

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

2024

This Form is Open to Public Inspection

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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): WESTERN GROWERS ASSOCIATION
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

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	2028
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)	1761
	6a(2)	1566
	6b	0
	6c	386
	6d	1952
	6e	0
	6f	1952
	6g(1)	1391
6g(2)	427	
6h	23	
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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" 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 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

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 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.

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	166	01/01/2024	12/31/2024

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

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

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

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

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	7091382
5	Current value of plan's interest under this contract in separate accounts at year end.....	
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 8094349
c	(1) Contributions deposited during the year	7c(1) 450637
	(2) Dividends and credits.....	7c(2) 19597
	(3) Interest credited during the year.....	7c(3) 210526
	(4) Transferred from separate account	7c(4) 125384
	(5) Other (specify below)..... ▶ PARTICIPANT LOAN REPAYMENTS	7c(5) 37995
	(6) Total additions	7c(6) 844139
d	Total of balance and additions (add lines 7b and 7c(6))	7d 8938488
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 757657
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 1072013
	(4) Other (specify below)..... ▶ LOANS ISSUED	7e(4) 17436
(5) Total deductions	7e(5) 1847106	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 7091382

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <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 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)... 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

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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	150207	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NWPS

91-2090931

(b) 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	124521	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAUB BROCK CAPITAL MANAGEMENT

27-2620760

(b) 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	102636	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WESTERN GROWERS ASSOCIATION

95-3628301

(b) 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	70094	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRAN CAPITAL MANAGEMENT L.P.

94-6330378

(b) 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	55084	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MOSS ADAMS LLP

91-0189318

(b) 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	52500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHARLES SCHWAB TRUST BANK

82-3967259

(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	52477	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)

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 34 50	UNITIZATION	25000	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: MOSS ADAMS, LLP	b EIN: 91-0189318
c Position: AUDITOR	
d Address: LA JOLLA COMMONS 4747 EXECUTIVE DR #1300 SAN DIEGO, CA 92121	e Telephone: 858-627-1400

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <u>WESTERN GROWERS RETIREMENT SECURITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>336</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WESTERN GROWERS ASSOCIATION</u>	D Employer Identification Number (EIN) <u>95-1362030</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARBOR INTERNATIONAL COMPOUNDERS F</u>		
b Name of sponsor of entity listed in (a): <u>HARBOR TRUST COMPANY, INC.</u>		
c EIN-PN <u>88-3027499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5456873</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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.	OMB No. 1210-0110 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 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.

		(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)	4091763	4486916
(2) Participant contributions	1b(2)	131583	107062
(3) Other	1b(3)	73461	9030
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5018346	2007702
(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)	5257765	5857726
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	43750
(B) Common	1c(4)(B)	27412411	28374777
(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)	1712178	1814325
(9) Value of interest in common/collective trusts	1c(9)	0	5456873
(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)	77553398	89851443
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8094349	7091382
(15) Other.....	1c(15)	128455	176061

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	129473709	145277047
Liabilities			
g Benefit claims payable.....	1g	2936	0
h Operating payables.....	1h	960	875
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	24229	2782
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	28125	3657
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	129445584	145273390

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)	4941962	
(B) Participants.....	2a(1)(B)	5017563	
(C) Others (including rollovers).....	2a(1)(C)	199637	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10159162
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	16430	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	113249	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	157335	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		287014
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1474482	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1655434	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3129916
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1924018	
(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)		1924018
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2043624	
(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)		-409984
(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)		12503909
c Other income	2c		551
d Total income. Add all income amounts in column (b) and enter total	2d		29638210

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12950371	
(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)		12950371
f Corrective distributions (see instructions)	2f		110007
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)	149381	
(4) IQPA audit fees	2i(4)	52500	
(5) Investment advisory and investment management fees	2i(5)	306022	
(6) Bank or trust company trustee/custodial fees	2i(6)	55370	
(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)	41292	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		676565
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13736943

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15901267
l Transfers of assets:			
(1) To this plan	2l(1)		-73461
(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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34049
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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.
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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 <u>WESTERN GROWERS RETIREMENT SECURITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>336</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTERN GROWERS ASSOCIATION</u>	D Employer Identification Number (EIN) <u>95-1362030</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): 82-3967259

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan WESTERN GROWERS RETIREMENT SECURITY PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>336</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF WESTERN GROWERS ASSOCIATION</p>	<p>D Administrator's EIN 95-1362030</p>	

