

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>COAST CITRUS DISTRIBUTORS EMPLOYEE STOCK OWNERSHIP PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>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) <u>COAST CITRUS DISTRIBUTORS</u></p> <p><u>7597 BRISTOW COURT</u> <u>SAN DIEGO, CA 92154-7419</u></p>	<p>1c Effective date of plan <u>01/01/2010</u></p> <p>2b Employer Identification Number (EIN) <u>95-1628554</u></p> <p>2c Plan Sponsor's telephone number <u>619-661-7950</u></p> <p>2d Business code (see instructions) <u>445110</u></p>

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.	10/15/2025	ISABEL FREELAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	ISABEL FREELAND
	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 <input checked="" type="checkbox"/> 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	211
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)	142
	6a(2)	132
	6b	0
	6c	60
	6d	192
	6e	2
	6f	194
	6g(1)	210
6g(2)	193	
6h	9	
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:
2I 2P 2Q 3I

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>0</u>	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan COAST CITRUS DISTRIBUTORS EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 COAST CITRUS DISTRIBUTORS	D Employer Identification Number (EIN) 95-1628554	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PKF SAN DIEGO, LLP

81-3391684

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

BANK OF AMERICA

**701 B STREET, SUITE 1600
SAN DIEGO, CA 92101**

(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)

BANK OF AMERICA

94-1687665

(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 72	TRUSTEE	14496	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan COAST CITRUS DISTRIBUTORS EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 COAST CITRUS DISTRIBUTORS	D Employer Identification Number (EIN) 95-1628554

Part I	Asset and Liability Statement
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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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	83766
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2490134
(2) U.S. Government securities	1c(2)	4364093
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	67944697	75798800
(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	77458018	82736793
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	21912040	26827138
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	21912040	26827138
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	55545978	55909655

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)	2058785	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		2058785
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	249086	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		249086
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1767743	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		
c Other income	2c		181676
d Total income. Add all income amounts in column (b) and enter total.....	2d		4257290

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3010109	
(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)		3010109
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		869008
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	14496	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		14496
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3893613

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		363677
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **PKF SAN DIEGO, LLP**

(2) EIN: **81-3391684**

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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>COAST CITRUS DISTRIBUTORS EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COAST CITRUS DISTRIBUTORS</u>	D Employer Identification Number (EIN) <u>95-1628554</u>	

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): 42-0127290

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

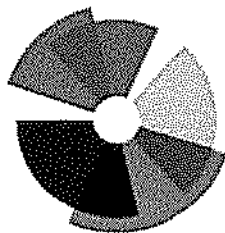
Part VII IRS Compliance Questions

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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Coast Citrus Distributors Employee Stock Ownership Plan
Financial Statements and Supplemental Schedules
December 31, 2024 and 2023



PKF
San Diego, LLP

Coast Citrus Distributors Employee Stock Ownership Plan

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INDEPENDENT AUDITORS' REPORT

To The Trustee of Coast Citrus Distributors Employee Stock Ownership Plan

Opinion

We have audited the accompanying financial statements of Coast Citrus Distributors Employee Stock Ownership Plan, which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Coast Citrus Distributors Employee Stock Ownership Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Coast Citrus Distributors Employee Stock Ownership Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

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

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Coast Citrus Distributors Employee Stock Ownership 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 Coast Citrus Distributors Employee Stock Ownership Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by Employee Retirement Income Security Act of 1974 (ERISA)

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

PKF San Diego, LLP

San Diego, California
September 17, 2025

PKF San Diego, LLP

**Coast Citrus Distributors Employee Stock Ownership Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	2024			2023		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Assets:						
Investment in Coast Citrus Distributors common stock, at fair value	\$ 33,126,088	\$ 42,672,712	\$ 75,798,800	\$ 29,552,315	\$ 38,392,382	\$ 67,944,697
Investments, at fair value	4,364,093	-	4,364,093	6,055,348	-	6,055,348
Cash and cash equivalents	2,490,134	-	2,490,134	3,457,973	-	3,457,973
Accrued interest	-	11,504	11,504	-	-	-
Other receivable	72,262	-	72,262	-	-	-
Total assets	40,052,577	42,684,216	82,736,793	39,065,636	38,392,382	77,458,018
Liabilities:						
Loans payable	-	26,815,634	26,815,634	-	21,912,040	21,912,040
Interest payable	-	632,102	632,102	-	453,580	453,580
Total liabilities	-	27,447,736	27,447,736	-	22,365,620	22,365,620
Net assets available for benefits	\$ 40,052,577	\$ 15,236,480	\$ 55,289,057	\$ 39,065,636	\$ 16,026,762	\$ 55,092,398

The accompanying notes are an integral part of these financial statements.

