

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan WESTERN GROWERS RETIREMENT SECURITY PLAN
1b	Three-digit plan number (PN) ▶ 336
1c	Effective date of plan 01/01/1997
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WESTERN GROWERS ASSOCIATION 6501 IRVINE CENTER DR SUITE 100 IRVINE, CA 92618-3114
2b	Employer Identification Number (EIN) 95-1362030
2c	Plan Sponsor's telephone number 949-863-1000
2d	Business code (see instructions) 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.	10/15/2024	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2033
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1779 6a(2) 1761 6b 0 6c 267 6d 2028 6e 0 6f 2028 6g(1) 1270 6g(2) 1391 6h 14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2A 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan 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 WESTERN GROWERS ASSOCIATION	D Employer Identification Number (EIN) 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.
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1 Coverage Information:

(a) Name of insurance carrier
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	177	01/01/2023	12/31/2023

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	

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 8094349**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** 8826285**c** Additions: (1) Contributions deposited during the year **7c(1)** 562669
(2) Dividends and credits **7c(2)** 22480
(3) Interest credited during the year **7c(3)** 225892
(4) Transferred from separate account **7c(4)** 120886
(5) Other (specify below) **7c(5)** 39052

▶ PARTICIPANT LOAN REPAYMENTS

(6) Total additions **7c(6)** 970979**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 9797264**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 674423(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 984484(4) Other (specify below) **7e(4)** 44008

▶ LOANS ISSUED

(5) Total deductions **7e(5)** 1702915**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 8094349

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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	10b	

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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan 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 WESTERN GROWERS ASSOCIATION	D Employer Identification Number (EIN) 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).....

No

Yes

☒
- 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

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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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28 50 51 72	INVESTMENT MANAGER	139371	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NWPS

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 37 38 50 64 65	RECORDKEEPER	110718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAUB BROCK CAPITAL MANAGEMENT

27-2620760

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	87821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WESTERN GROWERS ASSOCIATION

95-3628301

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 14 36 38 49 50	CONTRACT ADMINISTRATOR	72159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRAN CAPITAL MANAGEMENT L.P.

94-6330378

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	48545	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	26250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALTA TRUST COMPANY

26-1505234

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 34 50	TRUSTEE AND UNITIZATION	23750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST BANK

42-1558009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	CUSTODIAN	23144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 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 WESTERN GROWERS ASSOCIATION	D Employer Identification Number (EIN) 95-1362030	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3723872	4091763
(2) Participant contributions	1b(2)	115456	131583
(3) Other	1b(3)	0	73461
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5588434	5018346
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3909388	5257765
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	22361336	27412411
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1326106	1712178
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	63341783	77553398
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8826285	8094349
(15) Other	1c(15)	154514	128455

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	109347174	129473709
Liabilities			
g Benefit claims payable	1g	13619	2936
h Operating payables	1h	600	960
i Acquisition indebtedness	1i		
j Other liabilities	1j	13747	24229
k Total liabilities (add all amounts in lines 1g through 1j)	1k	27966	28125
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	109319208	129445584

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4465393	
(B) Participants	2a(1)(B)	4578079	
(C) Others (including rollovers)	2a(1)(C)	1003802	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10047274
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	28616	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	87512	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	103512	
(F) Other	2b(1)(F)	21405	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		241045
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1055803	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	912479	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1968282
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-1390222	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1390222
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	7272086	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		7272086

		(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)		11752884
c Other income	2c		549
d Total income. Add all income amounts in column (b) and enter total	2d		29891898

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10849895	
(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)		10849895
f Corrective distributions (see instructions)	2f		8012
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	72000	
(3) Recordkeeping fees.....	2i(3)	109613	
(4) IQPA audit fees.....	2i(4)	26250	
(5) Investment advisory and investment management fees	2i(5)	275563	
(6) Bank or trust company trustee/custodial fees	2i(6)	31154	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	333	
(11) Other expenses	2i(11)	41292	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		556205
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11414112

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18477786
l Transfers of assets:			
(1) To this plan	2l(1)		2632248
(2) From this plan	2l(2)		983658

