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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WESTERN GROWERS RETIREMENT SECURITY PLAN

1b Three-digit plan number (PN) ▶ 336

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WESTERN GROWERS ASSOCIATION

6501 IRVINE CENTER DRIVE STE 100
IRVINE, CA 92618

2b Employer Identification Number (EIN) 95-1362030

2c Plan Sponsor's telephone number 949-863-1000

2d Business code (see instructions) 115110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	KAREN TIMMINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1952
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	**6a(1)**	1566
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1670
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	397
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2067
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	2071
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	1427
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	1468
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	13
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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	169	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	9188402
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	7091382
c	Additions: (1) Contributions deposited during the year	7c(1)	415613		
	(2) Dividends and credits	7c(2)	20169		
	(3) Interest credited during the year	7c(3)	246509		
	(4) Transferred from separate account	7c(4)	2953928		
	(5) Other (specify below)	7c(5)	37975		
	▶ LOANS ISSUED				
	(6)Total additions			7c(6)	3674194
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	10765576
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	719053		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	812837		
	(4) Other (specify below)	7e(4)	45284		
	▶ LOANS ISSUED				
	(5) Total deductions			7e(5)	1577174
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	9188402

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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)

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	214388	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	150201	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	109084	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	101073	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	59197	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAKER TILLY US, LLP

30-1413443

(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	49613	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	41560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	24239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WESTERN GROWERS RETIREMENT SECURITY PLAN

B Three-digit plan number (PN) ▶ 336

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WESTERN GROWERS ASSOCIATION

D Employer Identification Number (EIN)
95-1362030

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: HARBOR INTERNATIONAL COMPOUNDERS F

b Name of sponsor of entity listed in (a): HARBOR TRUST COMPANY, INC.

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)
88-3027499-001	C	5861508

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)

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WESTERN GROWERS RETIREMENT SECURITY PLAN

B Three-digit plan number (PN) ▶ 336

C Plan sponsor's name as shown on line 2a of Form 5500
WESTERN GROWERS ASSOCIATION

D Employer Identification Number (EIN)
95-1362030

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4486916	4128665
(2) Participant contributions	1b(2)	107062	110062
(3) Other	1b(3)	9030	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2007702	2977156
(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)	5857726	5050877
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	43750	0
(B) Common	1c(4)(B)	28374777	19952780
(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)	1814325	1921757
(9) Value of interest in common/collective trusts	1c(9)	5456873	5861508
(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)	89851443	110812581
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7091382	9188402
(15) Other	1c(15)	176061	276418

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	145277047	160280206
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	875	800
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	2782	2724
1k Total liabilities (add all amounts in lines 1g through1j)	1k	3657	3524
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	145273390	160276682

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)	4628736	
(B) Participants	2a(1)(B)	5033138	
(C) Others (including rollovers)	2a(1)(C)	1041605	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10703479
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1402	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	95277	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	164302	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		260981
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1926858	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	654260	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2581118
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5733805	
(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)		5733805
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2006124	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2006124

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		970509
(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)		6964916
c Other income	2c		2106
d Total income. Add all **income** amounts in column (b) and enter total	2d		29223038
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12344744	
(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)		12344744
f Corrective distributions (see instructions)	2f		76324
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)	151448	
(4) IQPA audit fees	2i(4)	49613	
(5) Investment advisory and investment management fees	2i(5)	292452	
(6) Bank or trust company trustee/custodial fees	2i(6)	59197	
(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)	37466	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		662176
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13083244
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		16139794
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		1136502

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) [X] 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) [X] 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.)	**4a**	X		18444
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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
RAYMOND F. LOPEZ JR., M.D. 401(K) PLAN	27-2255564	001
RIO GILL 401(K) PLAN & TRUST	77-0009052	001

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WESTERN GROWERS RETIREMENT SECURITY PLAN

B Three-digit plan number (PN) ▶ 336

C Plan sponsor's name as shown on line 2a of Form 5500
WESTERN GROWERS ASSOCIATION

D Employer Identification Number (EIN)
95-1362030

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

- **a** [X] 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	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
AGRI-WORLD COOPERATIVE	95-3744551	0.75	764498
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
BARTON RANCH, INC.	94-2623692	0.22	480580

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

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	[ ] Yes [X] 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**	

