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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                          |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input checked="" type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                               |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                                               |                                                       |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                        |                                                       |
| 1a      | Name of plan<br>WESTERN GROWERS RETIREMENT SECURITY PLAN                                                                                                                                                                                                                                                                                      | 1b Three-digit plan number (PN) ▶ 336                 |
|         |                                                                                                                                                                                                                                                                                                                                               | 1c Effective date of plan<br>01/01/1997               |
| 2a      | 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>WESTERN GROWERS ASSOCIATION<br><br>6501 IRVINE CENTER DR SUITE 100<br>IRVINE, CA 92618 | 2b Employer Identification Number (EIN)<br>95-1362030 |
|         |                                                                                                                                                                                                                                                                                                                                               | 2c Plan Sponsor's telephone number<br>949-863-1000    |
|         |                                                                                                                                                                                                                                                                                                                                               | 2d 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.

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/16/2023 | KAREN TIMMINS                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                               |
| <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> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <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> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 0<br><b>6a(2)</b> 1779<br><b>6b</b> 0<br><b>6c</b> 253<br><b>6d</b> 2032<br><b>6e</b> 1<br><b>6f</b> 2033<br><b>6g</b> 1270<br><b>6h</b> 27                                                                                                                                                                                                                                                                          |
| <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>2A 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H<br><br><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 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"/> <b>1 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <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>2022</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>WESTERN GROWERS RETIREMENT SECURITY PLAN                                 | B Three-digit plan number (PN) ► 336                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>WESTERN GROWERS ASSOCIATION      | D Employer Identification Number (EIN)<br>95-1362030 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>STANDARD 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     |
| 93-0242990 | 69019         | 815663                                | 185                                                                         | 01/01/2022              | 12/31/2022 |

|                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | (b) Total amount of fees paid |
|                                      |                               |

|                                                                                                       |
|-------------------------------------------------------------------------------------------------------|
| 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 |
|--------------------------------------------------------------------------------------------------|

| (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 |                       |
|                                               |                                 |             |                       |

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(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 |                       |
|                                               |                                 |             |                       |

---

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

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| (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.

**4** Current value of plan's interest under this contract in the general account at year end..... **4** 8826285**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** 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..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 0**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 334527  
(2) Dividends and credits ..... **7c(2)** 17554  
(3) Interest credited during the year ..... **7c(3)** 147716  
(4) Transferred from separate account ..... **7c(4)** 9371605  
(5) Other (specify below) ..... **7c(5)** 32868

▶ PARTICIPANT LOAN REPAYMENTS

(6) Total additions ..... **7c(6)** 9904270**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 9904270**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 257475  
(2) Administration charge made by carrier ..... **7e(2)**  
(3) Transferred to separate account ..... **7e(3)** 809821  
(4) Other (specify below) ..... **7e(4)** 10689

▶ LOANS ISSUED

(5) Total deductions ..... **7e(5)** 1077985**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 8826285

**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. .... | <b>10b</b> |  |

Specify nature of costs.

**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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider 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> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>WESTERN GROWERS RETIREMENT SECURITY PLAN                                 | B Three-digit plan number (PN) ▶ 336                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>WESTERN GROWERS ASSOCIATION      | D Employer Identification Number (EIN)<br>95-1362030 |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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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)

WESTERN GROWERS FINANCIAL SERVICES

91-2038676

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 27 28<br>50 51 72   | INVESTMENT<br>MANAGER                                                                             | 141005                                                                 | Yes <input type="checkbox"/> No <input checked="" 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)

NWPS

91-2090931

| (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 16 37<br>38 50 64<br>65 | RECORDKEEPER                                                                                      | 111970                                                                 | Yes <input type="checkbox"/> No <input checked="" 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)

RAUB BROCK CAPITAL MANAGEMENT

27-2620760

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | INVESTMENT<br>MANAGER                                                                             | 87863                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

WESTERN GROWERS ASSOCIATION

95-3628301

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 14 36<br>38 49 50   | CONTRACT ADMINISTRATOR                                                                            | 70128                                                                  | Yes <input type="checkbox"/> No <input checked="" 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)

TRAN CAPITAL MANAGEMENT L.P.

94-6330378

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | INVESTMENT MANAGER                                                                                | 53207                                                                  | Yes <input type="checkbox"/> No <input checked="" 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)

MOSS ADAMS LLP

91-0189318

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | AUDITOR                                                                                           | 37275                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

ALTA TRUST COMPANY

26-1505234

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 25 34 50            | TRUSTEE AND UNITIZATION                                                                           | 31653                                                                  | Yes <input type="checkbox"/> No <input checked="" 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)

CHARLES SCWHWAB TRUST BANK

42-1558009

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 50                  | CUSTODIAN                                                                                         | 28555                                                                  | Yes <input type="checkbox"/> No <input checked="" 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 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><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>WESTERN GROWERS RETIREMENT SECURITY PLAN</u>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float:right">►</span> <u>336</u>       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>WESTERN GROWERS ASSOCIATION</u>                                                                                                                                                                      |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>95-1362030</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <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. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 0                     | 3723872         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 0                     | 115456          |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 0                     | 5588434         |
| <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> | 0                     | 3909388         |
| <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> | 0                     | 22361336        |
| <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                     | 1326106         |
| <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>   | 0                     | 63341783        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 0                     | 8826285         |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 0                     | 154514          |

| <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>    | 0                     | 109347174       |

**Liabilities**

|                                                                           |           |   |       |
|---------------------------------------------------------------------------|-----------|---|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 13619 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 600   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 13747 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 27966 |

**Net Assets**

|                                                           |           |   |           |
|-----------------------------------------------------------|-----------|---|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 0 | 109319208 |
|-----------------------------------------------------------|-----------|---|-----------|

**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> | 4291094    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 4246770    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 322306     |           |
| (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>    |            | 8860170   |
| <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> | 10476      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 60773      |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 79783      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 151032    |
| (2) Dividends:                                                                                             |                 |            |           |
| <b>(A)</b> Preferred stock .....                                                                           | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 811019     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1040742    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1851761   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets:                                                                     |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....                                                                        | <b>2b(4)(A)</b> | -9045252   |           |
| <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> |            | -9045252  |
| (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> | 324809     |           |
| <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> |            | 324809    |

|                                                                                                 |        | (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) |            | -14505140 |
| c Other income .....                                                                            | 2c     |            | 281       |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -12362339 |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 3767508    |           |
| (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)  |            | 3767508   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 3753      |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 100497     |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 182794     |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 280203     |           |
| (4) Other .....                                                                                 | 2i(4)  | 48944      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 612438    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 4383699   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -16746038 |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            | 126065246 |
| (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: MOSS ADAMS LLP

(2) EIN: 91-0189318

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   |    | 53782  |

|                                                                                                                                                                                                                                                                                                            | 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>                                                                                                                                                                                                                                                                                                  |     |    |        |

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<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>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>WESTERN GROWERS RETIREMENT SECURITY PLAN                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 336                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>WESTERN GROWERS ASSOCIATION                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>95-1362030                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 42-1558009                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 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) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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).)