**Coast Citrus Distributors Employee Stock Ownership Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023**

	2024			2023		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Additions to net assets						
attributed to:						
Company contributions	\$ -	\$ 2,058,785	\$ 2,058,785	\$ -	\$ 1,938,114	\$ 1,938,114
Dividend income	-	181,676	181,676	2,500,000	-	2,500,000
Interest income	249,086	-	249,086	215,610	-	215,610
Net appreciation in fair value of investments	503,120	1,264,823	1,767,743	3,111,741	4,565,306	7,677,047
Allocation of 12,040 and 10,643 shares of common stock, 2024 and 2023, respectively	<u>3,259,340</u>	<u>-</u>	<u>3,259,340</u>	<u>2,850,886</u>	<u>-</u>	<u>2,850,886</u>
Total additions	<u>4,011,546</u>	<u>3,505,084</u>	<u>7,516,630</u>	<u>6,678,237</u>	<u>6,503,420</u>	<u>15,181,657</u>
Deductions to net assets						
attributed to:						
Interest expense	-	1,036,026	1,036,026	-	852,637	852,637
Distributions to participants	3,010,109	-	3,010,109	7,830,232	-	7,830,232
Other expense	14,496	-	14,496	27,672	-	27,672
Allocation of 12,040 and 10,643 shares of common stock, 2024 and 2023, respectively	<u>-</u>	<u>3,259,340</u>	<u>3,259,340</u>	<u>-</u>	<u>2,850,886</u>	<u>2,850,886</u>
Total deductions	<u>3,024,605</u>	<u>4,295,366</u>	<u>7,319,971</u>	<u>7,857,904</u>	<u>3,503,523</u>	<u>11,361,427</u>
Net increase (decrease)	<u>986,941</u>	<u>(790,282)</u>	<u>196,659</u>	<u>820,333</u>	<u>2,999,897</u>	<u>3,820,230</u>
Net assets available for benefits:						
Beginning of year	<u>39,065,636</u>	<u>16,026,762</u>	<u>55,092,398</u>	<u>38,245,303</u>	<u>13,026,865</u>	<u>51,272,168</u>
End of year	<u>\$ 40,052,577</u>	<u>\$ 15,236,480</u>	<u>\$ 55,289,057</u>	<u>\$ 39,065,636</u>	<u>\$ 16,026,762</u>	<u>\$ 55,092,398</u>

The accompanying notes are an integral part of these financial statements.

Coast Citrus Distributors Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 1 – Description of Plan

The following description of the Coast Citrus Distributors Employee Stock Ownership Plan (the "Plan" or "ESOP") is provided for general information purposes only. Participants should refer to the Summary Plan Description and the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established by Coast Citrus Distributors (the "Company" or "Employer") effective as of January 1, 2010. The Plan is designed to comply with Sections 401(a) and 4975(e)(7) of the Internal Revenue Code (the "Code") and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Coast Citrus Distributors Employee Stock Ownership Trust (the "ESOT") was established under the Plan with trust assets to be used primarily to invest in the common stock of Coast Citrus Distributors. All contributions made by the Company to the Plan are held in the ESOT. The Plan is administered by the Company ("Plan Administrator"). The Company's Chief Operating Officer was previously engaged to act as the Trustee. During 2024, the Company engaged Ventura Trust to act as the Trustee. Principal Financial Group serves as the record keeper of the Plan. The Board of Directors of the Company elects a committee to the Plan who performs certain oversight functions.

As the Plan makes debt payments, an appropriate percentage of stock will be allocated to eligible employees' accounts in accordance with applicable regulations under the Code. The borrowings are collateralized by the unallocated shares of common stock. The lender has no rights against shares of common stock once they are allocated to participants in accordance with the terms of the Plan. Accordingly, the financial statements of the Plan as of 2024 and 2023, and for the years then ended, present separately the assets and liabilities and changes therein pertaining to:

- a. the accounts of employees with vested rights in allocated common stock (allocated),
- b. common stock not yet allocated to employees (unallocated).