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** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	31173
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.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 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 WESTERN GROWERS ASSOCIATION		D Employer Identification Number (EIN) 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): 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)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan WESTERN GROWERS RETIREMENT SECURITY PLAN	B Three-digit Plan number (PN) ▶	336
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF WESTERN GROWERS ASSOCIATION	D Administrator's EIN 95-1362030	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
---------------	---

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer AGRI-WORLD COOPERATIVE	2b EIN 95-3744551	2c Percentage of Total Contributions for the Plan Year 0.88	2d Aggregate Account Balances Attributable to Participating Employer 494434
2a Name of Participating Employer BARTON RANCH, INC.	2b EIN 94-2623692	2c Percentage of Total Contributions for the Plan Year 0.27	2d Aggregate Account Balances Attributable to Participating Employer 448706

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BONITA PACKING COMPANY	95-0561546	0.00	6340552
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COUNTRYSIDE MUSHROOMS, INC.	77-0167793	1.55	2513571
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEL RIO NUT COMPANY, INC.	77-0167161	0.85	1462063
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DESERT EXPRESS LLC	33-0892577	0.08	8814
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DESERT SKY FARMS	33-0630183	0.84	3380882
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRESH VENTURE FOODS, LLC	45-5082363	1.28	802028
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
G O VINEYARD MANAGEMENT LLC	77-0567062	0.29	744367
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GARDENS & GABLES	94-3348044	0.34	429963
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOLD COAST FARMS, INC.	95-3310836	0.20	303202

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOLD COAST PACKING COMPANY	95-3330214	2.83	5100386
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOLDRIVER ORCHARDS, INC.	20-0106297	0.30	99809
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HADLEY DATE GARDENS, INC.	80-0952863	0.47	2795220
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HILDEBRAND THOMPSON, INC. DBA REGAN NURSERY	94-3265498	0.02	252782
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LABRUCHERIE PRODUCE LLC	45-2406369	4.07	4659584
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANTANA FARMS	46-3106904	0.09	2994
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEGACY COOLING, LLC	87-2999104	0.70	69759
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOBUE BROTHERS, INC.	94-1427502	0.55	952948
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MORGAN FAMILY FARMS, INC.	33-0121727	0.53	55352

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OCEANO PACKING COMPANY, LLC	77-0584899	1.49	1370899
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORANGE COUNTY PRODUCE, LLC	33-0668961	1.32	1405197
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEREZ FARMS	68-0270437	0.12	508814
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHELAN & TAYLOR PRODUCE COMPANY	95-1813411	0.74	1172296
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PINNACLE CLAIMS MANAGEMENT INC	33-0783743	9.26	10957038
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PISMO OCEANO VEGETABLE EXCHANGE	95-1111280	0.35	681368
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAM TRUCKING, INC.	94-2579214	1.73	2540465
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAYMOND F LOPEZ JR, MD, INC.	27-2255564	0.61	109475
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIVER VALLEY RANCHES	33-0029596	0.00	8513

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROCKWOOD CHEMICAL COMPANY	95-2091982	1.25	1612775
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPRING CREEK RANCH, LTD.	68-0290775	0.07	20175
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPRING VALLEY PRODUCE, INC.	77-0312126	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUN RAPT FOODS, INC.	81-1436423	0.44	1686864
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TALLEY FARMS	95-2360927	1.81	2730465
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TALLEY VINEYARDS	77-0214114	0.57	566009
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ELMORE COMPANY	93-0931332	1.13	1669307
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRI-VALLEY VEGETABLE HARVESTING, INC.	77-0036715	0.45	251497
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VAIL RANCHES, LLC	95-2990453	1.48	2645124

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VENTURA COUNTY AGRICULTURAL ASSOCIATION	95-2671616	0.97	1956273
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST ISLAND COTTON GROWERS, INC.	94-1471868	0.54	576168
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTERN GROWERS ASSOCIATION	95-1362030	20.36	24802088
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTERN GROWERS ASSURANCE TRUST	95-2500201	1.06	1959713
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTERN GROWERS FINANCIAL SERVICES	91-2038676	17.17	8590965
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTERN GROWERS INSURANCE SERVICES	46-3215026	11.03	16445843
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTERN GROWERS SERVICE CORP	33-0812456	9.89	9968046
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