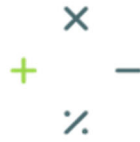
(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/>           Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                 |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |



Report of Independent Auditors and Financial Statements with  
Supplemental Schedules

**Western Growers Retirement Security Plan**

December 31, 2022



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## Report of Independent Auditors

The Trust Committee  
Western Growers Retirement Security Plan

### Report on the Audit of the Financial Statements

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

We have performed an audit of the financial statements of Western Growers Retirement Security 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 – modified cash basis as of December 31, 2022, and the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Western Growers Retirement Security Plan'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 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 December 31, 2022, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 6 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 Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, 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 (GAAP).
- the information in the accompanying financial statements 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 (GAAS). 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 Western Growers Retirement Security Plan 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.

### ***Emphasis of Matter – Basis of Accounting***

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified in respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2 and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 GAAS, 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 Western Growers Retirement Security Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Western Growers Retirement Security Plan'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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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.

### ***Other Matter***

#### ***Supplemental Schedules Required by ERISA***

The supplemental schedules, Schedule H, Line 4(i) – Schedule of Assets as of December 31, 2022, and Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, 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 schedules, other than the information in the supplemental schedules 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 Disclosures under ERISA.
- the information in the supplemental schedules 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).

A handwritten signature in cursive script that reads "Moss Adams LLP".

San Diego, California  
October 16, 2023

## **Financial Statements**

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**Western Growers Retirement Security Plan**  
**Statement of Net Assets Available for Benefits – Modified Cash Basis**  
**December 31, 2022**

---

ASSETS

|                                 |                  |
|---------------------------------|------------------|
| Investments, at fair value      |                  |
| Interest bearing cash           | \$ 5,683,788     |
| Registered investment companies | 61,467,139       |
| Common and Preferred stock      | 22,875,532       |
| U.S. government securities      | 2,369,273        |
| Corporate bonds                 | 1,025,437        |
| Life insurance annuities        | <u>1,911,430</u> |

95,332,599

|                                                   |                  |
|---------------------------------------------------|------------------|
| Guaranteed investment contract, at contract value | <u>8,826,285</u> |
|---------------------------------------------------|------------------|

Total investments 104,158,884

|                                    |                  |
|------------------------------------|------------------|
| Receivables                        |                  |
| Notes receivable from participants | <u>1,326,106</u> |

TOTAL ASSETS 105,484,990

NET ASSETS AVAILABLE FOR BENEFITS \$ 105,484,990

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See accompanying notes.

**Western Growers Retirement Security Plan**  
**Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis**  
**Year Ended December 31, 2022**

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|                                                       |                              |
|-------------------------------------------------------|------------------------------|
| INVESTMENT LOSS                                       |                              |
| Net (depreciation) in fair value of investments       | \$ (22,343,183)              |
| Interest and dividends                                | <u>1,040,742</u>             |
|                                                       | (21,302,441)                 |
| Less investment expenses                              | <u>(280,203)</u>             |
| NET INVESTMENT INCOME (LOSS)                          | <u>(21,582,644)</u>          |
| INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS | <u>79,783</u>                |
| CONTRIBUTIONS                                         |                              |
| Participant                                           | 4,150,646                    |
| Employer                                              | 3,887,933                    |
| Rollovers                                             | <u>322,305</u>               |
| Total contributions                                   | <u>8,360,884</u>             |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO              |                              |
| Benefits paid to participants                         | 3,771,262                    |
| Administrative expenses                               | <u>332,234</u>               |
| Total deductions                                      | <u>4,103,496</u>             |
| CHANGE IN NET ASSETS                                  | (17,245,473)                 |
| TRANSFERS INTO PLAN                                   | 122,730,463                  |
| NET ASSETS AVAILABLE FOR BENEFITS                     |                              |
| Beginning of year                                     | <u>-</u>                     |
| End of year                                           | <u><u>\$ 105,484,990</u></u> |

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See accompanying notes.

# Western Growers Retirement Security Plan

## Notes to Financial Statements

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### Note 1 – Description of Plan

The following description of the Western Growers Retirement Security Plan (the “Plan” or RSP) provides only general information. Participants should refer to the Plan Document and adoption agreement for a more complete description of the Plan provisions.

**General** – The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), was formed in December 2021, and began accepting contributions in January 2022.

The Plan is a tax-exempt defined contribution, multiple employer plan sponsored by the Western Growers Association (WGA), for which WGA members (Adopting Employers) constitute the participating majority. Alta Trust along with the appointed RSP Trustees act as the Directed Trustees. The trustees are responsible for the oversight of the Plan.

Charles Schwab is the custodian and the Plan administrator is Northwest Plan Services.

As of December 31, 2022, the Plan is comprised of 36 participating employers.

**Eligibility** – Employees of the adopting employers are eligible to participate in the Plan, upon reaching the adopting employer’s minimum age and service conditions.

**Contributions** – Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the adoption agreement, up to the maximum limits of the Internal Revenue Service (IRS). Participants may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Plan provides for contributions by adopting employers in varying amounts as set forth in each employer’s adoption agreement (the Adoption Agreements) on behalf of covered employees enrolled in the Plan.

Contributions are subject to provisions of ERISA.

**Participant accounts** – Each participant’s account is credited with the participant’s contributions and respective employer contributions, if any, as well as allocations of plan earnings, if applicable. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Participants direct the investment of their account into various investment options offered by the Plan.

**Vesting** – Participants are vested immediately in their contributions, plus actual earning thereon. A participant’s vested interest in employer contributions is based on the vesting schedule selected by the adopting employer.

## Western Growers Retirement Security Plan

### Notes to Financial Statements

---

**Notes receivable from participants** – Participants of certain adopting employer plans may borrow from their fund accounts up to the lesser of 50% of their vested balance reduced by the highest outstanding loan balance during the preceding twelve months or \$50,000. Repayment is generally required within five years. The loans are secured by the balance in the participant's account. Interest on loans is determined by the administrators of the participating plans and generally ranges from prime rate plus 3.25% to 9.5%.

**Payment of benefits** – Pension, death, and disability benefits are equal to the vested account value from the most current valuation and are payable as a lump-sum cash distribution. Spousal consent is required for certain benefit payment elections.

**Forfeitures** – Forfeitures are the nonvested portion of a participant's account that is lost upon reduce future termination of employment. The employers may elect first to use all or a portion of the forfeiture account to employer contributions or pay administrative costs of the Plan, with any remaining forfeitures being allocated to eligible participants. As of December 31, 2022, forfeited nonvested accounts totaled \$117,000. For the year ended December 31, 2022, approximately \$10,000 was used for payment of administrative expenses and \$253,000 was used to pay employer contributions.