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	7479714
COUNTRYSIDE MUSHROOMS, INC.	77-0167793	0.00	1561532
DEL RIO NUT COMPANY, INC.	77-0167161	0.94	1930415
DESERT EXPRESS LLC	33-0892577	0.07	31452
DESERT SKY FARMS	33-0630183	0.96	4685988
FRESH VENTURE FOODS, LLC	45-5082363	1.64	1121235
G O VINEYARD MANAGEMENT LLC	77-0567062	0.01	0
GARDENS & GABLES	94-3348044	0.48	585784
GOLD COAST FARMS, INC.	95-3310836	0.00	322784

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	1.22	5340658
GOLDRIVER ORCHARDS, INC.	20-0106297	0.63	251662
HADLEY DATE GARDENS, INC.	80-0952863	2.95	4081652
HILDEBRAND THOMPSON, INC. DBA REGAN NURSERY	94-3265498	0.03	292720
LABRUCHERIE PRODUCE LLC	45-2406369	3.27	5992064
IRONWOOD FARMS, INC.	39-3396697	0.24	99157
LEGACY COOLING, LLC	87-2999104	2.66	615923
LOBUE BROTHERS, INC.	94-1427502	0.54	1272181
MORGAN FAMILY FARMS, INC.	33-0121727	0.16	54255

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	1.14	1816257
ORANGE COUNTY PRODUCE, LLC	33-0668961	1.15	2133312
PEREZ FARMS	68-0270437	0.11	447368
PHELAN & TAYLOR PRODUCE COMPANY	95-1813411	0.69	1551905
PINNACLE CLAIMS MANAGEMENT INC	33-0783743	8.98	13875641
PISMO OCEANO VEGETABLE EXCHANGE	95-1111280	0.21	599570
RAM TRUCKING, INC.	94-2579214	1.53	2968636
RAYMOND F LOPEZ JR, MD, INC.	27-2255564	0.58	0
RIVER VALLEY RANCHES	33-0029596	0.00	7876

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 AG SERVICE, INC.	95-2091982	1.21	2000456
SPRING CREEK RANCH, LTD.	68-0290775	0.10	47997
OASIS ORGANICS INC.	45-4749246	0.06	15371
SUN RAPT FOODS, INC.	81-1436423	0.86	2383807
TALLEY FARMS	95-2360927	2.11	3434893
TALLEY VINEYARDS	77-0214114	0.53	770374
THE ELMORE COMPANY	93-0931332	0.72	1397570
TRI-VALLEY VEGETABLE HARVESTING, INC.	77-0036715	0.16	326867
VAIL RANCHES, LLC	95-2990453	0.95	1889996

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
VENTURA COUNTY AGRICULTURAL ASSOCIATION	95-2671616	0.78	2286277
WEST ISLAND COTTON GROWERS, INC.	94-1471868	0.45	837131
WESTERN GROWERS ASSOCIATION	95-1362030	26.45	33136152
WESTERN GROWERS ASSURANCE TRUST	95-2500201	1.14	2262477
WESTERN GROWERS FINANCIAL SERVICES	91-2038676	21.71	14825807
WESTERN GROWERS INSURANCE SERVICES	46-3215026	6.21	20476982
WESTERN GROWERS SERVICE CORP	33-0812456	4.29	9453609
1912 PRODUCE LLC	39-3117486	0.01	1457
MEM FAIRWAY, INC.	46-3544036	0.31	38528

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

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, 2025 and 2024

bakertilly

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Independent Auditors' Report

To the Plan Administrator of
WGA Retirement Security Plan Trust

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

We have performed audits of the financial statements of WGA Retirement Security Plan Trust (the 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, 2025 and 2024, and the related statement of changes in net assets available for benefits—modified cash basis for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of WGA Retirement Security Plan Trust's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 7 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 of accounting.