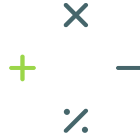
- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID



Report of Independent Auditors
and Financial Statements
with Supplemental Schedules

Western Growers Retirement Security Plan

December 31, 2023 and 2022

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Report of Independent Auditors

The Plan Administrative Committee of
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 audits 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 statements of net assets available for benefits (modified cash basis) as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2023, 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 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 audits 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 certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, 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 audits 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 the modified cash basis.
- 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 audits 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 audits. 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 with 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 audits 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 of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) – (modified cash basis) as of December 31, 2023 and Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions – (modified cash basis) for the year ended December 31, 2023, 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 (modified cash basis), 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 (modified cash basis), 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 (modified cash basis) 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).

Moss Adams LLP

San Diego, California
October 14, 2024

Financial Statements

Western Growers Retirement Security Plan
Statements of Net Assets Available for Benefits – Modified Cash Basis
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments, at fair value		
Interest bearing cash	\$ 4,374,669	\$ 5,683,788
Registered investment companies	80,040,462	61,467,139
Common and Preferred stock	27,222,123	22,875,532
U.S. government securities	-	2,369,273
Corporate bonds	1,777,843	1,025,437
Life insurance annuities	<u>1,955,279</u>	<u>1,911,430</u>
	115,370,376	95,332,599
Guaranteed investment contract, at contract value	<u>8,094,349</u>	<u>8,826,285</u>
Total investments	123,464,725	104,158,884
Receivables		
Notes receivable from participants	<u>1,712,178</u>	<u>1,326,106</u>
TOTAL ASSETS	<u>125,176,903</u>	<u>105,484,990</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 125,176,903</u></u>	<u><u>\$ 105,484,990</u></u>

See accompanying notes.

Western Growers Retirement Security Plan
Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis
Year Ended December 31, 2023

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment Income

Net appreciation in fair value of investments	\$ 18,848,297
Interest and dividends	912,479

19,760,776

Less investment expenses (275,563)

Total investment income 19,485,213

INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS 103,512

CONTRIBUTIONS

Participant	4,561,952
Employer	4,091,431
Rollovers	<u>1,003,802</u>

Total contributions 9,657,185

Total additions 29,245,910

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	10,856,065
Administrative expenses	<u>273,651</u>

Total deductions 11,129,716

CHANGE IN NET ASSETS 18,116,194

TRANSFERS INTO PLAN 2,558,788

TRANSFERS FROM PLAN (983,069)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year 105,484,990

End of year \$ 125,176,903

See accompanying notes.

Western Growers Retirement Security Plan

Notes to Financial Statements

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 Trust Bank is the custodian and the Plan administrator is Northwest Plan Services.

As of December 31, 2023 and 2022, the Plan is comprised of 38 and 36 participating employers, respectively.

During the year ended December 31, 2023, the plan received transfers of approximately \$2,559,000 from a new adopting employer and transferred out approximately \$983,000 for an adopting employer that left the plan.

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.

Western Growers Retirement Security Plan

Notes to Financial Statements

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.

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 10.5%.

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, 2023 and 2022, forfeited nonvested accounts totaled \$156,287 and \$117,000, respectively. For the years ended December 31, 2023 and 2022, approximately \$6,037 and \$10,000 was used for payment of administrative expenses and \$150,250, was used to pay employer contributions.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The Plan prepares its financial statements using the modified cash basis of accounting. The financial statements reflect only cash receipts and disbursements. Therefore, receipts and payables and accrued income and expenses, which would be recognized under accounting principles generally accepted in the United States of America (GAAP) and which may be material in amount, are not recognized in the accompanying financial statements.

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.

Western Growers Retirement Security Plan

Notes to Financial Statements

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.

Payment of benefits – Benefits are recorded when paid.

Subsequent events – The Trust has evaluated subsequent events through October 14, 2024, 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.

Western Growers Retirement Security Plan

Notes to Financial Statements

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.