#### **Note 2 – Summary of Significant Accounting Policies**

**Basis of accounting** – The accompanying financial statements have been prepared on the modified cash basis of accounting. The modified cash basis of accounting differs from generally accepted accounting principles in that interest and dividend income is recognized when received and not accrued; contributions and disbursements are recognized when made and not when due to (from) the Plan. Accordingly, the financial statements are not intended to present the net assets and changes in net assets of the Plan in conformity with generally accepted accounting principles.

**Use of estimates** – The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits – modified cash basis and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits – modified cash basis during the reporting period. Actual results could differ from those estimates.

**Investment valuation** – 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. See Note 3 for discussion of fair value measurements.

**Income recognition** – Purchases and sales of securities are recorded on a settlement date basis. Interest and dividend income is recorded when received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes receivable from participants** – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the respective employer Plan Agreement. No allowance for credit losses has been recorded as of December 31, 2022.

## Western Growers Retirement Security Plan

### Notes to Financial Statements

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**Payment of benefits** – Benefits are recorded when paid.

**Subsequent events** – The Trust has evaluated subsequent events through October 16, 2023, which is the date the financial statements were available to be issued.

#### **Note 3 – Fair Value Measurements**

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

**Level 1** – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities the Plan has the ability to access.

**Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation techniques used for assets measured at fair value.

*Interest-bearing cash:* The carrying value of interest-bearing cash is considered to be representative of their fair values, based on the short-term nature of these instruments. As such, these investments are classified within Level 1 of the valuation hierarchy.

*Mutual funds:* These investments are valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

*Common stock:* These investments are public investment vehicles valued daily at the closing price reported on an active market using observable inputs and are classified within Level 1 of the valuation hierarchy.

*US Government Securities:* These investments are short term treasury notes and are valued daily at the closing price reported on an active market using observable inputs and are classified within Level 1 of the valuation hierarchy.

## Western Growers Retirement Security Plan

### Notes to Financial Statements

*Preferred stock and corporate bonds:* These investments are public investment vehicles valued using quoted prices for identical or similar investments in markets that are not deemed to be active based on the volume of trading activity and are classified within Level 2 of the valuation hierarchy.

*Life insurance annuities:* These investments are valued at cost, which approximates market value. As there is not an active market with observable inputs, these investments are classified within Level 3 of the valuation hierarchy.

| Description                     | Total                | Level 1              | Level 2             | Level 3             |
|---------------------------------|----------------------|----------------------|---------------------|---------------------|
| Mutual funds                    | \$ 61,467,139        | \$ 61,467,139        | \$ -                | \$ -                |
| Common and Preferred stock      | 22,875,532           | 22,455,657           | 419,875             | -                   |
| Interest-bearing cash           | 5,683,788            | 5,683,788            | -                   | -                   |
| U.S. government securities      | 2,369,273            | 2,369,273            | -                   | -                   |
| Life insurance annuities        | 1,911,430            | -                    | -                   | 1,911,430           |
| Corporate bonds                 | 1,025,437            | -                    | 1,025,437           | -                   |
| Total investments at fair value | <u>\$ 95,332,599</u> | <u>\$ 91,975,857</u> | <u>\$ 1,445,312</u> | <u>\$ 1,911,430</u> |

The following table presents a summary of changes in the fair value of the Group Trust's Level 3 assets for the year ended December 31, 2022:

|                            | Life Insurance<br>Annuities |
|----------------------------|-----------------------------|
| Balance, December 31, 2021 | \$ -                        |
| Transfer in                | 1,865,639                   |
| Unrealized gains           | 45,791                      |
| Balance, December 31, 2022 | <u>\$ 1,911,430</u>         |

In regards to the classification of investment options offered by the Plan, there were no reclassifications between Level 1, 2 or 3 during the year ended December 31, 2022. Investments can be redeemed immediately and without a redemption notification period. As of December 31, 2022, there were no unfunded commitments associated with any of these investments.

At December 31, 2022, the Plan holds assets totaling \$8,826,285 in a benefit-responsive investment contract with Standard Insurance Company (Standard). Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount Plan participants normally would receive if they were to initiate permitted transactions under the terms of the Plan's provisions. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Standard maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with the plan participants are probable of occurring.

## **Western Growers Retirement Security Plan**

### **Notes to Financial Statements**

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#### **Note 4 – Tax Status**

The Plan Document is a volume submitter defined contribution plan sponsored by CCH and has been filed with the appropriate agency. The Plan has not obtained or requested a determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified, and the related Trust was tax-exempt as of the financial statement date.

In accordance with guidance on accounting for uncertainty in income taxes (Accounting Standards Codification 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **Note 5 – Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the values of the investments in the near term could materially affect a participant's account balance and the amounts reported in the statement of net assets available for benefits.

#### **Note 6 – Information Certified by the Custodian**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian of the Plan has certified to the completeness and accuracy of the following:

- Investments reflected on the accompanying statement of net assets available for benefits as of December 31, 2022.
- Net depreciation in fair value of investments, and interest and dividends, reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022.
- Investments reflected on the schedule of assets (held at end of year).

## Western Growers Retirement Security Plan

### Notes to Financial Statements

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#### Note 7 – Party-in-Interest Transactions

Certain affiliates of Western Growers Association provide management, accounting and investment services, office space, data processing, printing, and other administrative services to the Plan. Total net charges to the Plan by such affiliates were \$211,133 for the year ended December 31, 2022. In management's opinion, such charges approximate those which would have been incurred if contracted with an outside party. Alta Trust as the trustee, Charles Schwab as the custodian, and Northwest Plan Services as the recordkeeper of the Plan were all paid fees for those services. In addition, certain participating employer plans issue loans to participants, which are secured by the balances in the participants' accounts. These transactions qualify as party-in-interest transactions for which a statutory exemption exists.

#### Note 8 – Reconciliation to Form 5500

The following is a reconciliation of the net assets available for benefits reported in the financial statements and the net assets reported on the Form 5500 as of December 31, 2022:

|                                                                 |                              |
|-----------------------------------------------------------------|------------------------------|
| Net assets available for benefits, per the financial statements | \$ 105,484,990               |
| Add 2022 receivables                                            | 3,839,328                    |
| Less other adjustments, net                                     | <u>(5,110)</u>               |
| Net assets per the Form 5500                                    | <u><u>\$ 109,319,208</u></u> |

The following is a reconciliation of the change in net assets available for benefits reported in the financial statements and the net income reported on the Form 5500 for the year ended December 31, 2022:

|                                                                             |                               |
|-----------------------------------------------------------------------------|-------------------------------|
| Change in net assets available for benefits<br>per the financial statements | \$ (17,245,473)               |
| Less 2021 receivables                                                       | (3,334,783)                   |
| Add 2022 receivables                                                        | 3,839,328                     |
| Less other adjustments, net                                                 | <u>(5,110)</u>                |
| Net income per the Form 5500                                                | <u><u>\$ (16,746,038)</u></u> |

The following is a reconciliation of the transfer into the Plan reported in the financial statements and the Form 5500:

|                                             |                              |
|---------------------------------------------|------------------------------|
| Transfer into Plan per financial statements | \$ 122,730,463               |
| Add 2021 receivables                        | <u>3,334,783</u>             |
| Transfers into the plan per Form 5500       | <u><u>\$ 126,065,246</u></u> |

#### Note 9 – Plan Termination

Although it has not expressed any intention 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.