- 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 WGA Retirement Security Plan Trust 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.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

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 and, as a result, the financial statements may not be suitable for another purpose. 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 ; this includes 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 WGA Retirement Security Plan Trust's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about WGA Retirement Security Plan Trust'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(a) - Schedule of Delinquent Participant Contributions and Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), as of or for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 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, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Baker Tilly US, LLP

San Diego, California
October 13, 2026

Financial Statements

Western Growers Retirement Security Plan
Statements of Net Assets Available for Benefits – Modified Cash Basis
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value		
Interest bearing cash	$ 3,201,036	$ 3,287,312
Registered investment companies	121,465,491	97,494,416
Common and Preferred stock	16,869,483	26,987,191
Corporate bonds	1,346,162	2,001,630
Life insurance annuities	2,049,148	1,997,781
	144,931,320	131,768,330
Guaranteed investment contract, at contract value	9,188,402	7,091,382
Total investments	154,119,722	138,859,712
Receivables		
Notes receivable from participants	1,921,757	1,814,325
TOTAL ASSETS	156,041,479	140,674,037
NET ASSETS AVAILABLE FOR BENEFITS	$ 156,041,479	$ 140,674,037

See accompanying notes.

Western Growers Retirement Security Plan
Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis
Year Ended December 31, 2025

INVESTMENT INCOME	
Net appreciation in fair value of investments	$ 17,344,253
Interest and dividends	1,019,975
	18,364,228
Less investment expenses	(292,452)
NET INVESTMENT INCOME	18,071,776
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	164,302
CONTRIBUTIONS	
Participant	5,030,138
Employer	4,986,987
Rollovers	1,041,605
Total contributions	11,058,730
	29,294,808
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	12,421,143
Administrative expenses	369,720
Total deductions	12,790,863
CHANGE IN NET ASSETS	16,503,944
TRANSFERS FROM PLAN	(1,136,502)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	140,674,037
End of year	$ 156,041,479

See accompanying notes.

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 a multiple employer defined contribution plan as defined under Section 413(c) of the Internal Revenue Code, administered by Western Growers Association (the Sponsor), covering eligible participants of the employers subscribing to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), was formed in December 2021, and began accepting contributions in January 2022.

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

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

As of December 31, 2025 and 2024, the Plan is comprised of 40 and 44 participating employers, respectively.

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

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

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

Contributions are subject to provisions of ERISA.

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

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

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

Notes receivable from participants – Participants of certain adopting employer plans may borrow from their fund accounts up to the lesser of 50% of their vested balance reduced by the highest outstanding loan balance during the preceding twelve months or $50,000. Repayment is generally required within five years. The loans are secured by the balance in the participant's account. Interest on loans is determined by the administrators of the participating plans and generally ranges from prime rate plus 3.25% to 10.5%.

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

Forfeitures – Forfeitures are the nonvested portion of a participant's account that is lost upon reduce future termination of employment. The employers may elect first to use all or a portion of the forfeiture account to employer contributions or pay administrative costs of the Plan, with any remaining forfeitures being allocated to eligible participants. As of December 31, 2025 and 2024, forfeited nonvested accounts totaled $64,425 and $57,496, respectively. For the year ended December 31, 2025, approximately $1,234 was used for payment of administrative expenses and $63,191 was used to pay employer contributions.

Note 2 – Summary of Significant Accounting Policies

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

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

Investment valuation – Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Notes receivable from participants – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the respective employer Plan Agreement.

Contributions – Contributions from participants and the matching contributions from the employer are recorded in the year in which the related participant contributions are withheld from compensation.

Payment of benefits – Benefits are recorded when paid.

Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Sponsor. Expenses that are paid by the Sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net investment income.

Subsequent events – The Trust has evaluated subsequent events through October 13, 2026, which is the date the financial statements were available to be issued.

Note 3 – Fair Value Measurements

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

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

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

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

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

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

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

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

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and classified within Level 1 of the valuation hierarchy.

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

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

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. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available. These investments 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, 2025 Total	Level 1	Level 2	Level 3
Mutual funds	$ 121,465,491	$ 121,465,491	$ -	$ -
Common and preferred stock	16,869,483	16,558,983	310,500	-
Interest-bearing cash	3,201,036	3,201,036	-	-
Life insurance annuities	2,049,148	-	-	2,049,148
Corporate bonds	1,346,162	-	1,346,162	-
Total investments at fair value	$ 144,931,320	$ 141,225,510	$ 1,656,662	$ 2,049,148

Description	Fair Value Measurements at December 31, 2024 Total	Level 1	Level 2	Level 3
Mutual funds	$ 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

The following table presents a summary of changes in the fair value of the Group Trust's Level 3 assets for the year ended December 31, 2025:

	Life Insurance Annuities
Balance, December 31, 2024	$ 1,997,781
Unrealized gains	51,367
Balance, December 31, 2025	$ 2,049,148

In regards to the classification of investment options offered by the Plan, there were no reclassifications between Level 1, 2, or 3 during the year ended December 31, 2025 and 2024. Investments can be redeemed immediately and without a redemption notification period. As of December 31, 2025 and 2024, there were no unfunded commitments associated with any of these investments.