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	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 80,040,462	\$ 80,040,462	\$ -	\$ -
Common and Preferred stock	27,222,123	26,878,448	343,675	-
Interest-bearing cash	4,374,669	4,374,669	-	-
Life insurance annuities	1,955,279	-	-	1,955,279
Corporate bonds	1,777,843	-	1,777,843	-
Total investments at fair value	<u>\$ 115,370,376</u>	<u>\$ 111,293,579</u>	<u>\$ 2,121,518</u>	<u>\$ 1,955,279</u>

Description	Fair Value Measurements at December 31, 2022			
	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>

Western Growers Retirement Security Plan

Notes to Financial Statements

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, 2023:

	Life Insurance Annuities
Balance, December 31, 2022	\$ 1,911,430
Unrealized gains	<u>43,849</u>
Balance, December 31, 2023	<u><u>\$ 1,955,279</u></u>

In regard to the classification of investment options offered by the Plan, there were no reclassifications between Level 1, 2 or 3 during the years ended December 31, 2023 and 2022. Investments can be redeemed immediately and without a redemption notification period. As of December 31, 2023 and 2022, there were no unfunded commitments associated with any of these investments.

At December 31, 2023 and 2022, the Plan holds assets totaling \$8,094,349 and \$8,826,285, respectively, 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.

Note 4 – Tax Status

The Plan Document is a volume submitter defined contribution plan sponsored by CCH that received a favorable opinion letter from the Internal Revenue Service on June 30, 2020, which stated that the Plan, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is currently being operated in compliance with the IRC.

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.

Western Growers Retirement Security Plan

Notes to Financial Statements

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, 2023 and 2022.
- Net appreciation 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, 2023.
- Investments reflected on the schedule of assets (held at end of year).

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 payments to the Plan by such affiliates were \$211,530 for the year ended December 31, 2023 and 2022, respectively. 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 Trust Bank 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.

Western Growers Retirement Security Plan

Notes to Financial Statements

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, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits, per the financial statements	\$ 125,176,903	\$ 105,484,990
Add receivables	4,296,807	3,839,328
Less other adjustments, net	<u>(28,126)</u>	<u>(5,110)</u>
Net assets per the Form 5500	<u><u>\$ 129,445,584</u></u>	<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, 2023:

	<u>2023</u>
Change in net assets available for benefits per the financial statements	\$ 18,116,194
Less PY receivables	(3,839,328)
Add CY receivables	4,296,807
Less other adjustments, net	<u>(95,887)</u>
Net income per the Form 5500	<u><u>\$ 18,477,786</u></u>

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

	<u>Transfer into Plan</u>	<u>Transfers from Plan</u>
Transfers in financial statements	\$ 2,558,788	\$ (983,069)
Variance	<u>73,460</u>	<u>(589)</u>
Transfers per Form 5500	<u><u>\$ 2,632,248</u></u>	<u><u>\$ (983,658)</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.

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**

Western Growers Retirement Security Plan
EIN: 95-1362030, Plan #: 336
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) –
Modified Cash Basis
December 31, 2023

