

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
WESTERN GROWERS ASSURANCE TRUST FUND

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
15525 SAND CANYON AVE

City or town, state or province, country, and ZIP or foreign postal code
IRVINE, CA 92618

D Employer identification number
95-2500201

E Telephone number
(949) 863-1000

G Gross receipts \$ 271,619,593

F Name and address of principal officer
DAVID ZANZE
15525 SAND CANYON AVE
IRVINE, CA 92618

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (9) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW WGAT COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1957

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WESTERN GROWERS ASSURANCE TRUST PROVIDES WESTERN GROWERS' MEMBERS WITH PLANS, OPTIONS AND PRICES FOR GROUP HEALTHCARE BENEFIT PROGRAMS THAT ARE OFFERED TO ITS EMPLOYEES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	220
6 Total number of volunteers (estimate if necessary)	7
7a Total unrelated business revenue from Part VIII, column (C), line 12	2,718,587
7b Net unrelated business taxable income from Form 990-T, line 34	1,759,497

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	227,686,126	226,606,856
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,077,320	2,718,587
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,960,542	69,016
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	233,723,988	229,394,459
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	187,811,411	199,861,055
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,090,975	12,835,519
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	26,338,296	26,107,634
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	228,240,682	238,804,208
19 Revenue less expenses Subtract line 18 from line 12	5,483,306	-9,409,749
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	114,509,209	105,744,898
21 Total liabilities (Part X, line 26)	62,098,381	73,345,907
22 Net assets or fund balances Subtract line 21 from line 20	52,410,828	32,398,991

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: *****
Date: 2020-04-20

WARD KENNEDY SVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____
Preparer's signature: _____
Date: 2020-04-20
Check if self-employed
PTIN: P00545829

Firm's name: ▶ MOSS ADAMS LLP
Firm's EIN: ▶ 91-0189318

Firm's address: ▶ 10960 WILSHIRE BLVD SUITE 1100
LOS ANGELES, CA 90024
Phone no: (310) 477-0450

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

WESTERN GROWERS ASSOCIATION'S MISSION IS TO ENHANCE THE COMPETITIVENESS AND PROFITABILITY OF OUR MEMBERS, AND TO LEAD OUR MEMBERS AND THE FRESH PRODUCE INDUSTRY TOWARD A HEALTHY, SUSTAINABLE AND PROFITABLE FUTURE. WESTERN GROWERS MEMBERS HAVE ACCESS TO THE LARGEST PROVIDER OF HEALTH BENEFITS FOR THE AGRICULTURAL INDUSTRY. WESTERN GROWERS ASSURANCE TRUST SPECIALIZES IN OFFERING HIGHLY CUSTOMIZABLE BENEFIT PLANS TO MEET THE DIVERSE NEEDS OF OWNERS, MANAGERS, FIELD WORKERS AND SEASONAL EMPLOYEES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	220		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID GILL CHAIRMAN	0 25 1 00	X		X				0	0	0
(2) JOHN D'ARRIGO VICE CHAIRMAN	0 25 1 00	X		X				0	0	0
(3) TOM FINN TRUSTEE	0 25 0 00	X						0	0	0
(4) DENNIS JOHNSTON TRUSTEE	0 25 0 00	X						0	0	0
(5) JOHN MAULHARDT TRUSTEE	0 25 0 00	X						0	0	0
(6) STEPHEN F PATRICIO TRUSTEE	0 25 1 00	X						0	0	0
(7) RONALD RATTO TRUSTEE	0 25 1 20	X						0	0	0
(8) THOMAS A NASSIF PRESIDENT/CEO	20 00 20 00			X				1,044,533	142,437	39,584
(9) DAVID ZANZE EXECUTIVE VP	24 00 16 00			X				265,897	177,264	35,114
(10) WARD KENNEDY SENIOR VICE PRESIDENT/CFO	10 00 30 00			X				281,578	31,287	46,536
(11) LESSLIE D WILLIAMS VP - INSURANCE OPERATIONS	28 00 12 00				X			144,060	61,741	34,263
(12) JONATHAN ALEXANDER GENERAL LEGAL COUNSEL	40 00 0 00					X		259,392	0	44,975
(13) ROBERT TWIDWELL ASST VP ADMINISTRATION	22 00 18 00					X		112,559	92,095	28,079
(14) LAWRENCE LABRIOLA VP UNDERWRITING	40 00 0 00					X		192,247	0	32,908
(15) CANDIS KLIEWER THRU 32119 DIRECTOR OF MANAGED CARE	40 00 0 00					X		157,875	0	34,823
(16) KATHY NGUYN DIRECTOR - BUS PROCESSES & SYSTEM DEVELOPMENT	40 00 0 00					X		135,849	0	32,621

