-Mid Growth                                                                                  | n/a      | 50,025            |
| *   | John Hancock Life Ins Co                                  | Vanguard Explorer Fund                                                                                     | n/a      | 49,566            |
| *   | John Hancock Life Ins Co                                  | Templeton Global Bond Fund                                                                                 | n/a      | 48,848            |
| *   | John Hancock Life Ins Co                                  | John Hancock Disciplined Value                                                                             | n/a      | 46,990            |
| *   | John Hancock Life Ins Co                                  | JH Multimanager Moderate LS                                                                                | n/a      | 42,460            |
| *   | John Hancock Life Ins Co                                  | Sprott Gold Equity Fund                                                                                    | n/a      | 41,920            |
| *   | John Hancock Life Ins Co                                  | American Funds New Perspective                                                                             | n/a      | 40,881            |
| *   | John Hancock Life Ins Co                                  | Science & Technology Fund                                                                                  | n/a      | 36,381            |
| *   | John Hancock Life Ins Co                                  | Vanguard Short-Term Federal                                                                                | n/a      | 34,077            |
| *   | John Hancock Life Ins Co                                  | BlackRock Basic Value                                                                                      | n/a      | 30,884            |
| *   | John Hancock Life Ins Co                                  | Dodge & Cox International St                                                                               | n/a      | 30,844            |
| *   | John Hancock Life Ins Co                                  | Fidelity ContraFund                                                                                        | n/a      | 30,125            |
| *   | John Hancock Life Ins Co                                  | AF Capital Income Builder                                                                                  | n/a      | 28,089            |
| *   | John Hancock Life Ins Co                                  | JH Multi-Index Income Preserv                                                                              | n/a      | 25,470            |
| *   | John Hancock Life Ins Co                                  | Fidelity Adv Leveraged Co Stk                                                                              | n/a      | 25,256            |
| *   | John Hancock Life Ins Co                                  | DFA International Value                                                                                    | n/a      | 24,509            |
| *   | John Hancock Life Ins Co                                  | High Yield Fund                                                                                            | n/a      | 20,933            |
| *   | John Hancock Life Ins Co                                  | JH Multimanager 2065 Lifetime                                                                              | n/a      | 19,755            |
| *   | John Hancock Life Ins Co                                  | JH Multimanager 2015 Lifetime                                                                              | n/a      | 18,481            |
| *   | John Hancock Life Ins Co                                  | Small Cap Index Fund                                                                                       | n/a      | 17,053            |
| *   | John Hancock Life Ins Co                                  | Vanguard Growth Index Fund                                                                                 | n/a      | 16,904            |
| *   | John Hancock Life Ins Co                                  | John Hancock Bond Fund                                                                                     | n/a      | 16,629            |
| *   | John Hancock Life Ins Co                                  | Core Bond Fund                                                                                             | n/a      | 16,314            |
| *   | John Hancock Life Ins Co                                  | Franklin Mutual Beacon Fund                                                                                | n/a      | 14,907            |
| *   | John Hancock Life Ins Co                                  | Fundamental Large Cap Value                                                                                | n/a      | 12,526            |
| *   | John Hancock Life Ins Co                                  | MFS Utilities Fund                                                                                         | n/a      | 11,862            |
| *   | John Hancock Life Ins Co                                  | Vanguard Value Index Fund                                                                                  | n/a      | 9,960             |
| *   | John Hancock Life Ins Co                                  | Mutual Global Discovery                                                                                    | n/a      | 8,920             |
| *   | John Hancock Life Ins Co                                  | T. Rowe Price Health Sci                                                                                   | n/a      | 6,612             |
| *   | John Hancock Life Ins Co                                  | T. Rowe Price Short Term Bond                                                                              | n/a      | 5,075             |
| *   | John Hancock Life Ins Co                                  | Fundamental All Cap Core Fund                                                                              | n/a      | 3,848             |
| *   | John Hancock Life Ins Co                                  | Invesco Small Cap Growth                                                                                   | n/a      | 2,586             |
| *   | John Hancock Life Ins Co                                  | Intl Equity Index Fund                                                                                     | n/a      | 1,954             |
| *   | John Hancock Life Ins Co                                  | Lord Abbett Value Opps Fund                                                                                | n/a      | 1,182             |
| *   | John Hancock Life Ins Co                                  | DFA US Targeted Value Fund                                                                                 | n/a      | 800               |
| *   | John Hancock Life Ins Co                                  | PIMCO Commodity Real Return                                                                                | n/a      | 800               |
| *   | John Hancock Life Ins Co                                  | T. Rowe Price Sci & Tech                                                                                   | n/a      | 665               |

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For plan year (beginning/ending): ► (10/1/2021 / 9/30/2022)

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | John Hancock Life Ins Co                                  | Financial Industries Fund                                                                                  | n/a      | 546               |
| *   | John Hancock Life Ins Co                                  | AMG River Road Mid Cap Value                                                                               | n/a      | 533               |
| *   | John Hancock Life Ins Co                                  | Real Est. Securities Fund                                                                                  | n/a      | 514               |
| *   | John Hancock Life Ins Co                                  | Unallocated Cash                                                                                           | n/a      | 6,278             |
| *   | John Hancock Life Ins Co                                  | Participant Loans                                                                                          | n/a      | 19,778            |
|     |                                                           | <b>Total Investments</b>                                                                                   |          | <b>20,765,982</b> |