## **Western Growers Retirement Security Plan**

### **Notes to Financial Statements**

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#### **Note 10 – Delinquent Participant Contributions**

As disclosed in the accompanying supplemental schedule, certain employee deferrals were not remitted to the Plan within the timeframe required by the Department of Labor.

**Supplemental Schedules  
Required by Department of Labor**

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**Western Growers Retirement Security Plan**  
**EIN: 95-1362030, Plan #: 336**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

| (a) | (b)<br>Identity of issuer, borrower,<br>lessor, or similar party | (c)<br>Description of investment, including<br>maturity date, rate of interest, collateral,<br>par or maturity value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | <b>MUTUAL, INDEX AND ETF FUNDS</b>                               |                                                                                                                      |             |                         |
|     | AMERICAN FUND BOND FD OF AMER R6                                 |                                                                                                                      | **          | \$ 1,253,229            |
|     | AXONIC STRATEGIC INCOME I                                        |                                                                                                                      | **          | 7,959                   |
|     | DOUBLELINE INCOME SOLUTIONS                                      |                                                                                                                      | **          | 1,168,287               |
|     | DWS RREEF REAL ESTATE SEC FD INST                                |                                                                                                                      | **          | 1,539,826               |
|     | EV SENIOR FLOATING RATE                                          |                                                                                                                      | **          | 137,844                 |
|     | FEDERATED INSTL HIGH YIELD BND INSTL                             |                                                                                                                      | **          | 906,169                 |
|     | FIDELITY 500 INDEX FD                                            |                                                                                                                      | **          | 8,612,895               |
|     | FIDELITY ENVNMNT & ALTRNTV ENRGY FD                              |                                                                                                                      | **          | 925,624                 |
|     | FIRST TRUST INTER DUR PREF & INCOME FUND                         |                                                                                                                      | **          | 571,556                 |
|     | GLOBAL X US PREFERRED ETF                                        |                                                                                                                      | **          | 751,362                 |
|     | HARTFORD INTL OPPTY R6                                           |                                                                                                                      | **          | 6,831,806               |
|     | INVESCO FINANCIAL PREFERRED ETF                                  |                                                                                                                      | **          | 587,045                 |
|     | INVESCO VARIABLE RATE PREFERRED ETF                              |                                                                                                                      | **          | 1,126,911               |
|     | ISHARES 1-3 YEAR TREASURY BOND ETF                               |                                                                                                                      | **          | 982,482                 |
|     | ISHARES 20+ YEAR TREASURY BOND ETF                               |                                                                                                                      | **          | 728,680                 |
|     | ISHARES PREFERRED&INCOME SECURITIES ETF                          |                                                                                                                      | **          | 2,458,001               |
|     | ISHARES SHORT TREASURY BOND ETF                                  |                                                                                                                      | **          | 1,994,279               |
|     | JPMORGAN EMRG MKTS EQTY CL R6                                    |                                                                                                                      | **          | 1,135,560               |
|     | LAMAR ADVERTISING CO                                             |                                                                                                                      | **          | 2,832                   |
|     | METROPOLITAN WEST TOTAL RETURN I                                 |                                                                                                                      | **          | 575,814                 |
|     | NUVEEN CREDIT STRATEGIES INCOME                                  |                                                                                                                      | **          | 15,270                  |
|     | PACER PACIFIC ASSET FLTNG RT HI INC ETF                          |                                                                                                                      | **          | 229,760                 |
|     | SCHWAB 1000 INDEX FUND                                           |                                                                                                                      | **          | 9,633,283               |
|     | SCHWAB INTL INDEX FD                                             |                                                                                                                      | **          | 3,192,928               |
|     | SCHWAB TARGET 2055 INDEX FUND                                    |                                                                                                                      | **          | 2,166                   |
|     | SCHWAB US LARGE CAP GROWTH INDEX FD                              |                                                                                                                      | **          | 6,105,079               |
|     | T ROWE PRICE SCIENCE & TECH I                                    |                                                                                                                      | **          | 3,288,940               |
|     | VANGUARD HEALTH CARE FD ADMIRAL SHS                              |                                                                                                                      | **          | 3,960,073               |
|     | VANGUARD SMALL CAP GROWTH INDEX ADMI                             |                                                                                                                      | **          | 2,717,651               |
|     | VIRTUS NEWFLEET LOW DUR CORE PL BD I                             |                                                                                                                      | **          | 3,270                   |
|     | VOYA FLOATING RATE FD I                                          |                                                                                                                      | **          | 6,264                   |
|     | VOYA HIGH YIELD BD CL I                                          |                                                                                                                      | **          | 6,294                   |
|     | USCF MIDSTREAM ENERG                                             |                                                                                                                      | **          | 8,002                   |
|     |                                                                  |                                                                                                                      |             | <u>\$ 61,467,141</u>    |

**Western Growers Retirement Security Plan**  
**EIN: 95-1362030, Plan #: 336**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2022**