Eligibility

Non-union employees of the Company are generally eligible to participate in the Plan after a consecutive six months of service during such plan year. See Note 11.

Allocations of Benefits

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each plan year with an allocation of shares of the Company's common stock released by the Trustee from the unallocated account and forfeitures of terminated participants' nonvested accounts. Only those participants who completed 1,000 hours of service during the Plan year are eligible employees of the Company as of the last day of the Plan year, or terminated during the Plan year on account of death or attaining normal retirement age (defined as age 65 or the 5th anniversary date of employment), will receive an allocation. Allocation of dividends and Company contributions including allocable shares and forfeitures, are made to participants in the ratio of

Coast Citrus Distributors Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 1 – Description of Plan (continued)

Allocations of Benefits (continued)

the compensation for the Plan year of each eligible participant to the total compensation for the Plan year of all participants.

The unvested portions of participants' accounts remaining after employees terminate are forfeited and allocated to the remaining participants at the earlier of the date on which the terminated participant's account is distributed in full or after five consecutive years of unemployment with the Company. If there are no vested amounts in a participant's account at the date of termination, such account is forfeited at the date of termination of employment with the Company. During the year ended December 31, 2024, \$56,076 of cash was forfeited and reallocated to the remaining participants. During the year ended December 31, 2023, \$96,808 of cash and 1,300 shares were forfeited and reallocated to the remaining participants.

Allocation of Plan income and loss, including unrealized appreciation and depreciation of Plan assets, is made in the proportion that the balance of each participant's account bears to the total of all participants' account balances as of the preceding valuation date. Prior to making these allocations, the participant's account balance is adjusted by reducing each participant's account by any distributions made subsequent to the preceding valuation date and adjusted for other additions or subtractions that may be deemed appropriate by Plan management.

Contributions

Under the terms of the Plan, Company contributions are determined by the Company's Board of Directors, not to exceed the maximum statutory dollar amount allowed by ERISA. Company contributions may be made in cash, shares of Company stock, or other property as the Board of Directors may determine. Employees do not make contributions to the Plan.

For the years ended December 31, 2024 and 2023, cash contributions (which include Company contributions and dividends paid in cash during the year) were \$2,240,461 and \$4,438,114, respectively. There were no contributions in the form of shares or property made during the years ended December 31, 2024 and 2023.

Vesting

If a participant's employment with the Company ends for any reason other than retirement or death, he or she will vest in the balances in his or her account based on total years of service with the Company. Participants vest 20 percent per year of service of 1,000 hours or more and are 100 percent vested after five years of service. See Note 11.

Distributions

A participant's vested balance is generally distributed after employment is terminated and at the time and in the manner determined by Plan management. If distributions are made in Company stock, the Company has a call option that requires the participant to sell their shares to the Company upon receipt of the shares. Subsequent to the exercise of a call option, the Company may retire the shares.

Coast Citrus Distributors Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 1 – Description of Plan (continued)

Distributions (continued)

Under the terms of the Plan agreement, distributions to terminated employees, except those who were terminated due to death or those who have reached retirement age, shall not be distributed later than the 6th Plan year following the Plan year the participant terminated employment. However, Plan management may elect to exclude from a participant's account shares of common stock acquired with Plan loans that were used to purchase Company stock until the loans are repaid in full.

Upon termination of service due to death or retirement, the participant will receive the total balance credited to his or her account as a lump sum or installment payments that will commence as soon as administratively feasible following the Plan year end, but no later than the last day of the Plan year following the Plan year in which the participants severance occurred. Subject to certain limitations, the vested lump-sum benefit can be made in either cash or be rolled over into an eligible retirement plan specified by the participant, as defined in the Plan agreement. The Plan made distributions of \$1,948,534 and \$7,520,960 during the years ended December 31, 2024 and 2023, respectively. The Plan did not distribute shares of Company common stock during the year ended December 31, 2024. During the year ended December 31, 2023, such distributions included 26,343 shares of Company common stock to participants which were then purchased by the Company.