(a)	(b) Identity of issuer, borrower. lessor, or similar party	(d) Cost	(e) Current Value
MUTUAL, INDEX AND ETF FUNDS			
	AMERICAN FUND BOND FD OF AMER R6	**	1,160,067
	AMPLIFY HIGH INCOME ETF	**	1,039,246
	AXONIC STRATEGIC INCOME I	**	7,928
	DOUBLELINE INCOME SOLUTIONS	**	1,289,435
	DWS RREEF REAL ESTATE SEC FD INST	**	1,505,883
	EV SENIOR FLOATING RATE	**	159,516
	FEDERATED INSTL HIGH YIELD BND INSTL	**	1,061,159
	FIDELITY 500 INDEX FD	**	11,756,968
	FIDELITY ENVRNMNT & ALTRNTV ENRGY FD	**	1,364,790
	FIRST TRUST INTER DUR PREF & INCOME FUND	**	826,770
	GLOBAL X US PREFERRED ETF	**	1,013,708
	HARTFORD INTL OPPTY R6	**	8,729,333
	INVESCO FINANCIAL PREFERRED ETF	**	854,388
	INVESCO VARIABLE RATE PREFERRED ETF	**	1,161,639
	ISHARES 20+ YEAR TREASURY BOND ETF	**	2,943,855
	ISHARES PREFERRED&INCOME SECURITIES ETF	**	3,033,072
	JPMORGAN EMRG MKTS EQTY CL R6	**	943,555
	LAMAR ADVERTISING	**	3,295
	METROPOLITAN WEST TOTAL RETURN I	**	566,163
	NUVEEN CREDIT STRATEGIES INCOME	**	15,660
	PACER PACIFIC ASSET FLTNG RT HI INC ETF	**	241,683
	PACER US CASH COWS ETF	**	1,366,584
*	SCHWAB 1000 INDEX FUND	**	11,810,537
*	SCHWAB INTL INDEX FD	**	3,662,207
*	SCHWAB TARGET 2055 INDEX FUND	**	2,616
*	SCHWAB US LARGE CAP GROWTH INDEX FD	**	9,348,403
	T ROWE PRICE SCIENCE & TECH I	**	5,392,699
	US TREASURY 3 MONTH BILL ETF	**	1,995,248
	USCF MIDSTREAM ENERG	**	8,727
	VANGUARD HEALTH CARE FD ADMIRAL SHS	**	3,366,190
	VANGUARD SMALL CAP GROWTH INDEX ADMI	**	3,390,438
	VIRTUS NEWFLEET LOW DUR CORE PL BD I	**	6,236
	VOYA FLOATING RATE FD I	**	5,844
	VOYA HIGH YIELD BD CL I	**	6,620
			\$ 80,040,462

Western Growers Retirement Security Plan
EIN: 95-1362030, Plan #: 336
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
Modified Cash Basis
December 31, 2023

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(d) Cost	(e) Current Value
	COMMON STOCK		
	ABBVIE INC	**	\$ 729,909
	ACCENTURE PLC CLASS A	**	798,320
	ACCENTURE PLC CLASS A	**	217,564
	AERCAP HOLDINGS NV	**	528,490
	ALPHABET INC CLASS A	**	558,062
	ALTIMAR ACQUISITION	**	2,563
	AMAZON.COM INC	**	702,571
	AMERICAN ELEC PWR INC	**	2,843
	AMGEN INCORPORATED	**	3,456
	APOLLO GLOBAL MGMT I	**	3,168
	APTIV PLC	**	259,829
	AUTOMATIC DATA PROCESSING INC	**	689,591
	BAKER HUGHES	**	394,813
	BALL CORP	**	633,698
	BLACKSTONE GROUP INC	**	5,499
	BLOCK H & R INC	**	2,273
	BROADCOM LIMITED	**	3,349
	CANADIAN NATIONAL RAILWAY CO	**	769,484
	CARRIER GLOBAL CORP ORDINARY SHARES	**	838,770
	CATALENT INC	**	362,540
	* CHARLES SCHWAB CORP	**	309,669
	CHEVRON CORPORATION	**	3,282
	CISCO SYSTEMS INC	**	3,789
	CLARIVATE PLC ORDINARY SHARES	**	348,528
	CLORAX	**	2,139
	CUMMINS ENGINE INC	**	2,875
	D.R. HORTON INC	**	954,434
	DANAHER CORP	**	564,932
	DOLLAR GENERAL CORP	**	697,424
	ELI LILY	**	795,686
	ENTEGRIS INC	**	441,177
	EQUINIX INC	**	229,536
	EXXON MOBIL CORP	**	2,300
	FERGUSON PLC	**	610,294
	GENERAL MILLS	**	2,736
	GILEAD SCIENCES INC	**	2,997
	IBM CORP	**	5,397
	INTUIT	**	890,668
	INTUIT INC	**	405,644
	IQVIA HOLDINGS INC	**	556,238
	J P MORGAN CHASE & CO	**	3,912

Western Growers Retirement Security Plan

EIN: 95-1362030, Plan #: 336

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)