| (a) | (b)<br>Identity of issuer, borrower,<br>lessor, or similar party | (c)<br>Description of investment, including<br>maturity date, rate of interest, collateral,<br>par or maturity value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | <b>COMMON STOCK</b>                                              |                                                                                                                      |             |                         |
|     | 3M COMPANY                                                       |                                                                                                                      | **          | \$ 2,518                |
|     | ABBVIE INC                                                       |                                                                                                                      | **          | 777,344                 |
|     | ACCENTURE PLC CLASS A                                            |                                                                                                                      | **          | 595,053                 |
|     | AERCAP HOLDINGS NV                                               |                                                                                                                      | **          | 647,994                 |
|     | ALPHABET INC CLASS A                                             |                                                                                                                      | **          | 444,326                 |
|     | AMAZON.COM INC                                                   |                                                                                                                      | **          | 258,468                 |
|     | AMERICAN ELEC PWR INC                                            |                                                                                                                      | **          | 3323                    |
|     | AMGEN INCORPORATED                                               |                                                                                                                      | **          | 3,152                   |
|     | APOLLO GLOBAL MGMT I                                             |                                                                                                                      | **          | 3,955                   |
|     | AUTOMATIC DATA PROCESSING INC                                    |                                                                                                                      | **          | 707,026                 |
|     | BAKER HUGHES                                                     |                                                                                                                      | **          | 460,638                 |
|     | BALL CORP                                                        |                                                                                                                      | **          | 499,791                 |
|     | BLACKSTONE GROUP INC                                             |                                                                                                                      | **          | 3,116                   |
|     | BLOCK H & R INC                                                  |                                                                                                                      | **          | 1,716                   |
|     | BROADCOM LIMITED                                                 |                                                                                                                      | **          | 2,237                   |
|     | CANADIAN NATIONAL RAILWAY CO                                     |                                                                                                                      | **          | 728,140                 |
|     | CARDINAL HEALTH                                                  |                                                                                                                      | **          | 2,921                   |
|     | CARRIER GLOBAL CORP ORDINARY SHARES                              |                                                                                                                      | **          | 684,750                 |
|     | CATALENT INC                                                     |                                                                                                                      | **          | 335,054                 |
|     | CDW CORP                                                         |                                                                                                                      | **          | 708,070                 |
|     | CHEVRON CORPORATION                                              |                                                                                                                      | **          | 3,051                   |
|     | CISCO SYSTEMS INC                                                |                                                                                                                      | **          | 4,097                   |
|     | CLARIVATE PLC ORDINARY SHARES                                    |                                                                                                                      | **          | 336,903                 |
|     | CLORAX                                                           |                                                                                                                      | **          | 2,105                   |
|     | D.R. HORTON INC                                                  |                                                                                                                      | **          | 791,563                 |
|     | DANAHER CORP                                                     |                                                                                                                      | **          | 522,081                 |
|     | DOLLAR GENERAL CORP                                              |                                                                                                                      | **          | 733,825                 |
|     | ELI LILLY                                                        |                                                                                                                      | **          | 804,848                 |
|     | ENTEGRIS INC                                                     |                                                                                                                      | **          | 243,995                 |
|     | EXXON MOBIL CORP                                                 |                                                                                                                      | **          | 2,537                   |
|     | FED EX                                                           |                                                                                                                      | **          | 2,252                   |
|     | FERGUSON PLC                                                     |                                                                                                                      | **          | 175,346                 |
|     | FRANKLIN RESOURCES                                               |                                                                                                                      | **          | 2,031                   |
|     | GILEAD SCIENCES INC                                              |                                                                                                                      | **          | 5,323                   |
|     | HALOZYME THERAPEUTICS INC                                        |                                                                                                                      | **          | 677,167                 |
|     | IBM CORP                                                         |                                                                                                                      | **          | 3,945                   |
|     | INTEL CORP                                                       |                                                                                                                      | **          | 2,617                   |
|     | IQVIA HOLDINGS INC                                               |                                                                                                                      | **          | 477,189                 |
|     | J P MORGAN CHASE & CO                                            |                                                                                                                      | **          | 3,084                   |
|     | JOHNSON & JOHNSON                                                |                                                                                                                      | **          | 3,003                   |
|     | LOCKHEED MARTIN CORP                                             |                                                                                                                      | **          | 3,405                   |
|     | LOWE'S COMPANIES INC                                             |                                                                                                                      | **          | 689,370                 |
|     | LYONDELLBASELL INDS                                              |                                                                                                                      | **          | 2,242                   |
|     | MARTIN MARIETTA MATERIALS INC                                    |                                                                                                                      | **          | 427,194                 |
|     | MASTERCARD INC CLASS A                                           |                                                                                                                      | **          | 700,676                 |
|     | MC DONALDS CORP                                                  |                                                                                                                      | **          | 1,581                   |
|     | MERCK & CO INC                                                   |                                                                                                                      | **          | 5,104                   |
|     | META PLATFORMS INC. CLASS A                                      |                                                                                                                      | **          | 85,080                  |
|     | METLIFE INC                                                      |                                                                                                                      | **          | 2,750                   |
|     | MICROSOFT CORP                                                   |                                                                                                                      | **          | 402,898                 |
|     | MOELIS                                                           |                                                                                                                      | **          | 1,842                   |
|     | NIKE INC CLASS B                                                 |                                                                                                                      | **          | 728,972                 |
|     | PALO ALTO NETWORKS INC                                           |                                                                                                                      | **          | 362,525                 |
|     | PARKER-HANNIFIN                                                  |                                                                                                                      | **          | 683,850                 |
|     | PEPSICO INC                                                      |                                                                                                                      | **          | 1,987                   |
|     | PROCTER & GAMBLE                                                 |                                                                                                                      | **          | 3,183                   |
|     | PROGRESSIVE CORP                                                 |                                                                                                                      | **          | 449,575                 |
|     | ROPER TECHNOLOGIES INC                                           |                                                                                                                      | **          | 708,628                 |
|     | S&P GLOBAL INC                                                   |                                                                                                                      | **          | 609,591                 |
|     | SHERWIN-WILLIAMS CO                                              |                                                                                                                      | **          | 1,137,522               |
|     | SIMON PPTY GROUP INC NEW                                         |                                                                                                                      | **          | 4,112                   |
|     | STARBUCKS CORP                                                   |                                                                                                                      | **          | 765,824                 |
|     | SVB FINANCIAL GROUP                                              |                                                                                                                      | **          | 307,927                 |
|     | TEXAS INSTRUMENTS INC                                            |                                                                                                                      | **          | 690,620                 |
|     | TRUIST FINL CORP                                                 |                                                                                                                      | **          | 2,711                   |
|     | UNITEDHEALTH GROUP INC                                           |                                                                                                                      | **          | 673,329                 |
|     | VERIZON COMMUNICATN                                              |                                                                                                                      | **          | 3,507                   |
|     | VERRA MOBILITY CORP CLASS A                                      |                                                                                                                      | **          | 264,264                 |
|     | WAL- MART STORES INC                                             |                                                                                                                      | **          | 1,701                   |
|     | WALGREENS BOOTS ALLI                                             |                                                                                                                      | **          | 3,213                   |
|     | WELLS FARGO & CO                                                 |                                                                                                                      | **          | 454,273                 |
|     | ZOETIS INC CLASS A                                               |                                                                                                                      | **          | 609,648                 |
|     |                                                                  |                                                                                                                      |             | <u>\$ 22,455,658</u>    |

**Western Growers Retirement Security Plan**  
**EIN: 95-1362030, Plan #: 336**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2022**