Diversification Distributions

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. A participant who has attained age 55 and completed at least ten years of participation in the Plan may (for an election period of six consecutive Plan years) elect to diversify their investment of Company stock. For each of the first five Plan years in the election period, eligible participants were entitled to diversify an amount which does not exceed 50% of the number of shares of Company stock in the participant's account immediately before the election period began, less all shares of Company stock previously diversified. The Plan made diversification distributions of \$1,061,575 and \$309,272 during the years ended December 31, 2024 and 2023, respectively.

Voting Rights

With respect to certain corporate matters, each participant is entitled to exercise voting rights as set forth in the Plan agreement. Any allocated shares for which voting directions were not received and any unallocated shares shall be voted in the manner determined by the Trustee.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Upon termination of the Plan, the Trustee shall be directed to pay all liabilities and expenses of the trust fund and to sell shares of financed common stock held in the loan suspense account to the extent it determines such sale to be necessary in order to repay the loan.

Coast Citrus Distributors Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 1 – Description of Plan (continued)

Put Option

Under Federal income tax regulations, the Company stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right for the Company to buy any shares of its stock distributed to participants for which there is no market at the option of the participant. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Administrative Expenses

All expenses of maintaining the Plan are paid by the Company.

Distributions to Participants

Distributions to participants are recorded when paid. As of December 31, 2024 and 2023, there were no distributions payable.

Valuation of Investments

The investments in Coast Citrus Distributors common stock are stated at estimated fair value in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures* ("ASC 820"). ASC 820 discusses acceptable valuation techniques and inputs to these techniques. These inputs are assumptions market participants use in pricing investments. ASC 820 establishes a fair value hierarchy that prioritizes the inputs, which are summarized as follows:

Level 1 – Quoted prices in active markets for assets identical to the securities to be valued. (Examples include securities traded on the NYSE and NASDAQ.)

Level 2 – Inputs other than quoted prices that are observable for securities, either

Coast Citrus Distributors Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 2 – Summary of Significant Accounting Policies (continued)

Valuation of Investments (continued)

directly or indirectly. (Examples include matrix pricing utilizing yield curves, prepayment speeds, credit risks, etc.; quoted prices for similar assets in active markets; and inputs derived from observable market data by correlation or other means.)

Level 3 – Unobservable inputs, which contain assumptions by the party valuing those assets. For level 3 inputs, there is no market data or correlations with market assumptions. (Examples would include independent valuations of limited partnership interests, closely held stock, etc.)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodology used for assets measured at fair value.

Employer common stock – the fair value of the Employer common stock held by the Plan is valued at fair value based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques. The appraiser took into account historical and projected cash flow, revenue and net income, and market comparable information.

U.S. Treasury notes – Valued based upon recent bid prices or the average of recent bid and asked prices when available and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes its' valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in valuation methodologies used at December 31, 2024 and 2023.

Cash and Cash Equivalents

Investments with an original maturity of three months or less are deemed to be cash equivalents.

Income Recognition

Purchases and sales of investments are recorded on a trade-date basis. The Plan presents in the statements of changes in net assets available for plan benefits the net appreciation or depreciation in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments. Dividend income is recorded on the ex-dividend date. Company S-Corporation distributions are included in dividend income.

Coast Citrus Distributors Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 2 – Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

The Plan maintains its cash with a federally insured financial institution. Financial instruments, which potentially subject the Company to concentrations of credit risk, principally consist of cash and cash equivalents. The Company's cash in excess of the Federal Deposit Insurance Corporation at December 31, 2024 was approximately \$2,003,000.

Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with the investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in future financial statements.

Note 3 – Investment in Company Common Stock

The Plan's investments in Company common stock at December 31, 2024 and 2023 are presented in the following table:

	2024		2023	
	Allocated	Unallocated	Allocated	Unallocated
Coast Citrus Distributors common stock:				
Number of shares	122,367	157,633	110,327	143,330
Cost	\$ 13,952,177	\$ 24,005,440	\$ 12,500,326	\$ 19,183,442
Fair value	\$ 33,126,088	\$ 42,672,712	\$ 29,552,315	\$ 38,392,382

Note 4 – Fair Value Measurements

The following summarizes the fair value measurements and method of valuation in accordance with the requirements of ASC 820:

	December 31, 2024	Fair Value Measurements Using		
	Total	Level 1 inputs	Level 2 inputs	Level 3 inputs
Coast Citrus Distributors common stock	\$ 75,798,800	\$ -	\$ -	\$ 75,798,800
U.S. Treasury notes	4,364,093	-	4,364,093	-
Totals	<u>\$ 80,162,893</u>	<u>\$ -</u>	<u>\$ 4,364,093</u>	<u>\$ 75,798,800</u>
	December 31, 2023	Fair Value Measurements Using		
	Total	Level 1 inputs	Level 2 inputs	Level 3 inputs
Coast Citrus Distributors common stock	\$ 67,944,697	\$ -	\$ -	\$ 67,944,697
U.S. Treasury notes	6,055,348	-	6,055,348	-
Totals	<u>\$ 74,000,045</u>	<u>\$ -</u>	<u>\$ 6,055,348</u>	<u>\$ 67,944,697</u>

Coast Citrus Distributors Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 4 – Fair Value Measurements (continued)

The fair value of the Employer's common stock is determined by an annual independent appraisal using stock valuation models requiring subjective assumptions. The stock valuation models used include the discounted cash flow method and the guideline company method. Unobservable inputs in the stock models as of December 31, 2024 included projected annual growth rates ranging from (6.2%) to 3%, a capitalization rate of 13.5%, a discount rate of 16.5%, and an EBIT multiple of 4.50. Unobservable inputs in the stock models as of December 31, 2023 included projected annual growth rates ranging from 2.7% to 5%, a capitalization rate of 16%, a discount rate of 19%, and an EBIT multiple of 4.50. Additionally, the overall valuations were discounted 5% each year for lack of marketability which are also an unobservable input.

Because of the inherent uncertainty of valuations, estimated fair value may differ significantly from the value that would have been used had a ready market for the securities existed, and the differences could be material. In the opinion of the Trustee, the existing valuation provides a reasonable measure of the fair value of the Company's stock. The fair value was \$270.71 and \$267.86 per share at December 31, 2024 and 2023, respectively.

During the year ended December 31, 2024, there were purchases of 26,343 shares of Company common stock totaling \$6,275,048, there were no distributions or transfers in or out of Level 3. During the year ended December 31, 2023, purchases totaled \$0, there were distributions of 26,343 shares of Company common stock totaling \$6,275,048, and there were no transfers in or out of Level 3. The unrealized gain in the fair value of the Company common stock totaled approximately \$1,579,000 and \$7,520,000 for the years ended December 31, 2024 and 2023, respectively. During the years ended December 31, 2024 and 2023, the Plan also had unrealized gains in other investments of approximately \$189,000 and \$157,000, respectively.

Note 5 – Loans Payable

On April 14, 2010, the ESOT entered into a share purchase agreement with a stockholder to acquire 137,000 shares of the Company's common stock for an aggregate purchase price of \$17,500,000 in cash. To enable the ESOT to fully fund the purchase of the shares, the Company agreed to make a loan to the ESOT in the principal amount of \$17,500,000 ("ESOP loan"). The ESOT makes annual payments of \$1,518,868 including interest at the rate of 6.0% provided that the Company has paid sufficient contributions, distributions and/or dividends for each Plan year (as defined by the ESOP). All unpaid principal and interest are due in full on March 15, 2030. The ESOP shares are pledged as collateral for this loan. The balance of the ESOP loan at December 31, 2024 and 2023 was \$7,376,734 and \$8,392,075, respectively.

On May 28, 2010, the ESOT entered into a share purchase agreement with another stockholder for the purchase of 50,000 shares at a purchase price of \$4,107,150. The purchase price was payable in the principal amount of \$1,000,000 and the remaining balance is due under a promissory note payable in quarterly installments of principal and interest through January 2026 at an interest rate of 4.5%. The ESOP shares are pledged as collateral for this loan. On October 2, 2020, the promissory note was assigned to the Company. On November 9, 2020, the promissory note was restated reducing the interest rate to 1.17% effective October 1, 2020. The balance of the note payable at December 31, 2024 and 2023 was \$143,853 and \$499,965, respectively.

Coast Citrus Distributors Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 5 – Loans Payable (continued)

On September 30, 2020, the ESOT entered into a share purchase agreement with a stockholder for the purchase of 93,000 shares at a purchase price of \$13,020,000. To enable the ESOT to fully fund the purchase of the shares, the Company agreed to make a loan to the ESOT in the principal amount of \$13,020,000. Interest only payments at 1% are due annually on September 30 through 2030. Beginning on September 30, 2031, annual principal and interest payments of \$1,374,679 will be made. All unpaid principal and interest are due in full on September 30, 2040. The ESOP shares are pledged as collateral for this loan. The balance of the note payable at December 31, 2024 and 2023 was \$13,020,000.

On March 1, 2024, the Plan entered into an agreement with the Company to buy back 26,343 shares of Company stock in exchange for a \$6,275,047 note agreement which is secured by the shares of common stock. Interest only payments at 4.4% are due annually on December 31 through 2028. Beginning on December 31, 2029, annual principal and interest payments of \$789,139 will be made. All unpaid principal and interest are due in full on September 30, 2038. The ESOP shares are pledged as collateral for this loan. The balance of the note payable at December 31, 2024 and 2023 was \$6,275,047 and \$0, respectively.

See Note 11 for the pay-off of loans payable in 2025.

Future principal payments under the aforementioned loans payable at December 31, 2024 are as follows:

Years Ending December 31,	Principal Payments
2025	\$ 1,291,787
2026	1,140,840
2027	1,209,290
2028	1,281,848
2029	1,358,759
Thereafter	20,533,110
	\$ 26,815,634

Note 6 – Administration of Plan Assets

The Plan's assets are managed by the Trustee, who chooses investments, authorizes distributions to participants, determines benefits payable to participants, and administers the payment of interest and principal on loans payable. Certain administrative functions are performed by officers of the Company. No such officers or employee receives compensation from the Plan.

Note 7 – Employer Contributions

The Company is obligated to make contributions in cash to the Plan which, when aggregated with the Plan's dividends, equal the amount necessary to enable the Plan to make its regularly scheduled loans payable payments.

Coast Citrus Distributors Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 8 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated December 11, 2015, that the Plan and related trust are in compliance with the applicable sections of the Code. The Plan was restated since receiving the determination letter. The Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of December 31, 2024 and 2023.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would be sustained upon examination by the taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

Note 9 – Party-in-Interest Transactions

Certain expenses of the Plan are paid by the Company. The most significant of these expenses paid by the Company are the salaries for the employees responsible for Plan administration as well as professional fees paid to Plan service providers. Additionally, the Plan's primary investment is in common stock of the Company. The Company is the sponsor of the Plan and, therefore, these transactions qualify as party-in-interest, being transactions for which a statutory exemption exists.

Note 10 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 55,289,057	\$ 55,092,398
Accrued interest receivable	(11,504)	-
Interest payable	<u>632,102</u>	<u>453,580</u>
Net assets available for benefits per the Form 5500	<u>\$ 55,909,655</u>	<u>\$ 55,545,978</u>

Coast Citrus Distributors Employee Stock Ownership Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 10 – Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	2024	2023
Changes in net assets available for benefits per the financial statements	\$ 196,659	\$ 3,820,230
Change in interest expense	167,018	(46,468)
Changes in net assets available for benefits per the Form 5500	\$ 363,677	\$ 3,773,762

Note 11 – Subsequent Events

On May 14, 2025, Coast Citrus Distributors underwent a reorganization, whereby, its sole shareholder contributed all of the equity interests of Coast Citrus Distributors to Coast Holdco, Inc. in exchange for all of the outstanding equity of Coast Holdco, Inc. Concurrently, Coast Citrus Distributors converted from a California Sub-Chapter S Corporation to a California Limited Liability Company and was renamed Coast Citrus Distributors, LLC.

On June 12, 2025, Coast Holdco, Inc. completed the sale of 100% of the equity interests in its operating subsidiary, Coast Citrus Distributors, LLC, to GrubMarket, Inc. for a total purchase price of \$32 million. The purchase included a provision for \$20 million to be paid at closing and \$12 million in holdback payments to be paid out in installments over a 36-month period. Coast Holdco, Inc. retained certain excluded assets from the purchase including approximately \$20 million in cash, real estate valued at approximately \$66.2 million, which it plans to sell in subsequent periods, and all ESOP related assets and liabilities.