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f					

Program Service Revenue			Business Code				
	2a EMPLOYER CONTRIBUTION		525920	226,606,856	226,606,856		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			226,606,856				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,552,167		1,552,167		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		b Less rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			1,166,420		1,166,420	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b					
		c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses		b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a							
	b Less cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code							
11a MISCELLANEOUS REVENUE	900099	69,016				69,016		
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d			69,016					
12 Total revenue. See Instructions			229,394,459	226,606,856	2,718,587	69,016		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members	199,861,055			
5 Compensation of current officers, directors, trustees, and key employees	2,038,814			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,709,648			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	828,682			
9 Other employee benefits	2,215,444			
10 Payroll taxes	1,042,931			
11 Fees for services (non-employees)				
a Management	62,786			
b Legal	179,627			
c Accounting	62,423			
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	461,532			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,172,462			
12 Advertising and promotion				
13 Office expenses	1,706,373			
14 Information technology	503,841			
15 Royalties				
16 Occupancy	1,359,114			
17 Travel	99,862			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,972			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	548,074			
23 Insurance	233,027			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACA TAXES & FEES	2,012,933			
b FEDERAL & INCOME TAX	959,633			
c REPAIR AND MAINTENANCE	476,884			
d MISC EXPENSES	256,091			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	238,804,208			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,106,773	1	3,462,268
	2 Savings and temporary cash investments	19,043,115	2	24,401,994
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	94,270	4	49,699
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,871,923	9	2,064,514
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,867,160		
	b Less accumulated depreciation	10b 3,457,088	1,672,970	10c 1,410,072
	11 Investments—publicly traded securities	84,948,930	11	70,128,970
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	771,228	15	4,227,381
16 Total assets. Add lines 1 through 15 (must equal line 34)	114,509,209	16	105,744,898	
Liabilities	17 Accounts payable and accrued expenses	12,859,842	17	13,086,504
	18 Grants payable		18	
	19 Deferred revenue	227,725	19	235,499
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	49,010,814	25	60,023,904
	26 Total liabilities. Add lines 17 through 25	62,098,381	26	73,345,907
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	52,410,828	30	32,398,991
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	52,410,828	33	32,398,991	
34 Total liabilities and net assets/fund balances	114,509,209	34	105,744,898	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	229,394,459
2	Total expenses (must equal Part IX, column (A), line 25)	2	238,804,208
3	Revenue less expenses Subtract line 2 from line 1	3	-9,409,749
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,410,828
5	Net unrealized gains (losses) on investments	5	483,496
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,085,584
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,398,991

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 95-2500201

Name: WESTERN GROWERS ASSURANCE TRUST FUND

Form 990 (2018)

Form 990, Part III, Line 4a:

IT IS WESTERN GROWERS' VISION TO GUIDE OUR MEMBERS TOWARD A HEALTHY, SUSTAINABLE AND PROFITABLE FUTURE BY OFFERING QUALITY SERVICES AND PROGRAMS THAT COMPLEMENT THEIR BUSINESSES. WESTERN GROWERS ASSURANCE TRUST PROVIDES WESTERN GROWERS MEMBERS WITH PLANS, OPTIONS AND PRICES FOR GROUP HEALTHCARE BENEFIT PROGRAMS THAT ARE OFFERED TO ITS EMPLOYEES OF WHICH CONSIST OF GROWERS, PACKERS, SHIPPERS AND PROCESSORS OF FRESH FRUIT, VEGETABLES AND NUTS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
WESTERN GROWERS ASSURANCE TRUST FUND

Employer identification number
95-2500201

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		360,155	188,726	171,429
d Equipment		3,263,302	2,502,500	760,802
e Other		1,243,703	765,862	477,841
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,410,072

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PLAN BENEFIT OBLIGATIONS	59,111,444
DUE TO AFFILIATES	912,460
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 60,023,904

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	229,808,939
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	483,496
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	483,496
3	Subtract line 2e from line 1	3	229,325,443
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	69,016
c	Add lines 4a and 4b	4c	69,016
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	229,394,459

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	238,735,192
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	238,735,192
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	69,016
c	Add lines 4a and 4b	4c	69,016
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	238,804,208