| (a) | (b)<br>Identity of issuer, borrower,<br>lessor, or similar party   | (c)<br>Description of investment, including<br>maturity date, rate of interest, collateral,<br>par or maturity value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | <b>PREFERRED STOCK</b>                                             |                                                                                                                      |             |                         |
|     | QWEST CORP 6.75%, DUE 06/15/57                                     |                                                                                                                      | **          | \$ 43,500               |
|     | STRATS-PG 2006-1 VARIABLE RATE, DUE 8/15/2034                      |                                                                                                                      | **          | 262,625                 |
|     | INTEGRYS ENERGY GROUP 6%, DUE 06/15/57, DUE 8/1/2073               |                                                                                                                      | **          | 113,750                 |
|     |                                                                    |                                                                                                                      |             | <u>\$ 419,875</u>       |
|     | <b>US GOVERNMENT SECURITIES</b>                                    |                                                                                                                      |             |                         |
|     | US TREASURY BILL - DUE 3/2/23                                      |                                                                                                                      | **          | \$ 1,191,822            |
|     | US TREASURY BILL - DUE 6/1/23                                      |                                                                                                                      | **          | 1,177,451               |
|     |                                                                    |                                                                                                                      |             | <u>\$ 2,369,273</u>     |
|     | <b>CORPORATE BONDS</b>                                             |                                                                                                                      |             |                         |
|     | GENERAL ELECTRIC CAPITAL CORP. VARIABLE RATE 1.281%, DUE 3/15/2023 |                                                                                                                      | **          | \$ 200,130              |
|     | THE GOLDMAN SACHS 1.2084% ABS -CDO, DUE 2/15/34                    |                                                                                                                      | **          | 309,196                 |
|     | THE GOLDMAN SACHS 1.412% MBS-CMO DUE 2/15/34                       |                                                                                                                      | **          | 516,111                 |
|     |                                                                    |                                                                                                                      |             | <u>\$ 1,025,437</u>     |
|     | <b>LIFE INSURANCE ANNUITIES</b>                                    |                                                                                                                      |             |                         |
|     | AMERICAN GENERAL, #33447                                           |                                                                                                                      | **          | \$ 343,278              |
|     | AMERICAN GENERAL, #33448                                           |                                                                                                                      | **          | 686,556                 |
|     | INTEGRITY LIFE, # 33446                                            |                                                                                                                      | **          | 351,891                 |
|     | LINCOLN NATIONAL LIFE, #31941                                      |                                                                                                                      | **          | 342,715                 |
|     | LINCOLN NATIONAL LIFE, #33445                                      |                                                                                                                      | **          | 186,991                 |
|     |                                                                    |                                                                                                                      |             | <u>\$ 1,911,431</u>     |
|     | <b>GUARANTEED INVESTMENT CONTRACT</b>                              |                                                                                                                      |             |                         |
|     | STANDARD STABLE ASSET FUND 1                                       |                                                                                                                      | ** ++       | \$ 8,826,285            |
|     |                                                                    |                                                                                                                      |             | <u>\$ 8,826,285</u>     |
|     | <b>PARTICIPANT LOANS</b>                                           |                                                                                                                      |             |                         |
|     | PARTICIPANT LOANS                                                  | Interest rates range from 3.25% to 9.5%<br>maturing through February 2052                                            | **          | \$ 1,326,106            |
|     |                                                                    |                                                                                                                      |             | <u>\$ 1,326,106</u>     |
|     | <b>INTEREST BEARING CASH</b>                                       |                                                                                                                      |             |                         |
|     | INTEREST BEARING CASH                                              |                                                                                                                      |             | \$ 5,683,788            |
|     |                                                                    |                                                                                                                      |             | <u>\$ 5,683,788</u>     |
|     |                                                                    |                                                                                                                      |             | <u>\$ 105,484,994</u>   |

\*\* Cost information is not required for participant directed investments and therefore is not included.  
++ Presented at contract value

**Western Growers Retirement Security Plan**  
**EIN: 95-1362030, Plan #: 336**  
**Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions**  
**Year Ended December 31, 2022**

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| Participant Contributions<br>Transferred Late to Plan                                       | Total that Constitute<br>Nonexempt Prohibited Transactions |                                            |                                                   | Total Fully<br>Corrected Under<br>VFCP and<br>PTE 2002-51 |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
|                                                                                             | Contributions<br>Not Corrected                             | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                           |
| Check here if late participant<br>loan repayments are<br>included: <input type="checkbox"/> | \$ -                                                       | \$ 53,782                                  | \$ -                                              | \$ -                                                      |

**Multiple Employer Plan Participating Employer Information**

**WESTERN GROWERS RETIREMENT SECURITY PLAN**

**EIN = 95-1362030**

**PN = 336**

|                                         |            |        |            |
|-----------------------------------------|------------|--------|------------|
| AGRI-WORLD COOPERATIVE                  | 95-3744551 | 0.88%  | 345,180    |
| BARTON RANCH, INC.                      | 94-2623692 | 0.27%  | 352,560    |
| BONITA PACKING COMPANY                  | 95-0561546 | 0.00%  | 5,587,241  |
| COUNTRYSIDE MUSHROOMS, INC.             | 77-0167793 | 1.75%  | 2,020,986  |
| DEL RIO NUT COMPANY, INC.               | 77-0167161 | 0.87%  | 1,206,372  |
| DESERT SKY FARMS                        | 33-0630183 | 1.14%  | 3,371,713  |
| FRESH VENTURE FOODS, LLC                | 45-5082363 | 1.43%  | 579,840    |
| G O VINEYARD MANAGEMENT LLC             | 77-0567062 | 0.32%  | 684,410    |
| GARDENS & GABLES                        | 94-3348044 | 0.47%  | 351,563    |
| GOLD COAST FARMS, INC.                  | 95-3310836 | 0.06%  | 238,848    |
| GOLD COAST PACKING COMPANY              | 95-3330214 | 3.41%  | 4,497,961  |
| GOLDRIVER ORCHARDS, INC.                | 20-0106297 | 0.51%  | 60,889     |
| HILDEBRAND THOMPSON, INC.               | 94-3265498 | 0.02%  | 331,938    |
| LABRUCHERIE PRODUCE LLC                 | 45-2406369 | 4.15%  | 3,685,547  |
| LANTANA FARMS                           | 46-3106904 | 1.65%  | 137,697    |
| LOBUE BROTHERS, INC.                    | 94-1427502 | 0.60%  | 731,700    |
| OCEANO PACKING COMPANY, LLC             | 77-0584899 | 1.59%  | 1,021,434  |
| ORANGE COUNTY PRODUCE, LLC              | 33-0668961 | 1.44%  | 1,107,536  |
| PEREZ FARMS                             | 68-0270437 | 0.19%  | 409,812    |
| PHELAN & TAYLOR PRODUCE COMPANY         | 95-1813411 | 0.78%  | 962,226    |
| PINNACLE CLAIMS MANAGEMENT INC          | 33-0783743 | 9.68%  | 8,588,297  |
| PISMO OCEANO VEGETABLE EXCHANGE         | 95-1111280 | 0.66%  | 578,542    |
| RAM TRUCKING, INC.                      | 94-2579214 | 2.06%  | 2,135,692  |
| RAYMOND F LOPEZ JR, MD, INC.            | 27-2255564 | 0.42%  | 35,937     |
| RIVER VALLEY RANCHES                    | 33-0029596 | 0.00%  | 157,124    |
| ROCKWOOD CHEMICAL COMPANY               | 95-2091982 | 0.91%  | 1,421,945  |
| SPRING CREEK RANCH, LTD.                | 68-0290775 | 0.10%  | 15,075     |
| SPRING VALLEY PRODUCE, INC.             | 77-0312126 | 0.29%  | 946,743    |
| SUN RAPT FOODS, INC.                    | 81-1436423 | 1.33%  | 1,391,279  |
| TALLEY FARMS                            | 95-2360927 | 2.26%  | 2,406,326  |
| TALLEY VINEYARDS                        | 77-0214114 | 0.71%  | 632,193    |
| THE ELMORE COMPANY                      | 93-0931332 | 1.20%  | 2,159,477  |
| TRI-VALLEY VEGETABLE HARVESTING, INC.   | 77-0036715 | 0.42%  | 114,680    |
| VAIL RANCHES, LLC                       | 95-2990453 | 0.84%  | 2,149,276  |
| VENTURA COUNTY AGRICULTURAL ASSOCIATION | 95-2671616 | 1.21%  | 1,796,152  |
| WEST ISLAND COTTON GROWERS, INC.        | 94-1471868 | 0.57%  | 446,276    |
| WESTERN GROWERS ASSOCIATION             | 95-1362030 | 19.95% | 20,048,382 |
| WESTERN GROWERS ASSURANCE TRUST         | 95-2500201 | 1.14%  | 1,499,270  |
| WESTERN GROWERS FINANCIAL SERVICES      | 91-2038676 | 16.94% | 8,603,720  |
| WESTERN GROWERS INSURANCE SERVICES      | 46-3215026 | 5.47%  | 13,343,430 |
| WESTERN GROWERS SERVICE CORP            | 33-0812456 | 12.33% | 9,329,721  |