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 0.76	2d Aggregate Account Balances Attributable to Participating Employer 601795
2a Name of Participating Employer BARTON RANCH, INC.	2b EIN 94-2623692	2c Percentage of Total Contributions for the Plan Year 0.26	2d Aggregate Account Balances Attributable to Participating Employer 525598

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 (2024)
v. 240311**

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	6820991
COUNTRYSIDE MUSHROOMS, INC.	77-0167793	0.67	1508917
DEL RIO NUT COMPANY, INC.	77-0167161	0.87	1664433
DESERT EXPRESS LLC	33-0892577	0.10	19926
DESERT SKY FARMS	33-0630183	1.16	4170779
FRESH VENTURE FOODS, LLC	45-5082363	1.63	1100093
G O VINEYARD MANAGEMENT LLC	77-0567062	0.25	804107
GARDENS & GABLES	94-3348044	0.58	544524
GOLD COAST FARMS, INC.	95-3310836	0.00	350128

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	1.94	5371021
GOLDRIVER ORCHARDS, INC.	20-0106297	0.53	173899
HADLEY DATE GARDENS, INC.	80-0952863	2.87	3382702
HILDEBRAND THOMPSON, INC. DBA REGAN NURSERY	94-3265498	0.03	256439
LABRUCHERIE PRODUCE LLC	45-2406369	3.68	5258887
LANTANA FARMS	46-3106904	0.02	0
LEGACY COOLING, LLC	87-2999104	2.28	286119
LOBUE BROTHERS, INC.	94-1427502	0.60	1158772
MORGAN FAMILY FARMS, INC.	33-0121727	0.56	111802

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
OCEANO PACKING COMPANY, LLC	77-0584899	1.45	1621487
ORANGE COUNTY PRODUCE, LLC	33-0668961	1.56	1728360
PEREZ FARMS	68-0270437	0.12	386716
PHELAN & TAYLOR PRODUCE COMPANY	95-1813411	0.76	1339083
PINNACLE CLAIMS MANAGEMENT INC	33-0783743	10.50	13223307
PISMO OCEANO VEGETABLE EXCHANGE	95-1111280	0.31	565553
RAM TRUCKING, INC.	94-2579214	1.64	2840902
RAYMOND F LOPEZ JR, MD, INC.	27-2255564	0.74	216356
RIVER VALLEY RANCHES	33-0029596	0.00	9419

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
ROCKWOOD CHEMICAL COMPANY	95-2091982	1.47	1729105
SPRING CREEK RANCH, LTD.	68-0290775	0.08	32273
SUN RAPT FOODS, INC.	81-1436423	0.97	2035283
TALLEY FARMS	95-2360927	2.55	2979320
TALLEY VINEYARDS	77-0214114	0.63	698836
THE ELMORE COMPANY	93-0931332	0.91	1745692
TRI-VALLEY VEGETABLE HARVESTING, INC.	77-0036715	0.17	281849
VAIL RANCHES, LLC	95-2990453	1.06	2285898
VENTURA COUNTY AGRICULTURAL ASSOCIATION	95-2671616	0.85	2111107

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
WEST ISLAND COTTON GROWERS, INC.	94-1471868	0.54	693308
WESTERN GROWERS ASSOCIATION	95-1362030	21.06	28316971
WESTERN GROWERS ASSURANCE TRUST	95-2500201	1.11	1863547
WESTERN GROWERS FINANCIAL SERVICES	91-2038676	16.83	11316227
WESTERN GROWERS INSURANCE SERVICES	46-3215026	6.55	19700282
WESTERN GROWERS SERVICE CORP	33-0812456	9.35	8851249

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 III	Pooled Employer Plan Information
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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, 2024 and 2023

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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, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024, 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, 2024 and 2023, and for the year ended December 31, 2024, 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, 2024 and Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions – (modified cash basis) 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 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).

Baker Tilly US, LLP

San Diego, California
October 15, 2025

Financial Statements

Western Growers Retirement Security Plan
Statements of Net Assets Available for Benefits – Modified Cash Basis
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
Interest bearing cash	\$ 3,287,312	\$ 4,374,669
Registered investment companies	97,494,416	80,040,462
Common and preferred stock	26,987,191	27,222,123
Corporate bonds	2,001,630	1,777,843
Life insurance annuities	1,997,781	1,955,279
	131,768,330	115,370,376
Guaranteed investment contract, at contract value	7,091,382	8,094,349
Total investments	138,859,712	123,464,725
Receivables		
Notes receivable from participants	1,814,325	1,712,178
Total receivables	1,814,325	1,712,178
TOTAL ASSETS	140,674,037	125,176,903
NET ASSETS AVAILABLE FOR BENEFITS	\$ 140,674,037	\$ 125,176,903

See accompanying notes.