Note 4 – Fully Benefit-Response Investment Contract

At December 31, 2025 and 2024, the Plan holds assets totaling $9,188,402 and $7,091,382, 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 5 – 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 6 – Risks and Uncertainties

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

Note 7 – Information Certified by the Custodian

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

- Investments reflected on the accompanying statement of net assets available for benefits as of December 31, 2025 and 2024.

- Net appreciation in fair value of investments and interest and dividends, reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025.

- Investments reflected on the schedule of assets (held at end of year).

Note 8 – Party-in-Interest Transactions

Certain affiliates of Western Growers Association provide management, accounting and investment services, office space, data processing, printing, and other administrative services to the Plan. Total net charges to the Plan by such affiliates were $259,285 for the year ended December 31, 2025. In management's opinion, such charges approximate those which would have been incurred if contracted with an outside party. Alta Trust as the trustee, Charles Schwab as the custodian, and Northwest Plan Services as the recordkeeper of the Plan were all paid fees for those services. In addition, certain participating employer plans issue loans to participants, which are secured by the balances in the participants' accounts. These transactions qualify as party-in-interest transactions for which a statutory exemption exists.

Note 9 – 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, 2025 and 2024:

	2025	2024
Net assets available for benefits, per the financial statements	$ 156,041,479	$ 140,674,037
Add receivables	4,240,729	4,593,978
Other adjustments, net	(5,526)	5,375
Net assets per the Form 5500	$ 160,276,682	$ 145,273,390

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, 2025 and 2024:

	2025
Change in net assets available for benefits per the financial statements	$ 16,503,944
Less PY receivables	(4,593,978)
Add CY receivables	4,238,727
Less other adjustments, net	(8,899)
Net income per the Form 5500	$ 16,139,794

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 10 – Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

Note 11 – Delinquent Participant Contributions

As disclosed in the accompanying supplemental schedule, for the year ended December 31, 2025, certain participating employers did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Additionally, for the corrected contributions, the participating employers have compensated participants for lost earnings resulting from the delay in contributions.

Supplemental Schedules
Required by Department of Labor

Western Growers Retirement Security Plan
Employer Identification Number: 95-1362030, Plan Number: 336
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) – Modified Cash Basis
December 31, 2025

(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	**	$ 25,100
	AMPLIFY HIGH INCOME ETF	**	1,500,582
	AXONIC STRATEGIC INCOME I	**	10,556
	DOUBLELINE INCOME SOLUTIONS	**	1,187,249
	EV SENIOR FLOATING RATE	**	140,364
	FEDERATED INSTL HIGH YIELD BND INSTL	**	870,774
	FIDELITY 500 INDEX FD	**	14,312,330
	FIRST TRUST INTER DUR PREF & INCOME FUND	**	944,880
	GLOBAL X US PREFERRED ETF	**	1,455,257
	HARBOR INTERNATIONAL COMPOUNDERS	**	5,861,508
	INNOVATOR LOUP FRONT	**	22,923
	INVESCO FINANCIAL PREFERRED ETF	**	1,292,594
	INVESCO OPPENHEIMER SR. FLOATING RATE	**	9,142
	INVESCO QQQ ETF	**	10,152,233
	INVESCO S&P 500 MOMNETUM ETF	**	17,542,166
	INVESCO VARIABLE RATE PREFERRED ETF	**	1,224,553
	ISHARES 20+ YEAR TREASURY BOND ETF	**	3,038,310
	ISHARES CORE US AGGREGATE BOND	**	1,629,156
	ISHARES GLOBAL CLEAN ENERGY	**	1,545,217
	ISHARES PREFERRED INCOME SECURITIES	**	1,104,399
	ISHARES PREFERRED&INCOME SECURITIES ETF	**	4,031,116
	ISHARES S&P 100	**	34,297
	LAMAR ADVERTISING CO	**	3,291
	LORD ABBETT HIGH YIELD	**	6,320
	NUVEEN CREDIT STRATEGIES INCOME	**	15,060
	PACER DEVELOPING MARKETS INT'L 100 ETF	**	2,610,674
	PACER PACIFIC ASSET FLTNG RT HI INC ETF	**	241,708
	PACER US CASH COWS 100 ETF	**	1,935,437
	PACER US CASH COWS ETF	**	3,516,184
	PACER US LARGE CAP CASH COWS	**	7,187,710
	RATIONAL SPECIAL SITUATIONS INCOME	**	6,363
	SCHWAB 1000 INDEX FUND	**	13,834,954
	SCHWAB GOV'T MONEY FUND	**	699,846
	SCHWAB TARGET 2055 INDEX FUND	**	3,606
	SCHWAB US LARGE CAP GROWTH INDEX FD	**	12,411,543
	US TREASURY 3 MONTH BILL ETF	**	2,495,147
	USCF MIDSTREAM ENERG	**	10,552
	VANGUARD HEALTH CARE	**	3,071,280
	VANGUARD REAL ESTATE	**	2,037,539
	VANGUARD REAL ESTATE	**	22,322
	VANGUARD SMALL CAP GROWTH INDEX ADMI	**	3,421,247
			$ 121,465,491