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

Name of Plan:

WESTERN GROWERS RETIREMENT SECURITY PLAN

Employer Identification Number: 95-1362030

For plan year (beginning/ending): 2022

Plan number: 336

| (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 |
|-----|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | CTL 6 3/4 06/15/57 20170427 X 6.75% - CTL 6 3/4 06/15/57 NEW YORK        | Corporate Debt Instruments - Other                                                                         |          | 43,500.00         |
|     | GENERAL ELECTRIC CO MAR 23 FLOATING - GE FLOAT 03/15/23 TRACE            | Corporate Debt Instruments - Other                                                                         |          | 200,015.55        |
|     | STRATS FLOAT 08/15/34 20060228 V 0% - GJR NEW YORK                       | Corporate Debt Instruments - Other                                                                         |          | 292,500.00        |
|     | STRATS-GOLDMAN SACHS FEB 34 FLOATING - STRATS FLOAT 02/15/34 NEW YORK    | Corporate Debt Instruments - Other                                                                         |          | 307,937.96        |
|     | STRATS-GOLDMAN SACHS FEB 34 FLOATING (BBG0000B5LY5 - SYFD0B34.F NEW YORK | Corporate Debt Instruments - Other                                                                         |          | 579,741.75        |
|     | TREASURY BILL JUN 23 0% - B 06/01/23                                     | Corporate Debt Instruments - Other                                                                         |          | 1,177,637.58      |
|     | TREASURY BILL MAR 23 0% - B 03/02/23                                     | Corporate Debt Instruments - Other                                                                         |          | 1,191,804.84      |
|     | WEC 6 08/01/73 20130815 V 6% - WEC 6 08/01/73 TRACE                      | Corporate Debt Instruments - Other                                                                         |          | 116,250.00        |
|     | ABBVIE INC - ABBV US                                                     | Corporate Stock - Common                                                                                   |          | 777,344.10        |
|     | ACCENTURE PLC-CL A - ACN US                                              | Corporate Stock - Common                                                                                   |          | 595,053.20        |
|     | AERCAP HOLDINGS NV - AER US                                              | Corporate Stock - Common                                                                                   |          | 647,993.52        |
|     | ALPHABET INC-CL A - GOOGL US                                             | Corporate Stock - Common                                                                                   |          | 444,326.28        |
|     | AMAZON.COM INC - AMZN US                                                 | Corporate Stock - Common                                                                                   |          | 258,468.00        |
|     | AUTOMATIC DATA PROCESSING - ADP US                                       | Corporate Stock - Common                                                                                   |          | 707,025.60        |
|     | BAKER HUGHES CO - BKR US                                                 | Corporate Stock - Common                                                                                   |          | 460,638.47        |
|     | BALL CORP - BALL US                                                      | Corporate Stock - Common                                                                                   |          | 499,791.22        |
|     | CANADIAN NATL RAILWAY CO - CNI US                                        | Corporate Stock - Common                                                                                   |          | 728,140.00        |
|     | CARRIER GLOBAL CORP - CARR US                                            | Corporate Stock - Common                                                                                   |          | 684,750.00        |
|     | CATALENT INC - CTLT US                                                   | Corporate Stock - Common                                                                                   |          | 335,054.44        |
|     | CDW CORP/DE - CDW US                                                     | Corporate Stock - Common                                                                                   |          | 708,069.70        |
|     | CLARIVATE PLC - CLVT US                                                  | Corporate Stock - Common                                                                                   |          | 336,902.64        |
|     | DANAHER CORP - DHR US                                                    | Corporate Stock - Common                                                                                   |          | 522,081.14        |
|     | DOLLAR GENERAL CORP - DG US                                              | Corporate Stock - Common                                                                                   |          | 733,825.00        |
|     | DR HORTON INC - DHI US                                                   | Corporate Stock - Common                                                                                   |          | 791,563.20        |
|     | ELI LILLY & CO - LLY US                                                  | Corporate Stock - Common                                                                                   |          | 804,848.00        |
|     | ENTEGRIS INC - ENTG US                                                   | Corporate Stock - Common                                                                                   |          | 243,994.80        |
|     | FERGUSON PLC - FERG US                                                   | Corporate Stock - Common                                                                                   |          | 175,345.57        |
|     | HALOZYME THERAPEUTICS INC - HALO US                                      | Corporate Stock - Common                                                                                   |          | 677,166.90        |
|     | IQVIA HOLDINGS INC - IQV US                                              | Corporate Stock - Common                                                                                   |          | 477,188.81        |
|     | LOWE'S COS INC - LOW US                                                  | Corporate Stock - Common                                                                                   |          | 689,370.40        |
|     | MARTIN MARIETTA MATERIALS - MLM US                                       | Corporate Stock - Common                                                                                   |          | 427,194.08        |
|     | MASTERCARD INC - MA US                                                   | Corporate Stock - Common                                                                                   |          | 700,675.95        |
|     | META PLATFORMS INC - META US                                             | Corporate Stock - Common                                                                                   |          | 85,080.38         |
|     | MICROSOFT CORP - MSFT US                                                 | Corporate Stock - Common                                                                                   |          | 402,897.60        |
|     | NIKE INC -CL B - NKE US                                                  | Corporate Stock - Common                                                                                   |          | 728,972.30        |
|     | PALO ALTO NETWORKS INC - PANW US                                         | Corporate Stock - Common                                                                                   |          | 362,524.92        |
|     | PARKER HANFIFIN CORP - PH US                                             | Corporate Stock - Common                                                                                   |          | 683,850.00        |
|     | PROGRESSIVE CORP - PGR US                                                | Corporate Stock - Common                                                                                   |          | 449,574.86        |
|     | ROPER TECHNOLOGIES INC - ROP US                                          | Corporate Stock - Common                                                                                   |          | 708,627.60        |
|     | S&P GLOBAL INC - SPGI US                                                 | Corporate Stock - Common                                                                                   |          | 609,590.80        |
|     | SHERWIN-WILLIAMS CO/THE - SHW US                                         | Corporate Stock - Common                                                                                   |          | 1,137,522.69      |
|     | STARBUCKS CORP - SBUX US                                                 | Corporate Stock - Common                                                                                   |          | 765,824.00        |
|     | SVB FINANCIAL GROUP - SIVB US                                            | Corporate Stock - Common                                                                                   |          | 307,927.32        |
|     | TEXAS INSTRUMENTS INC - TXN US                                           | Corporate Stock - Common                                                                                   |          | 690,619.60        |