Western Growers Retirement Security Plan
Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis
Year Ended December 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment Income	
Net appreciation in fair value of investments	\$ 17,643,592
Interest and dividends	1,680,168
	19,323,760
Less investment expenses	(331,021)
	18,992,739
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	
	157,414
CONTRIBUTIONS	
Participant	5,042,084
Employer	4,539,805
Rollovers	199,744
	9,781,633
Total contributions	9,781,633
Total additions	28,931,786
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	13,094,589
Administrative expenses	340,063
	13,434,652
Total deductions	13,434,652
CHANGE IN NET ASSETS	15,497,134
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	125,176,903
End of year	\$ 140,674,037

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, 2024 and 2023, the Plan is comprised of 37 and 38 participating employers, respectively.

During the year ended December 31, 2024, the plan received transfers of approximately \$73,568 from a new adopting employer.

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% 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 earnings 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 12 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% with various maturities through August 2053.

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, 2024 and 2023, forfeited nonvested accounts totaled \$57,496 and \$156,287, respectively. For the year ended December 31, 2024, approximately \$7,004 was used for payment of administrative expenses and \$50,492 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

Contributions – Contributions from participants and corresponding matching contributions are recorded in the year in which the employee contributions are withheld from compensation.

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.

Expenses – Certain expenses of maintaining the Plan are paid directly by WGA and are excluded from these financial statements. Administrative expenses paid by the Plan may include notes receivable and distribution fees charged to participants' accounts and administrative plan fees. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 15, 2025, 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.

Western Growers Retirement Security Plan Notes to Financial Statements

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.

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

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

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, 2024			
	Total	Level 1	Level 2	Level 3
Registered investment companies	\$ 97,494,416	\$ 97,494,416	\$ -	\$ -
Common and preferred stock	26,987,191	26,631,566	355,625	-
Interest-bearing cash	3,287,312	3,287,312	-	-
Life insurance annuities	1,997,781	-	-	1,997,781
Corporate bonds	2,001,630	-	2,001,630	-
Total investments at fair value	\$ 131,768,330	\$ 127,413,294	\$ 2,357,255	\$ 1,997,781

Description	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Registered investment companies	\$ 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	\$ 115,370,376	\$ 111,293,579	\$ 2,121,518	\$ 1,955,279

Western Growers Retirement Security Plan Notes to Financial Statements

The following table presents a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024:

Balance, December 31, 2023	\$ 1,955,279
Additional contract costs	<u>42,502</u>
Balance, December 31, 2024	<u>\$ 1,997,781</u>

In regard to the classification of investment options offered by the Plan, there were no reclassifications between Level 1, Level 2, or Level 3 during the years ended December 31, 2024 and 2023. Investments can be redeemed immediately and without a redemption notification period. As of December 31, 2024 and 2023, there were no unfunded commitments associated with any of these investments.

At December 31, 2024 and 2023, the Plan holds assets totaling \$7,091,382 and \$8,094,349, 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.

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 statements of net assets available for benefits (modified cash basis).

Western Growers Retirement Security Plan Notes to Financial Statements

Note 6 – Certified Investment Information

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank, a qualified institution:

- Investments reflected on the accompanying statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, and interest and dividends, reflected on the accompanying statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024.
- Investments reflected on the schedule of assets (held at end of year) (modified cash basis) as of December 31, 2024.

Note 7 – Party-in-Interest Transactions

Certain affiliates of WGA 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 \$220,301 for the year ended December 31, 2024. 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.