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-2500201

Name: WESTERN GROWERS ASSURANCE TRUST FUND

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE TRUST ESTABLISHED UNDER THE PLAN TO HOLD THE PLAN'S ASSETS IS INTENDED TO BE QUALIFIED UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(9) AND BE EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) THE PLAN RECEIVED A FAVORABLE TAX EXEMPTION LETTER, DATED DECEMBER 6, 1974, FROM THE INTERNAL REVENUE SERVICE (IRS) MANAGEMENT OF THE PLAN BELIEVES THAT AT THE TRUST, AS AMENDED, CONTINUES TO QUALIFY AND OPERATE IN ACCORDANCE WITH APPLICABLE PROVISIONS OF THE IRC THE PLAN HAS INVESTMENTS THAT POTENTIALLY GENERATE UNRELATED BUSINESS INCOME THAT IS SHOWN AS INTEREST AND DIVIDENDS AND REALIZED GAINS AND LOSSES ON THE STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS PURSUANT TO SECTION 511 OF THE IRC , THE PLAN HAS RECORDED A DEDUCTION FOR FEDERAL INCOME TAX ON THE TAXABLE PORTION OF THIS INCOME IN THE AMOUNT OF APPROXIMATELY \$663,000 AND \$736,000 IN THE STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, RESPECTIVELY THE PLAN'S FEDERAL RETURN FOR THE FISCAL YEAR 2018 REFLECTED AN OVERPAYMENT OF APPROXIMATELY \$19,000, WHICH WAS APPLIED TO THE PLAN'S FISCAL YEAR 2019 LIABILITY SIMILARLY, STATE INCOME TAX PROVISIONS OF APPROXIMATELY \$296,000 AND \$379,000 WERE RECORDED IN THE STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, RESPECTIVELY THE PLAN'S STATE RETURN FOR THE FISCAL YEAR 2018 REFLECTED AN OVERPAYMENT OF APPROXIMATELY \$165,000, \$100,000 OF WHICH WAS REFUNDED, AND APPROXIMATELY \$65,000 OF WHICH WAS APPLIED TO THE PLAN'S FISCAL YEAR 2019 TAX LIABILITY

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	MISCELLANEOUS INCOME 69,016

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	MISCELLANEOUS INCOME 69,016

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WESTERN GROWERS ASSURANCE TRUST FUND

Employer identification number
95-2500201

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS A NASSIF PRESIDENT/CEO	(i)	704,701	278,159	61,673	24,200	10,634	1,079,367	0
	(ii)	96,096	37,931	8,410	3,300	1,450	147,187	0
2 DAVID ZANZE EXECUTIVE VP	(i)	221,407	43,084	1,406	16,500	4,568	286,965	0
	(ii)	147,604	28,723	937	11,000	3,046	191,310	0
3 WARD KENNEDY SENIOR VICE PRESIDENT/CFO	(i)	240,980	35,198	5,400	24,750	17,132	323,460	0
	(ii)	26,776	3,911	600	2,750	1,904	35,941	0
4 LESSLIE D WILLIAMS VP - INSURANCE OPERATIONS	(i)	133,106	10,954	0	14,406	9,578	168,044	0
	(ii)	57,046	4,695	0	6,174	4,105	72,020	0
5 JONATHAN ALEXANDER GENERAL LEGAL COUNSEL	(i)	237,270	22,122	0	25,939	19,036	304,367	0
	(ii)	0	0	0	0	0	0	0
6 ROBERT TWIDWELL ASST VP ADMINISTRATION	(i)	106,500	6,059	0	11,256	4,188	128,003	0
	(ii)	87,137	4,958	0	9,209	3,426	104,730	0
7 LAWRENCE LABRIOLA VP UNDERWRITING	(i)	181,501	10,746	0	19,225	13,683	225,155	0
	(ii)	0	0	0	0	0	0	0
8 CANDIS KLIOWER THRU 32119 DIRECTOR OF MANAGED CARE	(i)	157,875	0	0	15,787	19,036	192,698	0
	(ii)	0	0	0	0	0	0	0
9 KATHY NGUYN DIRECTOR - BUS PROCESSES & SYSTEM D	(i)	135,849	0	0	13,585	19,036	168,470	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	FIRST CLASS OR CHARTER TRAVEL THE CEO IS PERMITTED TO FLY FIRST CLASS ON LONGER BUSINESS TRIPS AND CHARTER AIRPLANE TRAVEL WHEN CIRCUMSTANCES DICTATE, USUALLY FOR TRAVEL INTO RURAL AREAS OF CALIFORNIA AND ARIZONA THIS IS NOT TREATED AS TAXABLE COMPENSATION HEALTH AND SOCIAL CLUB DUES CERTAIN EMPLOYEES HAVE ACCESS TO SOCIAL CLUB MEMBERSHIPS FOR THE BUSINESS PURPOSE OF CULTIVATING MEMBER/TRUSTEE AND OTHER BUSINESS RELATIONSHIPS, THROUGH DINING AND BEVERAGE ONLY (NO ENTERTAINMENT COMPONENT NOR PERSONAL USE) FOR THIS FISCAL YEAR, SOCIAL CLUB DUES OF \$7,475 WERE PAID TO SOCIAL CLUBS WHERE THE CEO WAS A MEMBER THIS WAS DETERMINED TO BE NONTAXABLE BENEFITS SINCE IT HAD A BONA FIDE BUSINESS PURPOSE HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE PRESIDENT IS PROVIDED A SECONDARY RESIDENCE FOR HIS PERSONAL USE WHILE WORKING AT THE COMPANY HEADQUARTERS IN IRVINE, CALIFORNIA THE FAIR MARKET VALUE OF THIS BENEFIT IS REPORTED AS TAXABLE COMPENSATION ON HIS W-2 TAX INDEMNIFICATION AND GROSS UP PAYMENTS THE PRESIDENT RECEIVED GROSS UP PAYMENTS ON HOUSING BENEFIT AND LIFE INSURANCE POLICY THE VALUE IS INCLUDED IN W2 AS TAXABLE COMPENSATION