With proceeds from the sales of the Company, Plan notes payable were paid in full to the ESOT and the cash received by the ESOT was then contributed back to the Plan. Effective June 12, 2025, employees of Coast Citrus Distributors ceased to be active employees in the Plan and the Plan was frozen with no new participants accepted. Further, participants in the Plan became 100% vested in their accounts. As of the date of this report, the assets of the Plan consist of cash and cash equivalents, investments in U.S. Treasury notes and ownership of Coast Holdco, Inc.

Plan management has evaluated subsequent events, as defined by ASC 855, *Subsequent Events*, through the date that the financial statements were available to be issued on September 17, 2025.

Supplemental Schedules

Coast Citrus Distributors Employee Stock Ownership Plan
EIN 95-1628554 Plan No.: 003
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>	
*	Coast Citrus Distributors	280,000 shares of common stock	\$ 37,957,617	\$ 75,798,800
	Bank of America, N.A.	Interest-bearing cash	3,926	3,926
	Pacific Premier	Interest-bearing cash	2,253,376	2,253,376
	ML Bank Deposit Program	Interest-bearing cash	232,832	232,832
	U.S. Treasury Note	Maturity date 1/15/2025	2,520,658	2,608,097
	U.S. Treasury Note	Maturity date 8/31/2025	1,738,061	1,755,996
	Total		<u>\$ 44,706,470</u>	<u>\$ 82,653,027</u>

See Independent Auditors' Report

Coast Citrus Distributors Employee Stock Ownership Plan
EIN 95-1628554 Plan No.: 003
Schedule H, Line 4(j) – Schedule Reportable Transactions
For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or Loss
U.S. Treasury	Note redeemed, Maturity date 1/18/2024	\$ 2,998,500	\$ 3,070,000	\$ -	\$ 5	\$ 2,998,505	\$ 2,998,500	\$ 71,495
U.S. Treasury	Note redeemed, Maturity date 8/31/2024	\$ 2,983,425	\$ 3,055,100	\$ -	\$ 5	\$ 2,983,430	\$ 2,983,425	\$ 71,670
U.S. Treasury	Note purchased, Maturity date 1/15/2025	\$ 2,520,658	\$ -	\$ -	\$ 5	\$ 2,520,663	\$ 2,520,658	\$ -
U.S. Treasury	Note purchased, Maturity date 8/31/2025	\$ 1,738,061	\$ -	\$ -	\$ 5	\$ 1,738,067	\$ 1,738,061	\$ -

See Independent Auditors' Report

Coast Citrus Distributors Employee Stock Ownership Plan
EIN 95-1628554 Plan No.: 003
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>	
*	Coast Citrus Distributors	280,000 shares of common stock	\$ 37,957,617	\$ 75,798,800
	Bank of America, N.A.	Interest-bearing cash	3,926	3,926
	Pacific Premier	Interest-bearing cash	2,253,376	2,253,376
	ML Bank Deposit Program	Interest-bearing cash	232,832	232,832
	U.S. Treasury Note	Maturity date 1/15/2025	2,520,658	2,608,097
	U.S. Treasury Note	Maturity date 8/31/2025	1,738,061	1,755,996
	Total		<u>\$ 44,706,470</u>	<u>\$ 82,653,027</u>

See Independent Auditors' Report

Coast Citrus Distributors Employee Stock Ownership Plan
EIN 95-1628554 Plan No.: 003
Schedule H, Line 4(j) – Schedule Reportable Transactions
For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or Loss
U.S. Treasury	Note redeemed, Maturity date 1/18/2024	\$ 2,998,500	\$ 3,070,000	\$ -	\$ -	\$ 2,998,505	\$ 2,998,500	\$ 71,495
U.S. Treasury	Note redeemed, Maturity date 8/31/2024	\$ 2,983,425	\$ 3,055,100	\$ -	\$ -	\$ 2,983,430	\$ 2,983,425	\$ 71,670
U.S. Treasury	Note purchased, Maturity date 1/15/2025	\$ 2,520,658	\$ -	\$ -	\$ -	\$ 2,520,663	\$ 2,520,658	\$ -
U.S. Treasury	Note purchased, Maturity date 8/31/2025	\$ 1,738,061	\$ -	\$ -	\$ -	\$ 1,738,067	\$ 1,738,061	\$ -