Western Growers Retirement Security Plan
Employer Identification Number: 95-1362030, Plan Number: 336
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) – Modified Cash Basis
December 31, 2025

(a)	(b) Identity of issuer, borrower. lessor, or similar party	(d) Cost	(e) Current Value
	COMMON STOCK		
	ABBVIE INC	**	$ 961,943
	ACCENTURE PLC CLASS A	**	808,925
	ALTIMAR ACQUISITION	**	3,287
	ALTRIA GROUP INC	**	3,575
	AMERICAN ELEC PWR INC	**	4,382
	AMGEN INCORPORATED	**	3,600
	AUTOMATIC DATA PROCESSING INC	**	671,370
	BLACKSTONE GROUP INC	**	5,087
	BROOKFIELD INFRASTRUCTURE	**	4,676
	CARRIER GLOBAL CORP ORDINARY SHARES	**	688,241
	CHEVRON CORPORATION	**	5,792
	CISCO SYSTEMS INC	**	6,162
	CUMMINS ENGINE INC	**	3,063
	EASTMAN CHEMICAL CO.	**	4,149
	EATON CORP.	**	686,389
	ELI LILY	**	1,053,186
	EXXON MOBIL CORP	**	2,768
	GENERAL MILLS	**	3,767
	GILEAD SCIENCES INC	**	5,032
	IBM CORP	**	2,962
	INTUIT	**	864,458
	J P MORGAN CHASE & CO	**	3,222
	JOHNSON & JOHNSON	**	5,588
	LINEAGE INC.	**	1,645
	LOCKHEED MARTIN CORP	**	3,869
	MASTERCARD INC CLASS A	**	873,446
	MC DONALDS CORP	**	1,834
	MERCK & CO INC	**	7,158
	MICROSOFT	**	732,684
	MOELIS	**	3,712
	MOODYS CORP	**	863,337
	MORGAN STANLEY	**	3,018
	MOTOROLA SOLUTIONS, INC.	**	707,225
	NASDQ INC.	**	842,117
	OKLO INC	**	7,176
	ORACLE	**	676,338
	PARKER-HANNIFIN	**	1,085,516
	PEPSICO INC	**	5,023
	PROCTER & GAMBLE	**	3,583
	ROPER TECHNOLOGIES INC	**	678,823
	SHERWIN-WILLIAMS CO	**	742,029
	SIMON PPTY GROUP INC NEW	**	7,590
	STARBUCKS	**	1,600

Western Growers Retirement Security Plan
Employer Identification Number: 95-1362030, Plan Number: 336
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) – Modified Cash Basis
December 31, 2025

(a)	(b) Identity of issuer, borrower. lessor, or similar party	(d) Cost	(e) Current Value
	COMMON STOCK (continued)		
	TAIWAN SEMICONDUCTOR MFG. CO.	**	1,150,224
	TEXAS INSTRUMENTS	**	3,470
	TJX COMPANIES, INC.	**	921,660
	UNITEDHEALTH GROUP INC.	**	2,971
	VAIL RESORTS INC	**	2,523
	VERIZON COMMUNICATN	**	5,376
	VICI PROPERTIES	**	3,571
	VISA INC.	**	759,287
	ZOETIS INC CLASS A	**	660,555
			$ 16,558,983
	PREFERRED STOCK		
	STRATS-PG 2006-1 VARIABLE RATE, DUE 8/15/2034	**	$ 310,500
			$ 310,500
	CORPORATE BONDS		
	Bank America Corp Var	**	$ 505,000
	THE GOLDMAN SACHS 1.2084% ABS -CDO, DUE 2/15/34	**	318,037
	THE GOLDMAN SACHS 1.412% MBS-CMO DUE 2/15/34	**	523,125
			$ 1,346,162
	LIFE INSURANCE ANNUITIES		
	AMERICAN GENERAL, #33447	**	$ 363,677
	AMERICAN GENERAL, #33448	**	727,354
	INTEGRITY LIFE, # 33446	**	384,552
	LINCOLN NATIONAL LIFE, #31941	**	374,494
	LINCOLN NATIONAL LIFE, #33445	**	199,071
			$ 2,049,148
	GUARANTEED INVESTMENT CONTRACT		
	STANDARD STABLE ASSET FUND 1	**	$ 9,188,402
			$ 9,188,402
	PARTICIPANT LOANS		
*	PARTICIPANT LOANS	-0-	$ 1,921,757
			$ 1,921,757
			$ 152,840,443

* A party in interest as defined by ERISA.

** Cost information is not required for participant directed investments and therefore is not included.

Western Growers Retirement Security Plan
Employer Identification Number: 95-1362030, Plan Number: 336
Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions – Modified Cash Basis
Year Ended December 31, 2025

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions: Contributions Not Corrected	Total that Constitute Nonexempt Prohibited Transactions: Contributions Corrected Outside VFCP	Total that Constitute Nonexempt Prohibited Transactions: Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: ☐	$ 18,444	$ 33,990	$ -	$ -

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): 2025 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 US	Corporate Debt Instruments - Other		507,760.50
	Schwab Government Money Fund - SGUXX US	Corporate Debt Instruments - Other		699,846.42
	Strats Trust F 6.8433%34 Abs-cdo Due 02/15/34 - STRATS	Corporate Debt Instruments - Other		318,125.24
	Strats Trust For Go 0%34 Mbs-cmo Due 02/15/34 - STRATS	Corporate Debt Instruments - Other		719,497.50
	Strats Trust For P 0%pfd Due 08/15/34 - GJR	Corporate Debt Instruments - Other		310,500.00
	Us Treasury 3 Month Bill Etf - TBIL US	Corporate Debt Instruments - Other		2,495,147.24
	AbbVie Inc - ABBV US	Corporate Stock - Common		961,942.90
	Accenture PLC - ACN US	Corporate Stock - Common		808,924.50
	Automatic Data Processing Inc - ADP US	Corporate Stock - Common		671,370.30
	Carrier Global Corp - CARR US	Corporate Stock - Common		688,241.00
	Eaton Corporation PLC - ETN US	Corporate Stock - Common		686,389.05
	Eli Lilly and Co - LLY US	Corporate Stock - Common		1,053,186.40
	Intuit Inc - INTU US	Corporate Stock - Common		864,458.10
	Invesco S&p Intl Developed Momentum ETF - IDMO US	Corporate Stock - Common		3,525,027.38
	MasterCard Inc - MA US	Corporate Stock - Common		873,446.40
	Microsoft Corp - MSFT US	Corporate Stock - Common		732,684.30
	Moody's Corp - MCO US	Corporate Stock - Common		863,336.50
	Motorola Solutions Inc - MSI US	Corporate Stock - Common		842,117.10
	NASDAQ INC - NDAQ US	Corporate Stock - Common		707,225.40
	Oracle Corp - ORCL US	Corporate Stock - Common		676,337.70
	Parker Hannifin Corp - PH US	Corporate Stock - Common		1,085,515.60
	Roper Technologies Inc - ROP US	Corporate Stock - Common		678,823.25
	Sherwin-Williams Co - SHW US	Corporate Stock - Common		742,028.70
	Taiwan Semiconductor Manufacturing Co Ltd - TSM US	Corporate Stock - Common		1,150,223.65
	TJX Companies Inc - TJX US	Corporate Stock - Common		921,660.00
	Visa Inc - V US	Corporate Stock - Common		759,287.15
	Zoetis Inc - ZTS US	Corporate Stock - Common		660,555.00
	Standard Stable Asset Cl 1	Fixed Annuities		9,188,402.19
	CHARLES SCHWAB	Interest-Bearing Cash		2,894,943.15
	Harbor Intl Compounders CIT Class F	Value of Interest in Common/Collective Trust		5,861,508.26
	American Fd Bond Fd of Amer R6	Value of Interest in Registered Investment Companies		25,099.90
	American General/Matthew Lewis 33447 - SUNDRY33447 US	Value of Interest in Registered Investment Companies		363,676.93
	American General/Matthew Lewis 33448 - SUNDRY33448 US	Value of Interest in Registered Investment Companies		727,353.86
	Amplify High Income ETF - YYY US	Value of Interest in Registered Investment Companies		1,500,581.72
	DoubleLine Income Solutions Fund - DSL US	Value of Interest in Registered Investment Companies		1,187,249.42
	Eaton Vance Senior Floating Rate Closed Fund - EFR US	Value of Interest in Registered Investment Companies		140,364.00
	Federated Hermes High Yld Bond	Value of Interest in Registered Investment Companies		870,774.10
	Fidelity 500 Index	Value of Interest in Registered Investment Companies		14,312,329.83
	First Trust Intermediate Duration Preferred and Income - FPF US	Value of Interest in Registered Investment Companies		944,880.24
	Global X Us Preferred Etf - PFFD US	Value of Interest in Registered Investment Companies		1,455,256.87
	Integrity Life/M Lewis 33446 - SUNDRY33446 US	Value of Interest in Registered Investment Companies		384,552.25