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, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits, per the financial statements	\$ 140,674,037	\$ 125,176,903
Add current year receivables	4,593,978	4,223,346
Less other adjustments, net	<u>5,375</u>	<u>45,335</u>
Net assets per the Form 5500	<u>\$ 145,273,390</u>	<u>\$ 129,445,584</u>

Western Growers Retirement Security Plan

Notes to Financial Statements

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, 2024:

Change in net assets available for benefits	
per the financial statements	\$ 15,497,134
Less prior year receivables	(4,223,346)
Add current year receivables	4,593,978
Less other adjustments, net	<u>33,501</u>
Net income per the Form 5500	<u>\$ 15,901,267</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>
Transfers in financial statements	\$ -
Variance	<u>(73,461)</u>
Transfers per Form 5500	<u>\$ (73,461)</u>

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

Note 9 – Plan Termination

Although it has not expressed any intention to do so, the Plan 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, 2024

(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	**	\$ 1,090,958
	Amplify High Income ETF	**	1,501,885
	AXONIC STRATEGIC INCOME I	**	7,956
	DoubleLine Income Solutions	**	1,324,199
	DWS RREEF REAL ESTATE SEC FD INST	**	1,864,921
	EV Senior Floating Rate	**	161,280
	FEDERATED INSTL HIGH YIELD BND INSTL	**	828,619
	FIDELITY 500 INDEX FD	**	15,375,898
	FIDELITY ENVRNMNT & ALTRNTV ENRGY FD	**	1,287,380
	First Trust Inter Dur Pref & Income Fund	**	912,438
	Global X US Preferred ETF	**	1,501,431
	HARBOR INT'L COMPOUNDERS	**	5,456,872
	Invesco Financial Preferred ETF	**	1,330,074
	INVESCO S&P 500 MOMNETUM ETF	**	8,221,840
	Invesco Variable Rate Preferred ETF	**	1,217,507
	iShares 20+ Year Treasury Bond ETF	**	3,044,236
	iShares Preferred&Income Securities ETF	**	3,057,383
	LAMAR ADVERTISING CO	**	3,165
	Nuveen Credit Strategies Income	**	17,070
	PACER DEVELOPING MARKETS INT'L 100 ETF	**	2,515,989
	Pacer Pacific Asset Fltng Rt Hi Inc ETF	**	243,785
	PACER US CASH COWS 100 ETF	**	1,772,019
	PACER US CASH COWS ETF	**	2,140,580
	RATIONAL SPECIAL SITUATIONS INCOME	**	4,075
	SCHWAB 1000 INDEX FUND	**	13,043,476
	SCHWAB TARGET 2055 INDEX FUND	**	3,007
	SCHWAB US LARGE CAP GROWTH INDEX FD	**	12,422,966
	T ROWE PRICE SCIENCE & TECH I	**	7,900,323
	TCW METWEST TOTAL RETURN	**	553,665
	US Treasury 3 Month Bill ETF	**	1,995,248
	USCF MIDSTREAM ENERG	**	12,562
	VANGUARD HEALTH CARE FD ADMIRAL SHS	**	2,932,246
	VANGUARD SMALL CAP GROWTH INDEX ADMI	**	3,727,888
	VIRTUS NEWFLEET LOW DUR CORE PL BD I	**	9,444
	VOYA FLOATING RATE FD I	**	5,389
	VOYA HIGH YIELD BD CL I	**	6,641
			\$ 97,494,416

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, 2024

COMMON STOCK

AbbVie Inc	**	\$	836,967
Accenture PLC Class A	**		870,680
Accenture PLC Class A	**		218,110
Air Products & Chemicals Inc	**		131,968
Alphabet Inc Class A	**		162,419
ALTIMAR ACQUISITION	**		4,001
Amazon.com Inc	**		986,816
AMERICAN ELEC PWR INC	**		3,689
AMGEN INCORPORATED	**		3,649
AMN Healthcare Services Inc	**		114,816
APOLLO GLOBAL MGMT I	**		2,147
Automatic Data Processing Inc	**		837,208
BLACKSTONE GROUP INC	**		4,483
BROADCOM LIMITED	**		2,319
BROOKFIELD INFRASTRUCTURE	**		2,241
Builders FirstSource Inc	**		198,387
Carrier Global Corp Ordinary Shares	**		767,925
Charles Schwab Corp	**		333,119
CHEVRON CORPORATION	**		5,504
CISCO SYSTEMS INC	**		5,920
CLOROX	**		2,436
CUMMINS ENGINE INC	**		5,229
D.R. Horton Inc	**		721,471
Danaher Corp	**		560,561
Dominos Pizza, Inc.	**		719,888
e.l.f. Beauty Inc	**		108,350
Eli Lilly	**		733,400
Entegris Inc	**		275,387
Expedia Group Inc	**		312,662
EXXON MOBIL CORP	**		2,474
Ferguson Enterprises Inc	**		495,542
GENERAL MILLS	**		3,507
GILEAD SCIENCES INC	**		6,096
GitLab Inc Class A	**		259,323
IBM CORP	**		6,375
Intuit	**		769,913
Intuit Inc	**		329,963
IQVIA Holdings Inc	**		287,298
J P MORGAN CHASE & CO	**		3,116
JOHNSON & JOHNSON	**		1,880
KENVUE INC	**		3,993
LOCKHEED MARTIN CORP	**		2,916
Lowe's Companies Inc	**		792,228
LYONDELLBASELL INDS	**		4,605
Martin Marietta Materials Inc	**		396,672
Mastercard Inc Class A	**		884,638
MC DONALDS CORP	**		1,739