Modified Cash Basis

December 31, 2023

JOHNSON & JOHNSON	**	2,038
KENVUE INC	**	1,507
LOCKHEED MARTIN CORP	**	3,173
LOWE'S COMPANIES INC	**	714,386
LYONDELLBASELL INDS	**	3,138
MARTIN MARIETTA MATERIALS INC	**	556,285
MASTERCARD INC CLASS A	**	816,767
MC DONALDS CORP	**	1,778
MERCK & CO INC	**	3,924
META PLATFORMS INC. CLASS A	**	364,579
METLIFE INC	**	3,174
MICROSOFT CORP	**	651,301
MOELIS	**	3,535
NIKE INC CLASS B	**	676,391
ORACLE	**	688,458
PALO ALTO NETWORKS INC	**	242,096
PARKER-HANNIFIN	**	829,260
PAYPAL HOLDINGS INC	**	436,748
PEPSICO INC	**	1,868
PLANET FITNESS INC CLASS A	**	175,784
PROCTER & GAMBLE	**	3,077
PROGRESSIVE CORP	**	405,208
ROPER TECHNOLOGIES INC	**	839,562
S&P GLOBAL INC	**	819,367
SALESFORCE INC	**	360,239
SHERWIN-WILLIAMS CO	**	839,011
SHERWIN-WILLIAMS CO	**	431,982
SIMON PPTY GROUP INC NEW	**	6,134
STARBUCKS CORP	**	633,186
TEXAS INSTRUMENTS	**	2,386
T-MOBILE US INC	**	466,240
TRUIST FINL CORP	**	3,914
UNITEDHEALTH GROUP INC	**	721,264
VERIZON COMMUNICATN	**	3,921
WAL- MART STORES INC	**	1,892
WALGREENS BOOTS ALLI	**	3,367
ZOETIS INC CLASS A	**	821,059
		<u>\$ 26,878,448</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)
Modified Cash Basis
December 31, 2023

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(d) Cost	(e) Current Value
	PREFERRED STOCK		
	QWEST CORP 6.75%, DUE 06/15/57	**	\$ 25,425
	STRATS-PG 2006-1 VARIABLE RATE, DUE 8/15/2034	**	318,250
			<u>\$ 343,675</u>
	CORPORATE BONDS		
	BANK AMERICA CORP VAR	**	\$ 479,750
*	THE CHARLES SCHWAB VAR	**	490,625
	THE GOLDMAN SACHS 1.2084% ABS -CDO, DUE 2/15/34	**	320,905
	THE GOLDMAN SACHS 1.412% MBS-CMO DUE 2/15/34	**	486,563
			<u>\$ 1,777,843</u>
	LIFE INSURANCE ANNUITIES		
	AMERICAN GENERAL, #33447	**	\$ 350,143
	AMERICAN GENERAL, #33448	**	700,287
	INTEGRITY LIFE, # 33446	**	362,407
	LINCOLN NATIONAL LIFE, #31941	**	352,996
	LINCOLN NATIONAL LIFE, #33445	**	189,446
			<u>\$ 1,955,279</u>
	GUARANTEED INVESTMENT CONTRACT		
	STANDARD STABLE ASSET FUND 1	** ++	\$ 8,094,349
			<u>\$ 8,094,349</u>
	PARTICIPANT LOANS		
	PARTICIPANT LOANS (Interest rates range from 3.25% to 10.5% maturing through August 2053)		\$ 1,712,178
			<u>\$ 1,712,178</u>
	INTEREST BEARING CASH		
	INTEREST BEARING CASH		\$ 4,374,669
			<u>\$ 4,374,669</u>
			<u><u>\$ 125,176,903</u></u>

* Patry in interest

** 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 – Modified Cash Basis Year Ended December 31, 2023

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late participant loan repayments are included: ☒	\$ 31,104	\$ 69	\$ -	\$ -