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

Name of Plan:

WESTERN GROWERS RETIREMENT SECURITY PLAN

Employer Identification Number: 95-1362030

For plan year (beginning/ending): 2022

Plan number: 336

| (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 |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | UNITEDHEALTH GROUP INC - UNH US                           | Corporate Stock - Common                                                                                   |          | 673,328.60        |
|     | VERRA MOBILITY CORP - VRRM US                             | Corporate Stock - Common                                                                                   |          | 264,263.64        |
|     | WELLS FARGO & CO - WFC US                                 | Corporate Stock - Common                                                                                   |          | 454,272.58        |
|     | ZOETIS INC - ZTS US                                       | Corporate Stock - Common                                                                                   |          | 609,648.00        |
|     | STANDARD STABLE ASSET CL 1                                | Fixed Annuities                                                                                            |          | 8,826,285.40      |
|     | CHARLES SCHWAB                                            | Interest-Bearing Cash                                                                                      |          | 5,529,515.93      |
|     | CHARLES SCHWAB                                            | Other                                                                                                      |          | 19,153.92         |
|     | AMERICAN FD BOND FD OF AMER R6                            | Value of Interest in Registered Investment Companies                                                       |          | 1,253,229.45      |
|     | AMERICAN GENERAL/MATTHEW LEWIS 33447 - SUNDRY33447 US     | Value of Interest in Registered Investment Companies                                                       |          | 343,277.76        |
|     | AMERICAN GENERAL/MATTHEW LEWIS 33448 - SUNDRY33448 US     | Value of Interest in Registered Investment Companies                                                       |          | 686,555.51        |
|     | DOUBLELINE INCOME SOLUTIONS - DSL US                      | Value of Interest in Registered Investment Companies                                                       |          | 1,168,287.14      |
|     | DWS RREEF REAL ESTATE SECUR                               | Value of Interest in Registered Investment Companies                                                       |          | 1,539,826.04      |
|     | EATON VANCE SR FLTG RATE TR - EFR US                      | Value of Interest in Registered Investment Companies                                                       |          | 137,844.00        |
|     | FEDERATED HERMES HIGH YLD BOND                            | Value of Interest in Registered Investment Companies                                                       |          | 906,168.83        |
|     | FIDELITY 500 INDEX                                        | Value of Interest in Registered Investment Companies                                                       |          | 8,612,895.02      |
|     | FIDELITY SEL ENVIR-ALT ENERGY                             | Value of Interest in Registered Investment Companies                                                       |          | 925,623.66        |
|     | FIRST TRUST INTERMEDIATE DUR - FPF US                     | Value of Interest in Registered Investment Companies                                                       |          | 571,555.60        |
|     | GLOBAL X US PREFERRED ETF - PFFD US                       | Value of Interest in Registered Investment Companies                                                       |          | 751,362.30        |
|     | HARTFORD INTERNATIONAL OPPTS R6                           | Value of Interest in Registered Investment Companies                                                       |          | 6,831,805.85      |
|     | INTEGRITY LIFE/M LEWIS 33446 - SUNDRY33446 US             | Value of Interest in Registered Investment Companies                                                       |          | 351,891.28        |
|     | INVESCO FINANCIAL PREFERRED - PGF US                      | Value of Interest in Registered Investment Companies                                                       |          | 587,044.80        |
|     | INVESCO VARIABLE RATE PREFER - VRP US                     | Value of Interest in Registered Investment Companies                                                       |          | 1,126,911.09      |
|     | ISHARES 1-3 YEAR TREASURY BO - SHY UQ                     | Value of Interest in Registered Investment Companies                                                       |          | 982,481.68        |
|     | ISHARES 20+ YEAR TREASURY BO - TLT NAS                    | Value of Interest in Registered Investment Companies                                                       |          | 728,679.64        |
|     | ISHARES PREFERRED & INCOME SEC - PFF UQ                   | Value of Interest in Registered Investment Companies                                                       |          | 2,458,000.83      |
|     | ISHARES SHORT TREASURY BOND - SHV US                      | Value of Interest in Registered Investment Companies                                                       |          | 1,994,278.56      |
|     | JPMORGAN EMERGING MKTS EQ R6                              | Value of Interest in Registered Investment Companies                                                       |          | 1,135,560.17      |
|     | LINCOLN NAT LIFE/H LABKO 31941 - SUNDRY31941 US           | Value of Interest in Registered Investment Companies                                                       |          | 342,714.92        |

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

Name of Plan:

WESTERN GROWERS RETIREMENT SECURITY PLAN

Employer Identification Number: 95-1362030

For plan year (beginning/ending): 2022

Plan number: 336

| (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 |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | LINCOLN NAT LIFE/M LEWIS 33445 - SUNDRY33445 US           | Value of Interest in Registered Investment Companies                                                       |          | 186,991.02        |
|     | METROPOLITAN WEST BOND                                    | Value of Interest in Registered Investment Companies                                                       |          | 575,813.56        |
|     | NUVEEN CREDIT STRAT INCM - JQC US                         | Value of Interest in Registered Investment Companies                                                       |          | 15,270.00         |
|     | PACER PACIFIC ASSET FLOATING - FLRT US                    | Value of Interest in Registered Investment Companies                                                       |          | 229,759.53        |
|     | SCHWAB 1000 INDEX                                         | Value of Interest in Registered Investment Companies                                                       |          | 9,633,283.38      |
|     | SCHWAB INTERNATIONAL INDEX                                | Value of Interest in Registered Investment Companies                                                       |          | 3,192,928.46      |
|     | SCHWAB US LARGE CAP GROWTH IDX                            | Value of Interest in Registered Investment Companies                                                       |          | 6,105,078.68      |
|     | T ROWE PRICE SCIENCE AND TECH                             | Value of Interest in Registered Investment Companies                                                       |          | 3,288,940.23      |
|     | VANGUARD HEALTH CARE ADM                                  | Value of Interest in Registered Investment Companies                                                       |          | 3,960,073.17      |
|     | VANGUARD SMALL CAP GROWTH IDX                             | Value of Interest in Registered Investment Companies                                                       |          | 2,717,650.71      |

103,987,461.71

**CASH**

58,917.80

\* **CHARLES SCHWAB BROKERAGE ACCOUNTS**

135,360.63

\* **PARTICIPANT LOANS**

Interest rates ranging from 3.25% - 9.50%

1,326,106.17

**TOTAL**

105,507,846.31

\* A party-in-interest as defined by ERISA.