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, 2024

MERCK & CO INC	**	4,576
Meta Platforms Inc Class A	**	603,075
Microsoft Corp	**	857,753
MOELIS	**	2,586
MORGAN STANLEY	**	3,394
Motorola Solutions, Inc.	**	852,814
Nike Inc Class B	**	173,133
NVIDIA Corp	**	514,331
Oracle	**	773,210
Palo Alto Networks Inc	**	398,492
Parker-Hannifin	**	810,938
PEPSICO INC	**	2,585
PROCTER & GAMBLE	**	3,520
Progressive Corp	**	101,115
Roper Technologies Inc	**	761,580
S&P Global Inc	**	826,730
Salesforce Inc	**	376,790
Sherwin-Williams Co	**	734,249
Sherwin-Williams Co	**	360,326
SIMON PPTY GROUP INC NEW	**	6,200
STARBUCKS	**	2,281
Taiwan Semiconductor Manufacturing Co Ltd ADR	**	415,716
Taiwan Semiconductor Mfg. Co.	**	905,492
Talen Energy Corp Ordinary Shares New	**	729,926
TEXAS INSTRUMENTS	**	3,188
TJX Companies, Inc.	**	845,670
T-Mobile US Inc	**	448,082
TRUIST FINL CORP	**	4,598
UnitedHealth Group Inc	**	773,966
UnitedHealth Group Inc	**	225,108
Veeva Systems Inc Class A	**	210,460
VERIZON COMMUNICATN	**	5,279
Zoetis Inc Class A	**	710,375
		\$ 26,631,566

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, 2024

PREFERRED STOCK

QWEST CORP 6.75%, DUE 06/15/57	**	\$	43,750
STRATS-PG 2006-1 VARIABLE RATE, DUE 8/15/2034	**		311,875
		\$	<u>355,625</u>

CORPORATE BONDS

Bank America Corp Var	**	\$	508,649
The Charles Schwab Var	**		498,490
THE GOLDMAN SACHS 1.2084% ABS -CDO, DUE 2/15/34	**		307,606
THE GOLDMAN SACHS 1.412% MBS-CMO DUE 2/15/34	**		686,886
		\$	<u>2,001,630</u>

LIFE INSURANCE ANNUITIES

AMERICAN GENERAL, #33447	**	\$	356,546
AMERICAN GENERAL, #33448	**		713,092
INTEGRITY LIFE, # 33446	**		372,355
LINCOLN NATIONAL LIFE, #31941	**		362,675
LINCOLN NATIONAL LIFE, #33445	**		193,113
		\$	<u>1,997,781</u>

GUARANTEED INVESTMENT CONTRACT

STANDARD STABLE ASSET FUND 1	**	\$	7,091,382
		\$	<u>7,091,382</u>

PARTICIPANT LOANS

PARTICIPANT LOANS	**	\$	1,814,325
		\$	<u>1,814,325</u>
		\$	<u><u>137,386,725</u></u>

* Party 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, 2024

	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	
<u>Participant Contributions Transferred Late to Plan</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
Check here if late participant loan repayments are included: <input checked="" type="checkbox"/>	<u>\$ 33,989</u>	<u>\$ 60</u>	<u>\$ -</u>	<u>\$ -</u>

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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): 2024

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
	Bank Of America Corp - BAC	Corporate Debt Instruments - Other		501,699.35
	Charles Schwab Corporation (the) Hybrid Perpetual Ser G Jrsu - SCHW	Corporate Debt Instruments - Other		496,876.28
	Schwab Government Money Fund - SGUXX US	Corporate Debt Instruments - Other		1,561,757.46
	Strats Trust F 6.8433%34 Abs-cdo Due 02/15/34 - STRATS	Corporate Debt Instruments - Other		307,255.45
	Strats Trust For Go 0%34 Mbs-cmo Due 02/15/34 - STRATS	Corporate Debt Instruments - Other		683,640.00
	Strats Trust For P 0%pf Due 08/15/34 - GJR	Corporate Debt Instruments - Other		311,250.00
	Us Treasury 3 Month Bill Etf - TBIL US	Corporate Debt Instruments - Other		1,995,247.62
	AbbVie Inc - ABBV US	Corporate Stock - Common		836,967.00
	Accenture PLC - ACN US	Corporate Stock - Common		1,088,790.05
	Air Products and Chemicals Inc - APD US	Corporate Stock - Common		131,968.20
	ALPHABET INC CLASS A - GOOGL US	Corporate Stock - Common		162,419.40
	Amazon.Com Inc - AMZN US	Corporate Stock - Common		986,816.22
	AMN Healthcare Services Inc - AMN US	Corporate Stock - Common		114,816.00
	Automatic Data Processing Inc - ADP US	Corporate Stock - Common		837,207.80
	Builders FirstSource Inc - BLDR US	Corporate Stock - Common		198,386.84
	Carrier Global Corp - CARR US	Corporate Stock - Common		767,925.00
	Charles Schwab Corp - SCHW US	Corporate Stock - Common		333,119.01
	D.R. Horton Inc - DHI US	Corporate Stock - Common		721,471.20
	Danaher Corp - DHR US	Corporate Stock - Common		560,561.10
	Domino's Pizza Inc - DPZ US	Corporate Stock - Common		677,912.40
	ELF BEAUTY INC - ELF US	Corporate Stock - Common		108,349.65
	Eli Lilly and Co - LLY US	Corporate Stock - Common		710,240.00
	Entegris Inc - ENTG US	Corporate Stock - Common		275,386.80
	Expedia Inc - EXPE US	Corporate Stock - Common		312,661.74
	Ferguson Enterprises Inc - FERG US	Corporate Stock - Common		495,542.35
	Gitlab Inc - GTLB US	Corporate Stock - Common		259,322.70
	Intuit Inc - INTU US	Corporate Stock - Common		1,099,875.00
	Invesco S&p Intl Developed Momentum Etf - IDMO US	Corporate Stock - Common		1,924,872.96
	IQVIA Holdings Inc - IQV US	Corporate Stock - Common		287,297.62
	Lowe's Companies Inc - LOW US	Corporate Stock - Common		792,228.00
	Martin Marietta Materials Inc - MLM US	Corporate Stock - Common		396,672.00
	MasterCard Inc - MA US	Corporate Stock - Common		884,637.60
	Meta Platforms Inc - META US	Corporate Stock - Common		603,075.30
	Microsoft Corp - MSFT US	Corporate Stock - Common		857,752.50
	Motorola Solutions Inc - MSI US	Corporate Stock - Common		852,814.35
	Nike Inc - NKE US	Corporate Stock - Common		173,132.96
	NVIDIA Corp - NVDA US	Corporate Stock - Common		514,330.70
	Oracle Corp - ORCL US	Corporate Stock - Common		773,209.60
	Palo Alto Networks Inc - PANW US	Corporate Stock - Common		398,492.40
	Parker Hannifin Corp - PH US	Corporate Stock - Common		810,938.25
	Progressive Corp - PGR US	Corporate Stock - Common		101,115.42
	Roper Technologies Inc - ROP US	Corporate Stock - Common		761,580.25
	S&P Global Inc - SPGI US	Corporate Stock - Common		826,729.80
	Salesforce Inc - CRM US	Corporate Stock - Common		376,789.91
	Sherwin-Williams Co - SHW US	Corporate Stock - Common		1,094,574.60
	Taiwan Semiconductor Manufacturing Co Ltd - TSM US	Corporate Stock - Common		1,321,208.10
	Talen Energy Corp - TLN US	Corporate Stock - Common		729,925.81
	TJX Companies Inc - TJX US	Corporate Stock - Common		845,670.00
	T-Mobile US Inc - TMUS US	Corporate Stock - Common		448,081.90
	UnitedHealth Group Inc - UNH US	Corporate Stock - Common		999,073.50
	Veeva Systems Inc - VEEV US	Corporate Stock - Common		210,460.25

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): 2024

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
	Zoetis Inc - ZTS US	Corporate Stock - Common		710,374.80
	Qwest Corp 6.75% 15-jun-2057 New Money Prf - CTDD	Corporate Stock - Preferred		43,750.00
	Standard Stable Asset Cl 1	Fixed Annuities		7,091,382.16
	CHARLES SCHWAB	Interest-Bearing Cash		1,998,583.64
	Harbor Intl Compounders CIT Class F	Value of Interest in Common/Collective Trust		5,456,872.51
	American Fd Bond Fd of Amer R6	Value of Interest in Registered Investment Companies		1,090,958.48
	American General/Matthew Lewis 33447 - SUNDRY33447 US	Value of Interest in Registered Investment Companies		357,146.18
	American General/Matthew Lewis 33448 - SUNDRY33448 US	Value of Interest in Registered Investment Companies		714,292.35
	Amplify High Income ETF - YYY US	Value of Interest in Registered Investment Companies		1,501,885.44
	DoubleLine Income Solutions Fund - DSL US	Value of Interest in Registered Investment Companies		1,324,199.22
	DWS RREEF Real Estate Secur	Value of Interest in Registered Investment Companies		1,864,921.30
	Eaton Vance Senior Floating Rate Closed Fund - EFR US	Value of Interest in Registered Investment Companies		161,280.00
	Federated Hermes High Yld Bond	Value of Interest in Registered Investment Companies		828,618.65
	Fidelity 500 Index	Value of Interest in Registered Investment Companies		15,375,897.62
	Fidelity Sel Envir-Alt Energy	Value of Interest in Registered Investment Companies		1,287,379.91
	First Trust Intermediate Duration Preferred and Income - FPF US	Value of Interest in Registered Investment Companies		912,438.00
	Global X Us Preferred Etf - PFFD US	Value of Interest in Registered Investment Companies		1,501,431.07
	Integrity Life/M Lewis 33446 - SUNDRY33446 US	Value of Interest in Registered Investment Companies		373,381.93
	Invesco Financial Preferred ETF - PGF US	Value of Interest in Registered Investment Companies		1,330,073.70
	Invesco S&P 500 Momentum ETF - SPMO US	Value of Interest in Registered Investment Companies		8,221,840.28
	Invesco Variable Rate Preferred ETF - VRP US	Value of Interest in Registered Investment Companies		1,217,506.89
	iShares 20 Plus Year Treasury Bond ETF - TLT US	Value of Interest in Registered Investment Companies		3,044,236.47
	iShares Preferred and Income Securities ETF - PFF US	Value of Interest in Registered Investment Companies		3,057,382.80
	Lincoln Nat Life/H Labko 31941 - SUNDRY31941 US	Value of Interest in Registered Investment Companies		363,586.26
	Lincoln Nat Life/M Lewis 33445 - SUNDRY33445 US	Value of Interest in Registered Investment Companies		193,558.72
	Metropolitan West Bond	Value of Interest in Registered Investment Companies		553,665.24
	Nuveen Credit Strategies Income Closed Fund - JQC US	Value of Interest in Registered Investment Companies		17,070.00
	Pacer Dev Mkts Intl Cash Cows 100 ETF - ICOW US	Value of Interest in Registered Investment Companies		2,515,989.35
	Pacer Pacific Asset Floating Rate High Income Etf - FLRT US	Value of Interest in Registered Investment Companies		243,785.12
	Pacer US Cash Cows ETF - COWZ US	Value of Interest in Registered Investment Companies		1,772,019.39

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): 2024

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 1000 Index	Value of Interest in Registered Investment Companies		13,043,475.68
	Schwab US Large Cap Growth Idx	Value of Interest in Registered Investment Companies		12,422,965.54
	T Rowe Price Science and Tech	Value of Interest in Registered Investment Companies		7,900,322.98
	Vanguard Health Care Adm	Value of Interest in Registered Investment Companies		2,932,246.21
	Vanguard Small Cap Growth Idx	Value of Interest in Registered Investment Companies		3,727,888.41

138,674,534.70

CASH

9,118.14

* **CHARLES SCHWAB BROKERAGE ACCOUNTS**

176,061.06

* **PARTICIPANT LOANS**

Interest rates ranging from 3.25% - 10.50%

1,814,325.43

TOTAL

140,674,039.33

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