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): 2023

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
	AMPLIFY HIGH INCOME ETF - YYY US	Corporate Debt Instruments - Other		1,039,246.32
	BANK OF AMERICA CORP Mar 18 Floating - BAC 5 7/8 PERP TRACE	Corporate Debt Instruments - Other		478,680.60
	CHARLES SCHWAB CORP Apr 20 Floating - SCHW 5 3/8 PERP TRACE	Corporate Debt Instruments - Other		493,059.85
	CTL 6 3/4 06/15/57 20170427 X 6.75% - CTL 6 3/4 06/15/57 NEW YORK	Corporate Debt Instruments - Other		25,425.00
	STRATS Float 08/15/34 20060228 V 0% - GJR NEW YORK	Corporate Debt Instruments - Other		318,250.00
	STRATS-GOLDMAN SACHS Feb 34 Floating - STRATS Float 02/15/34 NEW YORK	Corporate Debt Instruments - Other		320,861.79
	STRATS-GOLDMAN SACHS Feb 34 Floating (BBG0000BSLY5 - SYFD0B34.F NEW YORK	Corporate Debt Instruments - Other		586,994.25
	US TREASURY 3 MONTH BILL ETF - TBIL US	Corporate Debt Instruments - Other		1,995,247.62
	ABBVIE INC - ABBV US	Corporate Stock - Common		729,908.71
	ACCENTURE PLC-CL A - ACN US	Corporate Stock - Common		1,015,884.45
	AERCAP HOLDINGS NV - AER US	Corporate Stock - Common		528,489.52
	ALPHABET INC-CL A - GOOGL US	Corporate Stock - Common		558,061.55
	AMAZON.COM INC - AMZN US	Corporate Stock - Common		702,570.56
	APTIV PLC - APTV US	Corporate Stock - Common		259,829.12
	AUTOMATIC DATA PROCESSING - ADP US	Corporate Stock - Common		689,591.21
	Baker Hughes Co - BKR US	Corporate Stock - Common		394,813.18
	BALL CORP - BALL US	Corporate Stock - Common		633,697.84
	CANADIAN NATL RAILWAY CO - CNI US	Corporate Stock - Common		769,483.76
	CARRIER GLOBAL CORP - CARR US	Corporate Stock - Common		838,770.00
	CATALENT INC - CTLT US	Corporate Stock - Common		362,540.17
	CLARIVATE PLC - CLVT US	Corporate Stock - Common		348,527.88
	DANAHER CORP - DHR US	Corporate Stock - Common		564,932.28
	DOLLAR GENERAL CORP - DG US	Corporate Stock - Common		697,423.50
	DR HORTON INC - DHI US	Corporate Stock - Common		954,434.40
	ELI LILLY & CO - LLY US	Corporate Stock - Common		795,685.80
	ENTEGRIS INC - ENTG US	Corporate Stock - Common		441,177.24
	EQUINIX INC - EQIX US	Corporate Stock - Common		229,536.15
	FERGUSON PLC - FERG US	Corporate Stock - Common		610,294.27
	INTUIT INC - INTU US	Corporate Stock - Common		1,296,312.22
	IQVIA Holdings Inc - IQV US	Corporate Stock - Common		556,237.52
	LOWE'S COS INC - LOW US	Corporate Stock - Common		714,385.50
	MARTIN MARIETTA MATERIALS - MLM US	Corporate Stock - Common		556,284.65
	MASTERCARD INC - MA US	Corporate Stock - Common		816,766.65
	Meta Platforms Inc - META US	Corporate Stock - Common		364,578.80
	MICROSOFT CORP - MSFT US	Corporate Stock - Common		651,301.28
	NIKE INC -CL B - NKE US	Corporate Stock - Common		676,391.10
	ORACLE CORP - ORCL US	Corporate Stock - Common		688,457.90
	PACER US CASH COWS 100 ETF - COWZ US	Corporate Stock - Common		635,369.79
	PALO ALTO NETWORKS INC - PANW US	Corporate Stock - Common		242,096.48
	PARKER HANNIFIN CORP - PH US	Corporate Stock - Common		829,260.00
	PAYPAL HOLDINGS INC - PYPL US	Corporate Stock - Common		436,747.92
	PLANET FITNESS INC - CL A - PLNT US	Corporate Stock - Common		175,784.00
	PROGRESSIVE CORP - PGR US	Corporate Stock - Common		405,208.32
	ROPER TECHNOLOGIES INC - ROP US	Corporate Stock - Common		839,561.80
	S&P GLOBAL INC - SPGI US	Corporate Stock - Common		819,367.20
	SALESFORCE.COM INC - CRM US	Corporate Stock - Common		360,238.66
	SCHWAB (CHARLES) CORP - SCHW US	Corporate Stock - Common		309,668.80
	SHERWIN-WILLIAMS CO/THE - SHW US	Corporate Stock - Common		1,270,992.50
	STARBUCKS CORP - SBUX US	Corporate Stock - Common		633,185.95