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4	RELATED ORGANIZATION COMPENSATION PRACTICES FOR CEO COMPENSATION FOR THE CEO IS DETERMINED BY A RELATED ORGANIZATION USING THE FOLLOWING METHODS COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE



Additional Data

Software ID:

Software Version:

EIN: 95-2500201

Name: WESTERN GROWERS ASSURANCE TRUST FUND

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS A NASSIF PRESIDENT/CEO	(i)	704,701	278,159	61,673	24,200	10,634	1,079,367	0
	(ii)	96,096	37,931	8,410	3,300	1,450	147,187	0
DAVID ZANZE EXECUTIVE VP	(i)	221,407	43,084	1,406	16,500	4,568	286,965	0
	(ii)	147,604	28,723	937	11,000	3,046	191,310	0
WARD KENNEDY SENIOR VICE PRESIDENT/CFO	(i)	240,980	35,198	5,400	24,750	17,132	323,460	0
	(ii)	26,776	3,911	600	2,750	1,904	35,941	0
LESLIE D WILLIAMS VP - INSURANCE OPERATIONS	(i)	133,106	10,954	0	14,406	9,578	168,044	0
	(ii)	57,046	4,695	0	6,174	4,105	72,020	0
JONATHAN ALEXANDER GENERAL LEGAL COUNSEL	(i)	237,270	22,122	0	25,939	19,036	304,367	0
	(ii)	0	0	0	0	0	0	0
ROBERT TWIDWELL ASST VP ADMINISTRATION	(i)	106,500	6,059	0	11,256	4,188	128,003	0
	(ii)	87,137	4,958	0	9,209	3,426	104,730	0
LAWRENCE LABRIOLA VP UNDERWRITING	(i)	181,501	10,746	0	19,225	13,683	225,155	0
	(ii)	0	0	0	0	0	0	0
CANDIS KLIEWER THRU 32119 DIRECTOR OF MANAGED CARE	(i)	157,875	0	0	15,787	19,036	192,698	0
	(ii)	0	0	0	0	0	0	0
KATHY NGUYN DIRECTOR - BUS PROCESSES & SYSTEM D	(i)	135,849	0	0	13,585	19,036	168,470	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