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): 2025 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
	Invesco Financial Preferred ETF - PGF US	Value of Interest in Registered Investment Companies		1,292,593.96
	Invesco QQQ Trust Series 1 ETF - QQQ US	Value of Interest in Registered Investment Companies		10,152,233.27
	Invesco S&P 500 Momentum ETF - SPMO US	Value of Interest in Registered Investment Companies		17,542,166.28
	Invesco Variable Rate Preferred ETF - VRP US	Value of Interest in Registered Investment Companies		1,224,553.23
	iShares 20 Plus Year Treasury Bond ETF - TLT US	Value of Interest in Registered Investment Companies		3,038,310.44
	iShares Core U.S. Aggregate Bond ETF - AGG US	Value of Interest in Registered Investment Companies		1,629,155.56
	iShares Global Clean Energy ETF - ICLN US	Value of Interest in Registered Investment Companies		1,545,216.76
	iShares Preferred and Income Securities ETF - PFF US	Value of Interest in Registered Investment Companies		5,135,514.98
	Lincoln Nat Life/H Labko 31941 - SUNDRY31941 US	Value of Interest in Registered Investment Companies		374,493.85
	Lincoln Nat Life/M Lewis 33445 - SUNDRY33445 US	Value of Interest in Registered Investment Companies		199,071.03
	Nuveen Credit Strategies Income Closed Fund - JQC US	Value of Interest in Registered Investment Companies		15,060.00
	Pacer Dev Mkts Intl Cash Cows 100 ETF - ICOW US	Value of Interest in Registered Investment Companies		2,610,674.46
	Pacer Pacific Asset Floating Rate High Income Etf - FLRT US	Value of Interest in Registered Investment Companies		241,708.28
	Pacer US Cash Cows ETF - COWZ US	Value of Interest in Registered Investment Companies		1,935,437.13
	Pacer US Large Cap Cash Cows Growth Leaders ETF - COWG US	Value of Interest in Registered Investment Companies		7,187,709.79
	Schwab 1000 Index	Value of Interest in Registered Investment Companies		13,834,953.99
	Schwab US Large Cap Growth Idx	Value of Interest in Registered Investment Companies		12,411,542.83
	Vanguard Health Care Index Fund ETF - VHT US	Value of Interest in Registered Investment Companies		3,071,279.77
	Vanguard Real Estate Index Fund ETF - VNQ US	Value of Interest in Registered Investment Companies		2,037,539.15
	Vanguard Small Cap Growth Idx	Value of Interest in Registered Investment Companies		3,421,247.04
				153,761,091.79
	CASH			82,212.79
*	**CHARLES SCHWAB BROKERAGE ACCOUNTS**			276,418.40
*	**PARTICIPANT LOANS**	Interest rates ranging from 3.25% - 10.50%		1,921,757.36
	TOTAL			156,041,480.34

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