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): 2023

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
	T-MOBILE US INC - TMUS US	Corporate Stock - Common		466,239.64
	UNITEDHEALTH GROUP INC - UNH US	Corporate Stock - Common		721,263.90
	ZOETIS INC - ZTS US	Corporate Stock - Common		821,059.20
	Standard Stable Asset C1 I	Fixed Annuities		8,094,349.25
	CHARLES SCHWAB	Interest-Bearing Cash		4,932,323.85
	American Fd Bond Fd of Amer R6	Value of Interest in Registered Investment Companies		1,160,066.66
	American General/Matthew Lewis 33447 - SUNDRY33447 US	Value of Interest in Registered Investment Companies		350,143.31
	American General/Matthew Lewis 33448 - SUNDRY33448 US	Value of Interest in Registered Investment Companies		700,286.62
	DOUBLELINE INCOME SOLUTIONS - DSL US	Value of Interest in Registered Investment Companies		1,289,435.04
	DWS RREEF Real Estate Secur	Value of Interest in Registered Investment Companies		1,505,882.76
	EATON VANCE SR FLTG RATE TR - EFR US	Value of Interest in Registered Investment Companies		159,516.00
	Federated Hermes High Yld Bond	Value of Interest in Registered Investment Companies		1,061,159.48
	Fidelity 500 Index	Value of Interest in Registered Investment Companies		11,756,968.29
	Fidelity Sel Envir-Alt Energy	Value of Interest in Registered Investment Companies		1,364,789.98
	FIRST TRUST INTERMEDIATE DUR - FPF US	Value of Interest in Registered Investment Companies		826,770.21
	GLOBAL X US PREFERRED ETF - PFFD US	Value of Interest in Registered Investment Companies		1,013,708.20
	Hartford International Opps R6	Value of Interest in Registered Investment Companies		8,729,333.20
	Integrity Life/M Lewis 33446 - SUNDRY33446 US	Value of Interest in Registered Investment Companies		362,407.20
	INVESCO FINANCIAL PREFERRED - PGF US	Value of Interest in Registered Investment Companies		854,388.00
	INVESCO VARIABLE RATE PREFER - VRP US	Value of Interest in Registered Investment Companies		1,161,639.48
	ISHARES 20+ YEAR TREASURY BO - TLT NAS	Value of Interest in Registered Investment Companies		2,943,855.36
	iShares Preferred & Income Sec - PFF UQ	Value of Interest in Registered Investment Companies		3,033,071.55
	JPMorgan Emerging Mkts Eq R6	Value of Interest in Registered Investment Companies		943,555.46
	Lincoln Nat Life/H Labko 31941 - SUNDRY31941 US	Value of Interest in Registered Investment Companies		352,996.37
	Lincoln Nat Life/M Lewis 33445 - SUNDRY33445 US	Value of Interest in Registered Investment Companies		189,445.59
	Metropolitan West Bond	Value of Interest in Registered Investment Companies		566,163.04
	NUVEEN CREDIT STRAT INCM - JQC US	Value of Interest in Registered Investment Companies		15,660.00
	PACER PACIFIC ASSET FLOATING - FLRT US	Value of Interest in Registered Investment Companies		241,682.64
	Schwab 1000 Index	Value of Interest in Registered Investment Companies		11,810,536.64
	Schwab International Index	Value of Interest in Registered Investment Companies		3,662,206.96

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): 2023

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
	Schwab US Large Cap Growth Idx	Value of Interest in Registered Investment Companies		9,348,402.74
	T Rowe Price Science and Tech	Value of Interest in Registered Investment Companies		5,392,698.90
	Vanguard Health Care Adm	Value of Interest in Registered Investment Companies		3,366,190.06
	Vanguard Small Cap Growth Idx	Value of Interest in Registered Investment Companies		3,390,437.97

123,250,247.61

CASH

63,474.78

* **CHARLES SCHWAB BROKERAGE ACCOUNTS**

151,002.66

* **PARTICIPANT LOANS**

Interest rates ranging from 3.25% - 9.50%

1,712,178.39

TOTAL

125,176,903.44

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