WESTERN GROWERS ASSURANCE TRUST FUND

Employer identification number

95-2500201

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE WESTERN GROWERS ASSURANCE TRUST BOARD OF TRUSTEES AND THE WESTERN GROWERS COMPENSATION COMMITTEE REVIEW CERTAIN PARTS OF FORM 990 THE ORGANIZATION'S CFO WORKS CLOSELY WITH THE OUTSIDE TAX FIRM IT ENGAGES TO PREPARE AND REVIEW THE FORM 990 RETURN PRIOR TO SUBMITTING A DRAFT TO THE TRUSTEES OR THE WESTERN GROWERS COMPENSATION COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE BOARD IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS PURSUANT TO THE CONFLICTS OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (I E , BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP OR KEY EMPLOYEES) COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE WHEN SOMEONE BECOMES A COVERED PERSON AND ANNUALLY THEREAFTER, EACH COVERED PERSON IS REQUIRED TO SIGN A STATEMENT AFFIRMING THAT HE/SHE (1) HAS RECEIVED A COPY OF THE CONFLICTS OR INTEREST POLICY, (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY, AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICTS OF INTEREST ACKNOWLEDGEMENT AND DISCLOSURE FORM THE BOARD OF TRUSTEES HAS DIRECTED IN-HOUSE COUNSEL TO REVIEW THE COMPLETED FORMS TO ASSESS WHETHER ANY PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS ARE INFORMED VIA WRITTEN COMMUNICATION THE PROCEDURES FOR ADDRESSING ANY CONFLICT OF INTEREST INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD, (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEING CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING, (3) THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, (4) ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED, AND (5) THE TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE BOARD APPOINTS A COMPENSATION COMMITTEE, COMPRISED SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHICH HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT, TO BE ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR THE CEO, AND REVIEWING THE REASONABLENESS OF MANAGEMENT'S RATIONALE AND BASIS FOR THE OTHER OFFICERS OR KEY EMPLOYEES</p> <p>THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EMPLOYEES</p> <p>THE COMPENSATION COMMITTEE ALSO HIRES A QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS SPECIALIST (INDEPENDENT EXPERT) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFFICERS AND KEY EMPLOYEES</p> <p>APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, I.E., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS (BOTH TAXABLE AND TAX-EXEMPT) FOR SIMILAR JOB RESPONSIBILITIES</p> <p>ALL DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE COMMITTEE'S MEETING MINUTES INCLUDING THE TERMS OF THE TRANSACTION AND DATE APPROVED, THE MEMBERS OF THE COMMITTEE PRESENT FOR DELIBERATIONS AND WHO VOTES, AND THE DESCRIPTION OF THE COMPARABILITY DATA AND HOW OBTAINED</p> <p>THESE PROCEDURES ARE CARRIED OUT PERIODICALLY AND WERE PERFORMED</p> <p>THE PRESIDENT/CEO'S 2018 COMPENSATION WAS APPROVED AT A BOARD MEETING ON JULY 25 2018</p> <p>OTHERS OFFICERS (INCLUDING KEY EMPLOYEES) COMPENSATION PACKAGES ARE APPROVED AS PART OF THE OVERALL ANNUAL BUDGET REVIEW PROCESS, WHICH FOR FISCAL YEAR 2019 WAS APPROVED ON JULY 24, 2018 BY THE EXECUTIVE COMMITTEE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN CLAIM OBLIGATIONS -11,085,584

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

WESTERN GROWERS ASSURANCE TRUST FUND

Employer identification number

95-2500201

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WESTERN GROWERS ASSOCIATION 15525 SAND CANYON AVENUE IRVINE, CA 92618 95-1362030	MEMBER SERV	CA	501(C)(6)	N/A	N/A		No
(2) WESTERN GROWERS FOUNDATION 15525 SAND CANYON AVENUE IRVINE, CA 92618 93-1201791	FUNDRAISING	CA	501(C)(3)	LINE 7	WESTERN GROWERS ASSOCIATION		No
(3) WESTERN GROWERS PAC- CA 15525 SAND CANYON AVENUE IRVINE, CA 92618 33-0723238	PAC	CA	527	N/A	WESTERN GROWERS ASSOCIATION		No
(4) WESTERN GROWERS PAC- AZ 15525 SAND CANYON AVENUE IRVINE, CA 92618 33-0723241	PAC	CA	527	N/A	WESTERN GROWERS ASSOCIATION		No
(5) WESTERN GROWERS PAC - FED 15525 SAND CANYON AVENUE IRVINE, CA 92618 33-0723234	PAC	CA	527	N/A	WESTERN GROWERS ASSOCIATION		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) WESTERN GROWERS SERVICE CORP 15525 SAND CANYON IRVINE, CA 92618 33-0783743	DP/ADM/INSUR	CA	N/A	C					No
(2) PINNACLE CLAIMS MANAGEMENT INC 15525 SAND CANYON IRVINE, CA 92618 33-0812456	ADMIN SVCS	CA	N/A	C					No
(3) WESTERN GROWERS FINANCIAL SERVICES 15525 SAND CANYON IRVINE, CA 92618 91-2038676	ADVISORY SVCS	CA	N/A	C					No
(4) WESTERN GROWERS INSURANCE SERVICES 15525 SAND CANYON IRVINE, CA 92618 46-3215026	INSURANCE BROKERAGE AGENCY	CA	N/A	C					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation