

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 2022 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☒ special extension (enter description) <u>FILED UNDER SECTION 7508A DISASTER</u>
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 <u>JUAN DE LA CRUZ FARM WORKERS PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JUAN DE LA CRUZ PENSION PLAN</u> <u>P O BOX 36</u> <u>KEENE, CA 93531-0036</u>	1c Effective date of plan <u>04/15/1973</u>	2b Employer Identification Number (EIN) <u>95-6454441</u>
	2c Plan Sponsor's telephone number <u>661-823-6905</u>	2d Business code (see instructions) <u>525100</u>

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.	11/11/2023	PATRICK PINE
	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

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☐ Same as Plan Sponsor JUAN DE LA CRUZ PENSION PLAN P O BOX 36 KEENE, CA 93531-0036		3b Administrator's EIN 95-6454441 3c Administrator's telephone number 661-823-6905
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 9592
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1) 1873 6a(2) 1823 6b 4334 6c 2994 6d 9151 6e 449 6f 9600 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 25
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan JUAN DE LA CRUZ FARM WORKERS PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JUAN DE LA CRUZ PENSION PLAN	D Employer Identification Number (EIN) 95-6454441

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 87603582
(2) Actuarial value of assets for funding standard account	1b(2) 81285954
c (1) Accrued liability for plan using immediate gain methods	1c(1) 92967847
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 92418156
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 154077475
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 385229
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 8710807
(3) Expected plan disbursements for the plan year	1d(3) 9677543

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	11/13/2023
EMMA PULSIFER	20-08640
NWPS	650-960-5700
160 W SANTA CLARA ST SUITE 1550, SAN JOSE, CA 95113	

Signature of actuary Date
Type or print name of actuary Most recent enrollment number
Firm name Telephone number (including area code)
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	87603582
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	4813	99335965
(2) For terminated vested participants	2917	39026599
(3) For active participants:		
(a) Non-vested benefits		290786
(b) Vested benefits		15424125
(c) Total active	1873	15714911
(4) Total	9603	154077475
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.86 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2022	1792878	246948			
Totals ▶			3(b)	1792878	246948
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		33191

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	88.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☒ Entry age normal
c ☐ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method.....	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.22 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	2
(2) Females	6c(2)	2
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.1 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	933736
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2830267	-290419

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1055065

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	51136757	6901187
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 556938**e** Total charges. Add lines 9a through 9d.....**9e** 8513190**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 14562047**g** Employer contributions. Total from column (b) of line 3.....**9g** 1792878**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	24892817	5806945

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 1425829**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL)
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit.....

9j(1)	28175528	
9j(2)	56210887	
9j(3)		

k (1) Waived funding deficiency.....**9k(1)****(2)** Other credits.....**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 23587699**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 15074509**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date.....
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1)	
9o(2)(a)	
9o(2)(b)	
9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan JUAN DE LA CRUZ FARM WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JUAN DE LA CRUZ PENSION PLAN	D Employer Identification Number (EIN) 95-6454441	

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
--

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

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

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

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

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

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

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

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

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

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

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

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)

MERCEDES MARTINEZ

P O BOX 36
KEENE, CA 93531

77-0178627

(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?
30	EMPLOYEE	33714	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUSH GOTTLIEB

500 N CENTRAL AVE SUITE 800
GLENDALE, CA 91203

95-2956616

(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?
29	ATTORNEY	48840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NWPS

160 W SANTA CLARA STREET STE 1550
SAN JOSE, CA 95113

04-3921424

(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?
11	ACTUARY	40500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VERUS

999 THIRD AVE SUITE 4200
SEATTLE, WA 98104

91-1320111

(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	INVESTMENT ADVISOR	72500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELENDEZ PETTY MORENO LLP

900 TRUXTUN AVE SUITE 130
BAKERSFIELD, CA 93301

26-1356482

(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	AUDITOR	45000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CECELIO INIGUEZ

PO BOX 36
KEENE, CA 93531

77-0178627

(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?
30	EMPLOYEE	25392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PATRICK PINE

PO BOX 36
KEENE, CA 93531

77-0178627

(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?
14	ADMINSTRATOR	58115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

I.S.S.I

TWO EXECUTIVE CAMPUS SUITE 400
CHERRY HILL, NJ 08002

77-0178627

(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	INFORMATION SYSTEM ADMIN	11202	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RFK MEDICAL PLAN

PO BOX 36
KEENE, CA 93531

94-6186170

(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?
73	MEDICAL PLAN	32767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BARNEY & BARNEY

9171 TOWNE CENTRE DR SUITE 500
SAN DIEGO, CA 92122

(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?
73	INSURANCE PROVIDER		Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL CHAVEZ CENTER

PO BOX 62
KEENE, CA 93531

77-0159465

(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?
55	PLAN PARTICIPANT	51070	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED FARMWORKERS OF AMERICA

PO BOX 62
KEENE, CA 93531

94-1448579

(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?
55	PLAN SPONSOR	72622	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ATLANTA CAPITAL

1075 PEACHTREE ST NE 2100
ATLANTA, GA 30309

13-2614959

(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	INVESTMENT MANAGER	32819	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

425 WALNUT STREET
CINCINNATI, OH 45202

31-0841368

(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	INVESTMENT TRUSTEE	11339	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELINDA A AVILA

PO BOX 62
KEENE, CA 93531

77-0178627

(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?
30	EMPLOYEE	34632	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SCHRODERS INVESTMENT MANAGEMENT

31 GESHAM ST
LONDON EC2V7QA GB

77-0178627

(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	MANAGEMENT		Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARTINEZ AGUILASOCHO & LYNCH

PO BOX 11208
BAKERSFIELD, CA 93389-1208

(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?
29	LEGAL CONSUL	30125	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

W-9 CORRECTIONS

27-2910896

(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	ACCOUNTING SERVICES	5625	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CESAR CHAVEZ FOUNDATION

PO BOX 62
KEENE, CA 93531

95-4814684

(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?
49	PLAN PARTICIPANT	5842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES & COMPANY L.P.

399 BOYLSTON ST
BOSTON, MA 02116

04-3219179

(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	INVESTMENT ADVISOR		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:

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)**

(Complete as many entries as needed to report all participating plans)

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>JUAN DE LA CRUZ FARM WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JUAN DE LA CRUZ PENSION PLAN</u>	D Employer Identification Number (EIN) <u>95-6454441</u>	

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	2122951	1700004
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....		1b(1)	333487	747932
(2) Participant contributions.....		1b(2)		
(3) Other.....		1b(3)	1981	2632
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	102924	150176
(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)		
(4) Corporate stocks (other than employer securities):				
(A) Preferred		1c(4)(A)		
(B) Common.....		1c(4)(B)	4631570	3823159
(5) Partnership/joint venture interests		1c(5)		
(6) Real estate (other than employer real property)		1c(6)		
(7) Loans (other than to participants).....		1c(7)		
(8) Participant loans.....		1c(8)		
(9) Value of interest in common/collective trusts.....		1c(9)	24331226	19442885
(10) Value of interest in pooled separate accounts		1c(10)		0
(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)	56248628	43592173
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)		
(15) Other		1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	35617	30050
f Total assets (add all amounts in lines 1a through 1e)	1f	87808384	69489011

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	47242	33437
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	47242	33437

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	87761142	69455574
---	-----------	----------	----------

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)	457650	
(B) Participants	2a(1)(B)	246948	
(C) Others (including rollovers)	2a(1)(C)	1758192	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2462790
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	445424	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		445424
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	729745	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		729745
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	23079369	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	21872660	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1206709
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-5098672
(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)		-9224266
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-9478270
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7473148	
(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)		7473148
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	210857	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	224548	
(4) Other	2i(4)	918745	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1354150
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8827298
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-18305568
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MENDEZ PETTY MORENO LLP

(2) EIN: 26-1356482

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?		X	
4e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4024888.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan JUAN DE LA CRUZ FARM WORKERS PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 JUAN DE LA CRUZ PENSION PLAN		D Employer Identification Number (EIN) 95-6454441
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
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): _____ 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 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☒ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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 **CESAR CHAVEZ FOUNDATION**

b EIN **95-2466747**

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 **CHATEAU STE MICHELLE WINE ESTATES**

b EIN **91-0897041**

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 **06** Day **08** Year **2023**

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) **0.22**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer **UNITED FARMWORKS OF AMERICA**

b EIN **94-1448579**

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 **MONTEREY MUSHROOMS**

b EIN **77-0185497**

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 **PECUN**

b EIN **93-1055994**

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	449
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	0
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	0
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) through (c)

a Enter the percentage of plan assets held as:
 Stock: 70.8 % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: 14.4 % Other: 14.8 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☒ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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 _____

[illegible]

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN

Financial Statements
for the Years Ended
December 31, 2022 and 2021

and

Supplementary Information
for the Year Ended
December 31, 2022

Mendez Petty Moreno LLP
Certified Public Accountants

INDEX

	<u>Page(s)</u>
Independent Auditor's Report	1-3
Statements of Net Assets Available For Benefits as of December 31, 2022 and 2021	4
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2022 and 2021	5
Statement of Accumulated Plan Benefits as of December 31, 2021	6
Statement of Changes in Accumulated Plan Benefits for the Year Ended December 31, 2021	7
Notes to Financial Statements	8-16
<u>Supplementary Information</u>	
Schedule I Schedule of General & Administrative Expenses for the Plan Year Ended December 31, 2022	17
Schedule II Schedule of Assets Held For Investment Purposes at December 31, 2022	
Schedule III Schedule of Reportable 5% Transactions for the Year Ended December 31, 2022	
Schedule IV Schedule of Assets Acquired and Disposed of for the year ended December 31, 2022	

MENDEZ PETTY MORENO LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Juan De La Cruz Farm Workers Pension Plan
Keene, California

Opinion

We have audited the accompanying financial statements of Juan De La Cruz Farm Workers Defined Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Juan De La Cruz Farm Workers Defined Benefit Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Juan De La Cruz Farm Workers Defined Benefit Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Juan De La Cruz Farm Workers Defined Benefit Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Juan De La Cruz Farm Workers Defined Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of (I) General & Administrative Expenses, (II) Assets Held For Investment Purposes, (III) Reportable 5% Transactions, and (IV) Assets Acquired and Disposed within the plan year are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain

additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in blue ink that reads "Mendez Petty Moreno LLP". The signature is written in a cursive, flowing style.

Mendez Petty Moreno LLP
Bakersfield, California
October 16, 2023

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
ASSETS

	December 31,	
	2022	2021
Investments, at fair value - Note 6 & 12		
Common stock		
(Cost equals \$2,614,408 and \$2,715,451)	\$ 3,823,159	\$ 4,631,570
Registered Mutual Funds		
(Cost equals \$44,732,984 and \$47,080,864)	43,592,173	56,248,628
Common Collective Funds/Real Estate		
(Cost equals \$14,718,748 and \$15,915,141)	19,442,885	24,331,226
Cash and equivalents (Cost equals fair value)	150,176	102,924
Total investments	<u>67,008,393</u>	<u>85,314,348</u>
Receivables		
Employer contributions	743,732	333,487
Accrued interest and dividends	2,632	1,981
Miscellaneous	4,200	-
Withdrawal Liability	-	-
Total receivables	<u>750,564</u>	<u>335,468</u>
Cash and cash equivalents	1,700,004	2,122,951
Equipment (Net of Depreciation)	30,050	35,617
Total other assets	<u>1,730,054</u>	<u>2,158,568</u>
Total assets	<u>69,489,011</u>	<u>87,808,384</u>
LIABILITIES		
Accounts payable	<u>33,437</u>	<u>47,242</u>
Total liabilities	<u>33,437</u>	<u>47,242</u>
Net assets available for benefits	<u>\$ 69,455,574</u>	<u>\$ 87,761,142</u>

The accompanying notes are integral parts of these financial statements.

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2022	2021
<u>Additions to plan assets attributed to:</u>		
Investment income		
Net appreciation (depreciation) in fair value of investments - Note 6	\$ (14,647,965)	\$ 5,580,793
Realized Gain (Loss) on sale of investments	1,531,736	3,386,800
Interest Income	445,424	210,382
Dividend Income	729,745	941,018
	(11,941,060)	10,118,993
Less: Investment Expenses	(224,548)	(234,192)
Investment income - Net of expenses	(12,165,608)	9,884,801
Employer contributions	457,650	480,694
Employee contributions	246,948	245,336
Withdrawal Liability Income	456,152	157,561
Surcharge/Recovery Payments	1,302,040	852,557
	2,462,790	1,736,148
Total additions to plan assets	(9,702,818)	11,620,949
<u>Deductions from plan assets attributed to:</u>		
Benefits paid to participants	7,473,148	7,843,941
General and administrative expenses - Schedule I	1,129,602	1,077,274
Total deductions from plan assets	8,602,750	8,921,215
Net increase (decrease) in net assets available for plan benefits	(18,305,568)	2,699,734
<u>Net assets:</u>		
Beginning of year	87,761,142	85,061,408
End of year	\$ 69,455,574	\$ 87,761,142

The accompanying notes are integral parts of these financial statements.

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS

	December 31, 2021
Actuarial present value of accrued plan benefits - Note 2	
Vested benefits -	
Participants currently receiving benefits	\$ 61,278,256
Other participants	<u>29,857,876</u>
Vested Benefits	91,136,132
Nonvested benefits	<u>1,282,024</u>
Total actuarial present value of accumulated plan benefits	\$ <u><u>92,418,156</u></u>

The accompanying notes are integral parts of these financial statements.

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Year Ended December 31, <u>2021</u>
Actuarial present value of accumulated Plan benefits at beginning of year - January 1, 2021	\$ 94,029,701
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience during the year	\$ (79,788)
Increase for Interest	6,312,184
Increase due to change in Assumptions	-
Benefits paid	<u>(7,843,941)</u>
Net increase (decrease)	<u>(1,611,545)</u>
Actuarial present value of accumulated Plan benefits at end of year - December 31, 2021	\$ <u><u>92,418,156</u></u>

The accompanying notes are integral parts of these financial statements.

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 AND 2021

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Juan De La Cruz Farm Workers Pension Plan (the "Plan") provides general information only. Participants should refer to the Plan instrument for a complete description of the Plan's provisions.

The Board of Trustees has approved several modifications to the Plan. These modifications are included in the following description.

The Plan became effective retroactive to April 15, 1973 as a result of collective bargaining between the United Farm Workers of America ("UFW"), and various Employers and was last restated as of January 1, 1989 to conform to ERISA requirements. The purpose of the Plan is to provide pension benefits to eligible employees and/or their spouses for whom contributions are made to the Plan by employers based on hours worked by employees covered by the agreements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Pursuant to the Declaration of Trust, the pension benefits shall be based on a pension Plan adopted by a Board of Employer and Union Trustees. The Trustees adopted a formal pension Plan document in March 1979 which, as discussed in Note 6, has been approved by the Internal Revenue Service as a qualified pension plan. Accordingly, the assets of the Juan De La Cruz Farm Workers Pension Plan will be applied to the Plan's pension benefits and reasonable administrative expenses, all as defined in the Plan.

Contributions – The average hourly contribution rate was \$0.35 per hour.

Accounts Receivable Policy-

All employer payment reports for a specific month must be received by the 10th of the following month. On the 15th a report is prepared for all active employers based on hours reported and amounts received. Every employer that owes in excess of \$100 or more is contacted by phone and in writing. Amounts due from employers for two consecutive months are evaluated for referral to legal counsel for recovery. Amounts not recovered following staff and legal collection activities may be written off as bad debt expense.

Vesting credit - A participant earns a year of vesting credit in which he or she works at least 500 hours in covered employment. If a participant has 5 years of vesting credit with no permanent break-in-service prior to January 1, 1994, he or she will be considered fully vested.

Normal Retirement Benefits - The Plan provides upon normal retirement at age 65 or the date at which participants accrued 5 years of vesting credit, monthly pension benefits equal to an amount calculated as a percentage of employer contributions. These percentages range from 1.00% to 11.00% of the credited contributions, depending on the year of the contribution.

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 AND 2021

<u>Date of Service</u>	<u>Percentage of Total Credited Contributions</u>
Through December 31, 1982	11.00%
January 1, 1983 - December 31, 1990	9.00%
January 1, 1991 – December 31, 2010	5.00%
Commencing January 1, 2011	2.00%

Rehabilitation Plan- On January 1, 2020 the plan enacted the following rehabilitation plan that increased contribution rates.

January 1, 2020: Adopted Rehabilitation Plan which reduced future benefit accruals to 1.0% of contributions and eliminated the early retirement subsidy for all non-retired participants.

The following employer contribution increase schedule was adopted as part of the 2019 Rehabilitation Plan:

- • Effective January 1, 2020 – 101.2% of 2019 contribution rate
- • Effective January 1, 2021 – 202.4% of 2019 contribution rate
- • Effective January 1, 2022 – 303.6% of 2019 contribution rate
- • Effective January 1, 2023 – 402.4% of 2019 contribution rate
- • Effective January 1, 2024 – 501.2% of 2019 contribution rate

Note these additional contributions made on behalf of the Rehabilitation Plan are not benefit-accruing.

Credited contributions - For each year of vesting credit earned, the participant is credited with all contributions payable on his behalf that Plan year. Such contributions are called "credited contributions." Contributions payable on behalf of a participant during a Plan year where a vesting credit is not earned are disregarded.

Early Retirement Benefits - Participants may elect early retirement at age 55 (age 59 for retirements prior to January 1, 1994) with a minimum of 5 years of vesting credit (7 years of participation for retirements prior to January 1, 1994). The amount of the early retirement is reduced by 1/3 of 1% for each month that the retiree is younger than age 65 for years previous to December 31, 2010. Effective January 1, 2011, accrued benefit reduced of 6% for each month preceding normal retirement age and effective January 1, 2013 certain participants are entitled to a reduction of 4% per year.

Minimum pension benefits - Certain "Qualified Older Employees" who retire under the Minimum Pension provisions of the Plan, effective January 1, 1995 retroactive to January 1, 1994, the minimum monthly benefit is \$125, subject to the reduction for the joint and survivor benefit.

Pre-retirement death benefits - Effective retroactively to January 1, 1991, a qualified participant's beneficiary shall be entitled to a lump-sum pre-retirement death benefit equal to \$500 for each year of vesting credit the participant has earned to a maximum of \$5,000. Effective January 1, 2011, the only pre-retirement death benefit is the Joint and 50% survivor annuity for married participants.

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 AND 2021

Post-retirement death benefit - Effective retroactively to January 1, 1991, if a retired participant dies on or between January 1, 1991 and December 31, 1994, the lump-sum post-retirement death benefit is \$1,000. The death benefit becomes \$2,000 thereafter. Effective January 1, 2011, there is no death benefit other than the annuity paid to beneficiaries of participants who elected a joint and survivor annuity.

Survivor's benefit - The surviving spouse of a deceased vested participant who had not retired is eligible to receive a survivor's annuity. The survivor's annuity is payable for life, and the monthly amount is 50% of the benefit the participant would have received had he or she retired on a Husband-and-Wife Early Pension the day before he or she died. For deaths occurring after January 1, 1995 the survivor's annuity will be paid at death.

Husband-and-Wife Pension - For married participants, retirement benefits are paid in the form of a 50% joint and survivor annuity unless rejected by the participant. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint-and-survivor form. If rejected, or if not married, benefits are payable for the lifetime of the participant without reduction.

Forfeited Accounts – When a nonvested employee terminates Plan participation, the reserves held for his or her benefit are released. Forfeitures of non-vested accounts totaled a net gain (loss) of \$(11,696) and \$20,855 for the years ended December 31, 2022 and 2021, respectively. These forfeitures do not reduce future employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation – The accompanying financial statements of the Juan De La Cruz Farm Workers Pension Plan have been prepared on the accrual basis of accounting.

Valuation of investments - Investments are valued at fair value as of December 31, 2022 and 2021. Quoted market prices are used to value all investments with the exception of cash and cash equivalents. The amounts shown for cash and cash equivalents are valued at original cost. Gains and losses on investments that were both bought and sold during the year are included in net appreciation or depreciation in fair value.

Actuarial present value of accumulated Plan benefits - Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable, under the Plan's provisions, to the service participants. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based upon the participants number of hours worked and length of service. The accumulated Plan benefits for active participants are based on employees who worked at least 700 hours while employed by a contributing employer within any consecutive two year cycle and reached age 21. Benefits payable under all circumstances (retirement, death and termination of employment) are included to the extent they are deemed attributable to employer service rendered to the valuation date.

The actuarial present value for the accumulated Plan benefits was computed by Venuti & Associates, actuaries and benefit consultants, as of January 1, 2020. Certain assumptions are utilized to adjust the

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 AND 2021

accumulated Plan benefits to reflect the present value of money and the probability of payment. Significant actuarial assumptions utilized in the valuation presented as of January 1, 2020 were (a) participants' life expectancy based on the 1983 Group Annuity Mortality Tables for Male and Female, (b) retirement age of 55, or as soon thereafter as eligible, (c) net investment yield of 6.5 percent per annum, and (d) "unit cost funding method". The foregoing actuarial assumptions were based on the presumption that the Plan would continue.

Plan administration - The Plan is administered by the Board of Trustees. The Trustees utilize the Plan office administrator to exercise their discretion so as to maintain sufficient cash assets to meet the liquidity necessary for the proper administration of the Plan. The investment assets of the Plan are maintained under the custody of the Plan's independent custodian and investment managers.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Funding policy - The Trustees shall establish and carry out a funding policy which, among other things, shall be consistent with the fact that the Plan is self-insured and its income, apart from investment income, is limited to the amount of employer contributions specified in the applicable contribution agreements.

Assessed Withdrawal Liability Receivable- The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectability once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

NOTE 3 - PLAN TERMINATION

It is anticipated that the Plan will be maintained indefinitely, but the Board of Trustees reserves the right to terminate the Plan at any time. Upon termination, all participants' accrued benefits will be fully vested to the extent funded at the date of termination. Each participant currently entitled to benefits shall receive a proportionate share of the total assets available for all participants. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and the level of benefits guaranteed by the Pension Benefit Guarantee Corporation ("PBGC"). Generally, the PBGC guarantees most vested normal age retirements, early retirement benefits, and survivor's pensions.

NOTE 4 - RECLASSIFICATION

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements.

NOTE 5 - TAX STATUS

As discussed in Note 1, the Board of Trustees adopted the Plan in March, 1979 and submitted it to the Internal Revenue Service for approval as a qualified pension Plan. The Plan was approved, subject to adoption of proposed amendments, by the Internal Revenue Service which issued an original

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 AND 2021

determination letter in 1980. Such letter provides for tax-exempt status with the Internal Revenue Service and for retroactive qualification as a tax-exempt entity for collectively bargained pension funds. The Plan has been amended since receiving the determination letter discussed above. The Internal Revenue Service issued a favorable determination letter to the Plan in 2008, encompassing all Plan amendments since the original determination date. On January 28, 2015, the new JDLC Pension Plan Document was submitted to the IRS for approval, in accordance with the IRS cycle for Group D.

NOTE 6 - INVESTMENTS

The Plan's investments are held in a bank administered custodial trust account. The following table presents the fair values of investments.

FAIR VALUE OF INVESTMENTS

	December 31,	
	<u>2022</u>	<u>2021</u>
Investments at Fair Value:		
Registered Mutual Fund – Non U.S. Stock	\$ 43,592,173	\$ 56,248,628
Common Collective Funds/Real Estate	19,442,885	24,331,226
Common Stock	<u>3,823,159</u>	<u>4,631,570</u>
	66,858,217	85,211,424
Investments at Fair Value as Determined by Original Cost		
Cash and cash equivalents	<u>150,176</u>	<u>102,924</u>
	<u>\$ 67,008,393</u>	<u>\$ 85,314,348</u>

During the years ended December 31, 2022 and 2021, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value by \$(14,723,144) and \$5,580,793 respectively as follows:

NET APPRECIATION (DEPRECIATION) IN FAIR VALUE

	Year Ended December 31,	
	<u>2022</u>	<u>2021</u>
Investments at Fair Value as determined by quoted market price		
Non-government Bonds	\$ -	\$ -
Government Bonds	-	-
Registered Mutual Funds	(10,941,349)	2,841,275
Partnership/Joint Venture Interest	-	-
Common Collective Funds/Real Estate	(3,781,795)	2,365,315
Common Stock	<u>-</u>	<u>374,203</u>
	<u>\$ (14,723,144)</u>	<u>\$ 5,580,793</u>

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 AND 2021

NOTE 7 - RELATED PARTY TRANSACTIONS

The Plan has purchased goods and services from the UFW and other farm worker entities. These transactions are summarized as follows:

<u>Identity of Party in Interest</u>	<u>Description of Transactions</u>	<u>Goods or Services Purchased</u>	<u>Payable By Plan at Year End</u>
Martinez, Lynch	Legal Services	\$ 30,125	\$ -
Cesar Chavez Foundation	Human Resources	5,842	-
National Chavez Center	Office Rent	51,070	-
UFW	Field Support	72,622	-
UFW	Office/Printing	-	-
		<u>\$ 159,659</u>	<u>\$ 0</u>
<u>Identity of Other Farm Worker Entities</u>			
RFK Medical Plan	Medical Coverage	<u>\$ 32,767</u>	<u>\$ 0</u>

NOTE 8 - FORM 5500 RECONCILIATION

Form 5500's required method of determining investment gains and losses differs from the way investment gains and losses are determined under generally accepted accounting principles (GAAP). For GAAP financial statements, the current value is compared to historical cost, not to the prior year-end current value as required by Form 5500. The following is a comparison of GAAP and Form 5500 reporting for the gain on the sale of investments for the Plan year ending December 31, 2022.

	<u>GAAP</u>	<u>5500</u>
NET REALIZED (GAIN)		
LOSS ON SALES	1,531,736	1,206,709
UNREALIZED (APPRECIATION) DEPRECIATION	<u>(14,647,965)</u>	<u>(14,322,938)</u>
	<u>(13,116,229)</u>	<u>(13,116,229)</u>

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 AND 2021

NOTE 9 – CREDIT CONCENTRATION

Cash equivalents consist of highly liquid investments with an initial maturity of three months or less. The Plan's main cash accounts are held at U.S Bank in checking and money market accounts. The accounts are insured by the Federal Deposit Insurance Corporation up to an unlimited amount for non-interest bearing accounts through December 31, 2022 and \$250,000 for interest bearing accounts. At December 31, 2022 and 2021 the Plan had uninsured bank and money market balances of \$1,523,826 and \$2,452,417, respectively. The Plan has not experienced any losses in such accounts. Management believes it is not exposed to any significant credit risk on cash and cash equivalents.

NOTE 10 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statement of benefit obligations and net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 11 – WITHDRAWAL LIABILITY

During 2022 the plan recognized withdrawal liability income of \$456,152 from Balletto Farms.

The plan received \$33,188.64 of withdrawal liability payments from previously withdrawn plans

NOTE 12– SUBSEQUENT EVENTS

Events that occur after the balance sheet date but before the financial statements were available to be issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the balance date are recognized in the accompanying financial statements. Subsequent events which provide evidence about conditions that existed after the balance sheet date require disclosure in the accompanying notes. Management disclosed the following subsequent event as of October 16, 2023

During February of 2023 the Juan De La Cruz Pension Plan entered into a negotiated settlement with CAUSA a non-collectively bargained participant of their intent to withdraw from the Juan De La Cruz Pension. The settlement calls for CAUSA to pay \$100,120 in withdrawal liability over 40 quarters.

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 AND 2021

NOTE 13– FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The following amounts are shown in accordance with ASC 820 (formerly SFAS No. 157):

	Fair Value	(Level 1)	(Level 2)	(Level 3)
<u>December 31, 2022</u>				
Government Securities	\$ -	-	-	-
Money Market Funds	-	-	-	-
Non-government Bonds	-	-	-	-
Registered Mutual Funds	43,592,173	43,592,173	-	-
Partnership/Joint Venture Interest	-	-	-	-
Common Collective Funds/Real Estate	19,442,885	-	-	19,442,885
Common Stock	3,823,159	3,823,159	-	-
Total	\$ <u>66,858,217</u>	\$ <u>47,415,332</u>	\$ <u>0</u>	\$ <u>19,442,885</u>

December 31, 2021

Government Securities	\$ -	-	-	-
Money Market Funds	-	-	-	-
Non-government Bonds	-	-	-	-
Registered Mutual Funds	56,248,628	56,248,628	-	-
Partnership/Joint Venture Interest	-	-	-	-
Common Collective Funds/Real Estate	24,331,226	-	-	24,331,226
Common Stock	4,631,570	4,631,570	-	-
Total	\$ <u>85,211,424</u>	\$ <u>60,880,198</u>	\$ <u>0</u>	\$ <u>24,331,226</u>

Reconciliation of Level 3 Inputs

Beginning balance at 12/31/2021	\$ 24,331,226
Realized and unrealized gains (losses)	(5,098,672)
Income from Investments	210,331
Ending balance at 12/31/2022	\$ <u>19,442,885</u>

ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 AND 2021

NOTE 13– FAIR VALUE MEASUREMENTS, continued

quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. As of December 31, 2022 and 2021 the Plan had Level 1, 2 and 3 inputs.

Level 1 Fair Value Measurements

The fair values of common stock, mutual funds and money market funds are based on quoted market prices.

Level 2 Fair Value Measurements

Bonds and Partnership Joint Ventures are based on other significant observable inputs for similar assets.

Level 3 Fair Value Measurements

Common Collective Funds and Partnership Joint Ventures fair values were derived using techniques in which one or more significant inputs or significant value drivers are unobservable. This hierarchy requires the use of observable market data when available, and minimizes the use of unobservable inputs when determining fair value.

JUAN DE LA CRUZ FARM WORKERS PENSION PLAN
SCHEDULE OF GENERAL & ADMINISTRATIVE EXPENSES

	Schedule I Year Ended December 31, 2022
Wages & Salaries	\$ 232,156
Field Office Support	72,622
Insurance, Bonding & Taxes	338,857
Office Facilities & Operations	101,485
Employee Benefits	45,576
Travel	9,249
Legal Fees	78,965
Computer Services, Maintenance & Support	39,255
Actuarial Fees	60,042
Payroll Taxes	23,940
Communications	15,851
Tax Compliance	10,750
Auditing	45,000
Consulting	26,850
Supplies, Printing & Postage	26,409
Equipment Maintenance & Depreciation	2,595
Total General & Administrative Expenses	\$ <u><u>1,129,602</u></u>

The accompanying notes are integral parts of these financial statements.

2022 Schedule MB (Form 5500), Line 8b(2)

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 8B(2) - SCHEDULE OF ACTIVE PARTICIPANT DATA (AS OF JANUARY 1, 2022)

AGE GROUP	YEARS OF CREDITED SERVICE													Total						
	Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40 & up	
	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.
Under 25	0	52	\$3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	52	\$3
25-29	0	91	\$3	26	2	0	0	0	0	0	0	0	0	0	0	0	0	0	119	\$8
30-34	0	344	\$2	39	\$22	10	3	0	0	0	0	0	0	0	0	0	0	0	396	\$6
35-39	0	81	\$3	31	\$16	19	13	3	0	0	0	0	0	0	0	0	0	0	147	\$23
40-44	0	185	\$6	64	\$17	24	\$101	14	16	0	0	0	0	0	0	0	0	0	303	\$31
45-49	0	65	\$4	29	\$23	20	\$67	20	17	6	1	0	0	0	0	0	0	0	158	\$63
50-54	0	69	\$6	41	\$24	25	\$60	35	\$104	36	\$194	19	12	0	0	0	0	0	237	\$85
55-59	0	40	\$6	42	\$20	22	\$72	36	\$109	35	\$210	12	17	0	0	0	1	1	205	\$103
60-64	0	25	\$6	26	\$23	18	5	13	20	3	\$188	3	4	3	2	0	0	0	111	\$95
65-69	0	13		12		5		5	6	1		1	3	3	0	2	2	0	47	\$95
70 and up	0	3		2		4		2	1	0		0	1	1	1	0	0	0	14	
Missing	0	24	\$7	24	\$20	36	\$11	0	0	0		0	0	0	0	0	0	0	84	\$13
Total	0	992	\$4	336	\$21	185	\$59	141	\$126	134	\$193	41	\$190	38	\$249	3	3	3	1,873	\$46

Note: Compensation information not shown because plan benefits are not pay-related.

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 11 – JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

The RPA '94 current liability interest rate was changed from 2.43% to 2.22% in accordance with IRC 412(1)(7)(C)(i). The RPA '94 current liability mortality was updated in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

00039704
30--12-C-77C-019-04
1200 -99-02870-04

Schedule H Line 4j



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 266 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
------	-----------------	----------------------	---------------	---------------------	-------------------	---------------------	-----------------------

BEGINNING MARKET VALUE 85,316,328.45
COMPARATIVE VALUE (5%) 4,265,816.42

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V567 - First Am Govt Ob Pd Cl Z

01/03/2022	B	396.760	1.0000		- 397	397	
6746000313							
01/04/2022	B	.800	1.0000		- 1	1	
6746000309							
01/07/2022	B	805.600	1.0000		- 806	806	
6746000313							
01/10/2022	B	.930	1.0000		- 1	1	
6746000308							
01/14/2022	B	397.230	1.0000		- 397	397	
6746000313							
01/18/2022	B	155.800	1.0000		- 156	156	
6746000313							
01/21/2022	B	1,066.000	1.0000		- 1,066	1,066	
6746000313							
01/27/2022	B	117,000.000	1.0000		- 117,000	117,000	
6746000302							
01/27/2022	B	117,000.000	1.0000		- 117,000	117,000	
6746000303							

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLG FARM WORKERS CONSOLIDATED ACCT
ACCT001 6746000399

Page 267 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/27/2022	B	117,000.000	1.0000		- 117,000	117,000	
6746000310							
01/27/2022	B	117,000.000	1.0000		- 117,000	117,000	
6746000311							
01/27/2022	B	188,000.000	1.0000		- 188,000	188,000	
6746000312							
01/28/2022	B	173.340	1.0000		- 173	173	
6746000313							
01/31/2022	B	658.240	1.0000		- 658	658	
6746000313							
02/01/2022	B	80,641.830	1.0000		- 80,642	80,642	
6746000313							
02/02/2022	B	.800	1.0000		- 1	1	
6746000309							
02/02/2022	B	.930	1.0000		- 1	1	
6746000309							
02/02/2022	B	6,475.670	1.0000		- 6,476	6,476	
6746000313							
02/03/2022	B	6,233.090	1.0000		- 6,233	6,233	
6746000313							
02/04/2022	B	9,957.720	1.0000		- 9,958	9,958	
6746000313							
02/07/2022	B	795.820	1.0000		- 796	796	
6746000313							
02/15/2022	B	103.600	1.0000		- 104	104	
6746000313							
02/16/2022	B	203.570	1.0000		- 204	204	
6746000313							

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLC FARM WORKERS CONSOLIDATED ACCT
ACCCOUNT 6746000399

Page 268 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/25/2022 6746000302	B	117,000.000	1.0000		- 117,000	117,000	
02/25/2022 6746000303	B	117,000.000	1.0000		- 117,000	117,000	
02/25/2022 6746000310	B	117,000.000	1.0000		- 117,000	117,000	
02/25/2022 6746000311	B	117,000.000	1.0000		- 117,000	117,000	
02/25/2022 6746000312	B	188,000.000	1.0000		- 188,000	188,000	
02/25/2022 6746000313	B	482.060	1.0000		- 482	482	
03/01/2022 6746000313	B	464.400	1.0000		- 464	464	
03/02/2022 6746000309	B	.720	1.0000		- 1	1	
03/02/2022 6746000313	B	908.540	1.0000		- 909	909	
03/03/2022 6746000313	B	8.260	1.0000		- 8	8	
03/08/2022 6746000313	B	466.650	1.0000		- 467	467	
03/09/2022 6746000313	B	1,150.660	1.0000		- 1,151	1,151	
03/10/2022 6746000313	B	972.690	1.0000		- 973	973	
03/11/2022 6746000313	B	153.750	1.0000		- 154	154	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLC FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 269 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/15/2022 6746000313	B	99.360	1.0000		- 99	99	
03/16/2022 6746000313	B	4,870.220	1.0000		- 4,870	4,870	
03/17/2022 6746000313	B	8,622.790	1.0000		- 8,623	8,623	
03/18/2022 6746000313	B	6,229.250	1.0000		- 6,229	6,229	
03/21/2022 6746000313	B	245.700	1.0000		- 246	246	
03/23/2022 6746000313	B	285.740	1.0000		- 286	286	
03/24/2022 6746000313	B	464.600	1.0000		- 465	465	
03/29/2022 6746000302	B	117,000.000	1.0000		- 117,000	117,000	
03/29/2022 6746000303	B	117,000.000	1.0000		- 117,000	117,000	
03/29/2022 6746000310	B	117,000.000	1.0000		- 117,000	117,000	
03/29/2022 6746000311	B	117,000.000	1.0000		- 117,000	117,000	
03/29/2022 6746000312	B	188,000.000	1.0000		- 188,000	188,000	
03/30/2022 6746000313	B	132,079.520	1.0000		- 132,080	132,080	
03/31/2022 6746000313	B	169.000	1.0000		- 169	169	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLC FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 270 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/01/2022 6746000313	B	396.760	1.0000		- 397	397	
04/04/2022 6746000309	B	3.130	1.0000		- 3	3	
04/04/2022 6746000313	B	12,763.960	1.0000		- 12,764	12,764	
04/05/2022 6746000313	B	204.800	1.0000		- 205	205	
04/08/2022 6746000313	B	111.630	1.0000		- 112	112	
04/11/2022 6746000308	B	1.790	1.0000		- 2	2	
04/18/2022 6746000313	B	454.800	1.0000		- 455	455	
04/25/2022 6746000313	B	19,573.570	1.0000		- 19,574	19,574	
04/26/2022 6746000313	B	4,034.840	1.0000		- 4,035	4,035	
04/27/2022 6746000313	B	3,754.570	1.0000		- 3,755	3,755	
04/29/2022 6746000313	B	658.240	1.0000		- 658	658	
05/02/2022 6746000313	B	35.490	1.0000		- 35	35	
05/03/2022 6746000309	B	6.530	1.0000		- 7	7	
05/03/2022 6746000309	B	1.790	1.0000		- 2	2	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLG FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 271 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/03/2022 6746000313	B	14,626.460	1.0000		- 14,626	14,626	
05/04/2022 6746000313	B	1,167.270	1.0000		- 1,167	1,167	
05/05/2022 6746000302	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
05/05/2022 6746000303	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
05/05/2022 6746000310	B	500,000.000	1.0000		- 500,000	500,000	
05/05/2022 6746000311	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
05/05/2022 6746000312	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
05/17/2022 6746000313	B	2,407.790	1.0000		- 2,408	2,408	
05/18/2022 6746000313	B	647.320	1.0000		- 647	647	
05/19/2022 6746000313	B	809.760	1.0000		- 810	810	
05/23/2022 6746000313	B	894.660	1.0000		- 895	895	
05/24/2022 6746000313	B	866.780	1.0000		- 867	867	
05/25/2022 6746000313	B	2,450.720	1.0000		- 2,451	2,451	
05/26/2022 6746000313	B	2,987.040	1.0000		- 2,987	2,987	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 272 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/27/2022 6746000313	B	4,696.150	1.0000		- 4,696	4,696	
05/31/2022 6746000313	B	1,401.180	1.0000		- 1,401	1,401	
06/01/2022 6746000313	B	847.510	1.0000		- 848	848	
06/02/2022 6746000302	B	14.000	1.0000		- 14	14	
06/02/2022 6746000303	B	14.000	1.0000		- 14	14	
06/02/2022 6746000309	B	21.810	1.0000		- 22	22	
06/02/2022 6746000309	B	56.000	1.0000		- 56	56	
06/02/2022 6746000310	B	7.000	1.0000		- 7	7	
06/02/2022 6746000311	B	21.000	1.0000		- 21	21	
06/02/2022 6746000313	B	774.010	1.0000		- 774	774	
06/02/2022 6746000313	B	11,129.490	1.0000		- 11,129	11,129	
06/07/2022 6746000313	B	144.330	1.0000		- 144	144	
06/14/2022 6746000313	B	119.560	1.0000		- 120	120	
06/15/2022 6746000313	B	128.700	1.0000		- 129	129	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCTOUNT 6746000399

Page 273 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/16/2022 6746000313	B	88.110	1.0000		- 88	88	
06/22/2022 6746000313	B	805.600	1.0000		- 806	806	
06/28/2022 6746000302	B	117,000.000	1.0000		- 117,000	117,000	
06/28/2022 6746000303	B	117,000.000	1.0000		- 117,000	117,000	
06/28/2022 6746000310	B	117,000.000	1.0000		- 117,000	117,000	
06/28/2022 6746000311	B	117,000.000	1.0000		- 117,000	117,000	
06/28/2022 6746000312	B	188,000.000	1.0000		- 188,000	188,000	
06/30/2022 6746000313	B	556.000	1.0000		- 556	556	
07/01/2022 6746000313	B	396.760	1.0000		- 397	397	
07/05/2022 6746000309	B	35.960	1.0000		- 36	36	
07/05/2022 6746000313	B	124.200	1.0000		- 124	124	
07/06/2022 6746000313	B	204.800	1.0000		- 205	205	
07/07/2022 6746000313	B	1,662.000	1.0000		- 1,662	1,662	
07/11/2022 6746000308	B	11.380	1.0000		- 11	11	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLG FARM WORKERS CONSOLIDATED ACCT
ACACCOUNT 6746000399

Page 274 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/14/2022 6746000313	B	155.800	1.0000		- 156	156	
07/15/2022 6746000313	B	344.500	1.0000		- 345	345	
07/27/2022 6746000302	B	117,000.000	1.0000		- 117,000	117,000	
07/27/2022 6746000303	B	117,000.000	1.0000		- 117,000	117,000	
07/27/2022 6746000310	B	117,000.000	1.0000		- 117,000	117,000	
07/27/2022 6746000311	B	117,000.000	1.0000		- 117,000	117,000	
07/27/2022 6746000312	B	188,000.000	1.0000		- 188,000	188,000	
07/29/2022 6746000313	B	838.840	1.0000		- 839	839	
08/01/2022 6746000313	B	35.490	1.0000		- 35	35	
08/02/2022 6746000308	B	.010	1.0000				
08/02/2022 6746000309	B	54.730	1.0000		- 55	55	
08/02/2022 6746000309	B	11.390	1.0000		- 11	11	
08/02/2022 6746000313	B	10,142.620	1.0000		- 10,143	10,143	
08/03/2022 6746000313	B	6,869.690	1.0000		- 6,870	6,870	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 275 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/12/2022	B	111.900	1.0000		- 112	112	
6746000313							
08/15/2022	B	547.180	1.0000		- 547	547	
6746000313							
08/17/2022	B	494.630	1.0000		- 495	495	
6746000313							
08/19/2022	B	166.000	1.0000		- 166	166	
6746000313							
08/25/2022	B	135.260	1.0000		- 135	135	
6746000313							
08/26/2022	B	184.500	1.0000		- 185	185	
6746000313							
08/29/2022	B	124.120	1.0000		- 124	124	
6746000313							
08/30/2022	B	117,000.000	1.0000		- 117,000	117,000	
6746000302							
08/30/2022	B	117,000.000	1.0000		- 117,000	117,000	
6746000303							
08/30/2022	B	117,000.000	1.0000		- 117,000	117,000	
6746000310							
08/30/2022	B	117,000.000	1.0000		- 117,000	117,000	
6746000311							
08/30/2022	B	188,000.000	1.0000		- 188,000	188,000	
6746000312							
08/30/2022	B	447.370	1.0000		- 447	447	
6746000313							
08/31/2022	B	934.200	1.0000		- 934	934	
6746000313							

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 276 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/01/2022	B	950.250	1.0000		- 950	950	
6746000313							
09/02/2022	B	78.310	1.0000		- 78	78	
6746000309							
09/02/2022	B	161.280	1.0000		- 161	161	
6746000313							
09/06/2022	B	183.950	1.0000		- 184	184	
6746000313							
09/15/2022	B	573.890	1.0000		- 574	574	
6746000313							
09/21/2022	B	7,437.720	1.0000		- 7,438	7,438	
6746000313							
09/22/2022	B	2,127.360	1.0000		- 2,127	2,127	
6746000313							
09/23/2022	B	486.580	1.0000		- 487	487	
6746000313							
09/26/2022	B	1,866.650	1.0000		- 1,867	1,867	
6746000313							
09/27/2022	B	3,706.920	1.0000		- 3,707	3,707	
6746000313							
09/28/2022	B	3,894.850	1.0000		- 3,895	3,895	
6746000313							
09/29/2022	B	117,000.000	1.0000		- 117,000	117,000	
6746000302							
09/29/2022	B	117,000.000	1.0000		- 117,000	117,000	
6746000303							
09/29/2022	B	117,000.000	1.0000		- 117,000	117,000	
6746000310							

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLG FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 277 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/29/2022 6746000311	B	117,000.000	1.0000		- 117,000	117,000	
09/29/2022 6746000312	B	188,000.000	1.0000		- 188,000	188,000	
09/30/2022 6746000313	B	89,372.130	1.0000		- 89,372	89,372	
10/04/2022 6746000309	B	87,240	1.0000		- 87	87	
10/11/2022 6746000308	B	22,120	1.0000		- 22	22	
10/17/2022 6746000313	B	70,785.190	1.0000		- 70,785	70,785	
10/18/2022 6746000313	B	1,170	1.0000		- 1	1	
10/28/2022 6746000302	B	117,000.000	1.0000		- 117,000	117,000	
10/28/2022 6746000303	B	117,000.000	1.0000		- 117,000	117,000	
10/28/2022 6746000310	B	117,000.000	1.0000		- 117,000	117,000	
10/28/2022 6746000311	B	117,000.000	1.0000		- 117,000	117,000	
10/28/2022 6746000312	B	188,000.000	1.0000		- 188,000	188,000	
10/28/2022 6746000313	B	615,300	1.0000		- 615	615	
10/31/2022 6746000313	B	558,240	1.0000		- 558	558	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLC FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 278 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/01/2022	B	21,441.610	1.0000		-21,442	21,442	
6746000313							
11/02/2022	B	.040	1.0000				
6746000308							
11/02/2022	B	113.270	1.0000		-113	113	
6746000309							
11/02/2022	B	22.160	1.0000		-22	22	
6746000309							
11/02/2022	B	2,434.610	1.0000		-2,435	2,435	
6746000313							
11/03/2022	B	1,222.770	1.0000		-1,223	1,223	
6746000313							
11/04/2022	B	571.740	1.0000		-572	572	
6746000313							
11/07/2022	B	644.600	1.0000		-645	645	
6746000313							
11/08/2022	B	764.480	1.0000		-764	764	
6746000313							
11/09/2022	B	2,140.210	1.0000		-2,140	2,140	
6746000313							
11/10/2022	B	524.680	1.0000		-525	525	
6746000313							
11/14/2022	B	103.300	1.0000		-103	103	
6746000313							
11/15/2022	B	112.480	1.0000		-112	112	
6746000313							
11/16/2022	B	515.470	1.0000		-515	515	
6746000313							

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLC FARM WORKERS CONSOLIDATED ACCT
ACCCOUNT 6746000399

Page 279 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/18/2022 6746000313	B	166.000	1.0000		- 166	166	
11/23/2022 6746000313	B	8,168.680	1.0000		- 8,169	8,169	
11/25/2022 6746000313	B	13,147.480	1.0000		- 13,147	13,147	
11/28/2022 6746000313	B	887.980	1.0000		- 888	888	
11/29/2022 6746000309	B	4,000.000	1.0000		- 4,000	4,000	
11/29/2022 6746000312	B	660,000.000	1.0000		- 660,000	660,000	
11/29/2022 6746000313	B	2,635.020	1.0000		- 2,635	2,635	
11/30/2022 6746000313	B	2,656.980	1.0000		- 2,657	2,657	
12/01/2022 6746000313	B	281.510	1.0000		- 282	282	
12/02/2022 6746000309	B	137.820	1.0000		- 138	138	
12/06/2022 6746000313	B	711.550	1.0000		- 712	712	
12/07/2022 6746000313	B	5,410.470	1.0000		- 5,410	5,410	
12/08/2022 6746000313	B	2,261.380	1.0000		- 2,261	2,261	
12/21/2022 6746000309	B	.010	1.0000				

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 280 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/21/2022	B	4,286.230	1.0000		-4,286	4,286	
6746000313							
12/21/2022	B	.020	1.0000				
6746000313							
12/22/2022	B	.050	1.0000				
6746000309							
12/22/2022	B	.110	1.0000				
6746000313							
12/23/2022	B	1,973.830	1.0000		-1,974	1,974	
6746000313							
12/30/2022	B	47.870	1.0000		-48	48	
6746000313							

Total For Buys				0	12,547,759	12,547,759	0
01/04/2022	S	-1,043.360	1.0000		1,043	1,043	
6746000313							
01/05/2022	S	-2,622.780	1.0000		2,623	2,623	
6746000313							
01/06/2022	S	-1,851.600	1.0000		1,852	1,852	
6746000313							
01/27/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000302							
01/27/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000303							
01/27/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000310							
01/27/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000311							
01/27/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000311							

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLG FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 281 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/27/2022 6746000312	S	-188,000.000	1.0000		188,000	188,000	
01/27/2022 6746000313	S	-44,000.000	1.0000		44,000	44,000	
02/02/2022 6746000308	S	-.930	1.0000		1	1	
02/18/2022 6746000313	S	-4,547.390	1.0000		4,547	4,547	
02/22/2022 6746000313	S	-6,354.960	1.0000		6,355	6,355	
02/23/2022 6746000313	S	-4,145.680	1.0000		4,146	4,146	
02/25/2022 6746000302	S	-117,000.000	1.0000		117,000	117,000	
02/25/2022 6746000303	S	-117,000.000	1.0000		117,000	117,000	
02/25/2022 6746000310	S	-117,000.000	1.0000		117,000	117,000	
02/25/2022 6746000311	S	-117,000.000	1.0000		117,000	117,000	
02/25/2022 6746000312	S	-188,000.000	1.0000		188,000	188,000	
02/25/2022 6746000313	S	-44,000.000	1.0000		44,000	44,000	
03/04/2022 6746000313	S	-3,763.020	1.0000		3,763	3,763	
03/04/2022 6746000313	S	-3,457.950	1.0000		3,458	3,458	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 282 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/07/2022 6746000313	S	-17,669.390	1.0000		17,669	17,669	
03/25/2022 6746000313	S	-3,774.700	1.0000		3,775	3,775	
03/29/2022 6746000302	S	-117,000.000	1.0000		117,000	117,000	
03/29/2022 6746000303	S	-117,000.000	1.0000		117,000	117,000	
03/29/2022 6746000310	S	-117,000.000	1.0000		117,000	117,000	
03/29/2022 6746000311	S	-117,000.000	1.0000		117,000	117,000	
03/29/2022 6746000312	S	-188,000.000	1.0000		188,000	188,000	
03/29/2022 6746000313	S	-44,000.000	1.0000		44,000	44,000	
05/03/2022 6746000308	S	-1,790	1.0000		2	2	
05/05/2022 6746000312	S	-2,000,000.000	1.0000		2,000,000	2,000,000	
05/06/2022 6746000302	S	-1,000,000.000	1.0000		1,000,000	1,000,000	
05/06/2022 6746000303	S	-1,000,000.000	1.0000		1,000,000	1,000,000	
05/06/2022 6746000310	S	-500,000.000	1.0000		500,000	500,000	
05/06/2022 6746000311	S	-1,500,000.000	1.0000		1,500,000	1,500,000	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLC FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 283 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/12/2022 6746000313	S	-38,928.610	1.0000		38,929	38,929	
05/13/2022 6746000313	S	-20,672.660	1.0000		20,673	20,673	
05/16/2022 6746000313	S	-1,079.710	1.0000		1,080	1,080	
05/20/2022 6746000313	S	-193.300	1.0000		193	193	
06/02/2022 6746000302	S	-14.000	1.0000		14	14	
06/02/2022 6746000303	S	-14.000	1.0000		14	14	
06/02/2022 6746000310	S	-7.000	1.0000		7	7	
06/02/2022 6746000311	S	-21.000	1.0000		21	21	
06/28/2022 6746000302	S	-117,000.000	1.0000		117,000	117,000	
06/28/2022 6746000303	S	-117,000.000	1.0000		117,000	117,000	
06/28/2022 6746000310	S	-117,000.000	1.0000		117,000	117,000	
06/28/2022 6746000311	S	-117,000.000	1.0000		117,000	117,000	
06/28/2022 6746000312	S	-188,000.000	1.0000		188,000	188,000	
06/28/2022 6746000313	S	-44,000.000	1.0000		44,000	44,000	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLC FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 284 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/27/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000302							
07/27/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000303							
07/27/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000310							
07/27/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000311							
07/27/2022	S	-188,000.000	1.0000		188,000	188,000	
6746000312							
07/27/2022	S	-44,000.000	1.0000		44,000	44,000	
6746000313							
08/02/2022	S	-11,390	1.0000		11	11	
6746000308							
08/04/2022	S	-622.170	1.0000		622	622	
6746000313							
08/05/2022	S	-2,156.990	1.0000		2,157	2,157	
6746000313							
08/30/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000302							
08/30/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000303							
08/30/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000310							
08/30/2022	S	-117,000.000	1.0000		117,000	117,000	
6746000311							
08/30/2022	S	-188,000.000	1.0000		188,000	188,000	
6746000312							

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLG FARM WORKERS CONSOLIDATED ACCT
ACACCOUNT 6746000399

Page 285 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/30/2022 6746000313	S	-44,000.000	1.0000		44,000	44,000	
09/29/2022 6746000302	S	-117,000.000	1.0000		117,000	117,000	
09/29/2022 6746000303	S	-117,000.000	1.0000		117,000	117,000	
09/29/2022 6746000310	S	-117,000.000	1.0000		117,000	117,000	
09/29/2022 6746000311	S	-117,000.000	1.0000		117,000	117,000	
09/29/2022 6746000312	S	-188,000.000	1.0000		188,000	188,000	
09/29/2022 6746000313	S	-1,009.340	1.0000		1,009	1,009	
09/29/2022 6746000313	S	-44,000.000	1.0000		44,000	44,000	
10/03/2022 6746000313	S	-909.570	1.0000		910	910	
10/04/2022 6746000313	S	-7,578.050	1.0000		7,578	7,578	
10/05/2022 6746000313	S	-54.000	1.0000		54	54	
10/06/2022 6746000313	S	-3,893.490	1.0000		3,893	3,893	
10/07/2022 6746000313	S	-5,565.950	1.0000		5,566	5,566	
10/11/2022 6746000313	S	-10,564.250	1.0000		10,564	10,564	

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLC FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 286 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/12/2022 6746000313	S	-4,174.460	1.0000		4,174	4,174	
10/13/2022 6746000313	S	-2,314.280	1.0000		2,314	2,314	
10/14/2022 6746000313	S	-4,987.290	1.0000		4,987	4,987	
10/14/2022 6746000313	S	-522.110	1.0000		522	522	
10/18/2022 6746000313	S	-2,699.090	1.0000		2,699	2,699	
10/19/2022 6746000313	S	-2,153.800	1.0000		2,154	2,154	
10/21/2022 6746000313	S	-2,016.100	1.0000		2,016	2,016	
10/28/2022 6746000302	S	-117,000.000	1.0000		117,000	117,000	
10/28/2022 6746000303	S	-117,000.000	1.0000		117,000	117,000	
10/28/2022 6746000310	S	-117,000.000	1.0000		117,000	117,000	
10/28/2022 6746000311	S	-117,000.000	1.0000		117,000	117,000	
10/28/2022 6746000312	S	-188,000.000	1.0000		188,000	188,000	
10/28/2022 6746000313	S	-44,000.000	1.0000		44,000	44,000	
11/02/2022 6746000308	S	-22,160	1.0000		22	22	

00039704
30--12-C--77C-019-04
1200 -99-02870-04



JDLG FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 287 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/29/2022	S	-660,000.000	1.0000		660,000	660,000	
6746000312							
11/29/2022	S	-44,000.000	1.0000		44,000	44,000	
6746000313							
12/02/2022	S	-1,829.190	1.0000		1,829	1,829	
6746000313							
12/05/2022	S	-5,162.140	1.0000		5,162	5,162	
6746000313							
12/09/2022	S	-4,837.210	1.0000		4,837	4,837	
6746000313							
12/12/2022	S	-919.040	1.0000		919	919	
6746000313							
12/13/2022	S	-4,771.840	1.0000		4,772	4,772	
6746000313							
12/15/2022	S	-1,548.740	1.0000		1,549	1,549	
6746000313							
12/19/2022	S	-2,254.790	1.0000		2,255	2,255	
6746000313							
12/20/2022	S	-2,691.540	1.0000		2,692	2,692	
6746000313							
12/22/2022	S	-1,747.000	1.0000		1,747	1,747	
6746000313							
12/27/2022	S	-1,202.250	1.0000		1,202	1,202	
6746000313							
12/28/2022	S	-2,567.150	1.0000		2,567	2,567	
6746000313							
12/29/2022	S	-5,551.620	1.0000		5,552	5,552	
6746000313							

00039704
30--12-C-77C-019-04
1200 -99-02870-04

JDLG FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 288 of 289
Period from January 1, 2022 to December 31, 2022



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
------	-----------------	----------------------	---------------	---------------------	-------------------	---------------------	-----------------------

Total For Sells

012,500.50012,500.5000

Total First Am Govt Ob Fd Cl Z

025,048.25925,048.2590

Issue: 922908710 - Vanguard 500 Index Admiral

03/23/2022	R	159.843	411.2000		- 65.727	65.727	
6746000312							
06/28/2022	R	170.942	352.6100		- 60.276	60.276	
6746000312							
09/27/2022	R	180.236	336.4300		- 60.637	60.637	
6746000312							
12/19/2022	R	183.455	351.9300		- 64.563	64.563	
6746000312							

Total For Reinvestments

0251,203251,2030

01/27/2022	S	- 468.034	401.6800		188.000	151.244	36.756
6746000312							
02/25/2022	S	- 474.041	396.5900		188.000	153.185	34.815
6746000312							
03/29/2022	S	- 445.245	422.2400		188.000	144.010	43.990
6746000312							
05/05/2022	S	- 5,034.993	397.2200		2,000.000	1,628.520	371.480
6746000312							
06/28/2022	S	- 520.314	361.3200		188.000	168.291	19.709
6746000312							
07/27/2022	S	- 519.122	362.1500		188.000	167.966	20.034
6746000312							

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLC FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 289 of 289
Period from January 1, 2022 to December 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/30/2022	S	- 504.170	372.8900		188,000	163,128	24,872
6746000312							
09/29/2022	S	- 547.993	343.0700		188,000	177,338	10,662
6746000312							
10/28/2022	S	- 534.729	351.5800		188,000	173,046	14,954
6746000312							
11/29/2022	S	- 1,799.885	366.6900		660,000	582,469	77,531
6746000312							
Total For Sells				0	4,164,000	3,509,197	654,803
Total Vanguard 500 Index Admiral				0	4,415,203	3,760,400	654,803
GRAND TOTAL				0	29,463,462	28,808,659	654,803

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

00039704
30--12-C-77C-019-04
1200 -99-02870-04

JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 14 of 289
Period from January 1, 2022 to December 31, 2022

usbank



Schedule H Line 4i

ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
-------------	------------------------	----------------------	------------	---	--	-----------------------------------

Cash And Equivalents

Money Markets

First Am Govt	51,434.430	51,434.43	51,434.43	.00	51,434.43	168.47
Ob Fd CI Z		1.0000		.00	.00	4.08
31846V567 Asset Minor Code 1						
ACCOUNT 6746000309						
First Am Govt	98,741.660	98,741.66	98,741.66	.00	98,741.66	359.82
Ob Fd CI Z		1.0000		.00	.00	4.08
31846V567 Asset Minor Code 1						
ACCOUNT 6746000313						

Total First Am Govt Ob Fd CI Z	150,176.090	150,176.09	150,176.09	.00	150,176.09	528.29
				.00	.00	4.07

Total Money Markets	150,176.090	150,176.09	150,176.09	.00	150,176.09	528.29
				.00	.00	4.07

Total Cash And Equivalents	150,176.090	150,176.09	150,176.09	.00	150,176.09	528.29
				.00	.00	4.07

Domestic Common Stocks

Acuity Brands Inc	273.000	45,211.53	29,886.47	15,325.06	57,799.56	.00
00508Y102 Asset Minor Code 42		165,6100		-12,588.03	-12,588.03	0.31
ACCOUNT 6746000313						
Advanced Drainage Systems Inc	214.000	17,541.58	23,853.69	-6,312.11	29,131.82	.00
00790R104 Asset Minor Code 42		81.9700		-11,590.24	-11,590.24	0.59
ACCOUNT 6746000313						

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 15 of 289
Period from January 1, 2022 to December 31, 2022

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Affiliated Managers Group Inc 008252108 Asset Minor Code 42 ACCOUNT 6746000313	826.000	130,863.18 158.4300	82,515.26	48,347.92 -3,133.11	133,996.29 -3,133.11	.00 0.03
Aptar Group Inc 038336103 Asset Minor Code 42 ACCOUNT 6746000313	852.000	93,702.96 109.9800	55,120.86	38,582.10 -10,650.00	104,352.96 -10,650.00	.00 1.38
Aramark 03852U106 Asset Minor Code 42 ACCOUNT 6746000313	4,067.000	168,129.78 41.3400	137,389.30	30,740.48 16,235.61	149,868.95	.00
WR Berkley Corp 084423102 Asset Minor Code 42 ACCOUNT 6746000313	2,496.000	181,134.72 72.5700	80,060.82	101,073.90 9,658.42	137,096.96 44,037.76	.00 0.55
Bio Techne Corp 09073M104 Asset Minor Code 42 ACCOUNT 6746000313	592.000	49,064.96 82.8800	16,947.91	32,117.05 -27,501.36	76,566.32 -27,501.36	.00 0.39
Black Knight Inc 09215C105 Asset Minor Code 42 ACCOUNT 6746000313	823.000	50,820.25 61.7500	60,030.39	-9,210.14 -16,935.27	65,810.19 -14,989.94	.00 0.00
Blackbaud Inc 09227Q100 Asset Minor Code 42 ACCOUNT 6746000313	942.000	55,446.12 58.8600	40,409.62	15,036.50 -27,973.62	74,399.16	.00
Booz Allen Hamilton Holding 099502106 Asset Minor Code 42 ACCOUNT 6746000313	900.000	94,068.00 104.5200	69,655.09	24,412.91 17,757.00	76,311.00 17,757.00	.00 1.65

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLC FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 16 of 289
Period from January 1, 2022 to December 31, 2022

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Broadridge Financial Solutions Inc 11133T103 Asset Minor Code 42 ACCOUNT 6746000313	432.000	57,944.16 134.1300	36,660.59	21,283.57 -15,627.42	73,571.58 -15,627.42	232.00 2.16
Brown Brown Inc 115236101 Asset Minor Code 42 ACCOUNT 6746000313	1,667.000	94,968.99 56.9700	72,330.62	22,638.37 -30,765.78	117,156.76 -22,187.77	.00 0.81
Burlington Stores Inc 122017106 Asset Minor Code 42 ACCOUNT 6746000313	395.000	80,090.20 202.7600	60,856.78	19,233.42 -1,693.86	81,784.06 -1,693.86	.00 0.00
Caci International Inc CI A 127190304 Asset Minor Code 42 ACCOUNT 6746000313	333.000	100,096.47 300.5900	80,156.74	19,939.73 10,107.55	89,646.93 10,449.54	.00 0.00
Carlisle Cos Inc 142339100 Asset Minor Code 42 ACCOUNT 6746000313	529.000	124,658.85 235.6500	42,878.59	81,780.26 -61,894.83	131,255.48 -6,596.63	.00 1.27
Casays Gen Stores Inc 147528103 Asset Minor Code 42 ACCOUNT 6746000313	296.000	66,407.60 224.3500	58,027.54	8,380.06 7,992.00	58,415.60 7,992.00	.00 0.68
Choice Hotels Intl Inc 169905106 Asset Minor Code 42 ACCOUNT 6746000313	656.000	73,891.84 112.6400	51,833.48	22,058.36 -28,437.60	102,329.44 -28,437.60	155.80 0.84
Columbia Sportswear Co 198516106 Asset Minor Code 42 ACCOUNT 6746000313	946.000	82,850.68 87.5800	51,703.18	31,147.50 -5,645.39	88,496.07 -5,645.39	.00 1.37

00039704
30- -12-C -77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 17 of 289
Period from January 1, 2022 to December 31, 2022

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Deckers Outdoor Corp 243537107 Asset Minor Code 42 ACCOUNT 6746000313	112.000	44,705.92 399.1600	31,650.82	13,055.10 1,000.37	41,026.72 3,679.20	.00 0.00
Dentsply Sirona Inc 24906P109 Asset Minor Code 42 ACCOUNT 6746000313	.000	.00 31.8400	.00	.00 - 11,064.91	.00 .00	.00 0.00
Dolby Laboratories Inc Cl A 25659T107 Asset Minor Code 42 ACCOUNT 6746000313	1,206.000	85,071.24 70.5400	103,335.81	- 18,264.57 - 29,764.08	114,835.32 - 29,764.08	.00 1.53
Envista Holdings Corporation Com 29415F104 Asset Minor Code 42 ACCOUNT 6746000313	2,999.000	100,976.33 33.6700	73,992.32	26,984.01 - 44,046.63	135,134.94 - 34,158.61	.00 0.00
Fti Consulting Inc 302941109 Asset Minor Code 42 ACCOUNT 6746000313	300.000	47,640.00 158.8000	50,949.60	- 3,309.60 - 3,309.60	50,949.60 - 3,309.60	.00 0.00
Facset Research Systems Inc 303075105 Asset Minor Code 42 ACCOUNT 6746000313	99.000	39,719.79 401.2100	9,908.30	29,811.49 - 8,395.20	48,114.99 - 8,395.20	.00 0.89
Gartner Inc 366651107 Asset Minor Code 42 ACCOUNT 6746000313	118.000	39,664.52 336.1400	10,857.38	28,807.14 - 23,531.43	39,449.76	.00
Godaddy Inc Class A 380237107 Asset Minor Code 42 ACCOUNT 6746000313	1,272.000	95,171.04 74.8200	94,717.82	453.22 - 9,526.48	104,697.52 - 9,526.48	.00 0.00

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 18 of 289
Period from January 1, 2022 to December 31, 2022

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Graco Inc 384109104 Asset Minor Code 42 ACCOUNT 6746000313	635.000	42,710.10 67.2600	8,786.88	33,923.22 -8,483.60	51,193.70	.00
Jack Henry Associates Inc 426281101 Asset Minor Code 42 ACCOUNT 6746000313	244.000	42,836.64 175.5600	12,967.55	29,869.09 2,091.08	40,745.56 2,091.08	.00 1.12
Hexcel Corp New 428291108 Asset Minor Code 42 ACCOUNT 6746000313	1,033.000	60,792.05 58.8500	49,602.94	11,189.11 6,053.61	53,509.40 7,282.65	.00 0.68
Hunt J B Trans Svcs Inc 445658107 Asset Minor Code 42 ACCOUNT 6746000313	415.000	72,359.40 174.3600	27,672.63	44,686.77 -73,338.38	84,826.00 -12,466.60	.00 0.92
Iaa Spingo Inc 449253103 Asset Minor Code 42 ACCOUNT 6746000313	2,057.000	82,280.00 40.0000	94,583.47	-12,303.47 -21,845.34	104,125.34	.00
Ilex Corp 45167R104 Asset Minor Code 42 ACCOUNT 6746000313	301.000	68,727.33 228.3300	12,298.07	56,429.26 -6,314.24	71,132.32	.00
Jones Lang Lasalle Inc 48020Q107 Asset Minor Code 42 ACCOUNT 6746000313	380.000	60,560.60 159.3700	45,246.30	15,314.30 -41,788.60	102,349.20 -41,788.60	.00 0.00
Kirby Corp Com 497266106 Asset Minor Code 42 ACCOUNT 6746000313	1,058.000	68,082.30 64.3500	60,996.18	7,086.12 5,215.94	62,866.36	.00
Lkq Corporation 501889208 Asset Minor Code 42 ACCOUNT 6746000313	1,815.000	96,939.15 53.4100	62,184.87	34,754.28 -9,322.63	106,261.78 -9,322.63	.00 2.06

00039704
30--12-C -77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 19 of 289
Period from January 1, 2022 to December 31, 2022

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Landstar Sys Inc 515098101 Asset Minor Code 42 ACCOUNT 6746000313	615.000	100,183.50 162.9000	49,857.22	50,326.28 -7,675.73	107,859.23 -7,675.73	.00 0.74
Lennox International Inc 526107107 Asset Minor Code 42 ACCOUNT 6746000313	325.000	77,749.75 239.2300	64,688.37	13,061.38 -27,667.25	105,417.00 -27,667.25	344.50 1.77
Manhattan Assocs Inc 562750109 Asset Minor Code 42 ACCOUNT 6746000313	273.000	33,142.20 121.4000	12,235.31	20,906.89 -19,045.71	42,448.77 -9,306.57	.00 0.00
Markel Corp 570535104 Asset Minor Code 42 ACCOUNT 6746000313	72.000	94,859.28 1,317.4900	42,511.42	52,347.86 -3,167.54	88,455.20	.00
Morningstar Inc 617700109 Asset Minor Code 42 ACCOUNT 6746000313	314.000	68,009.26 216.5900	22,039.08	45,970.18 -39,375.60	107,384.86 -39,375.60	.00 0.69
Nordson Corp 655663102 Asset Minor Code 42 ACCOUNT 6746000313	283.000	67,274.76 237.7200	33,829.67	33,445.09 -4,966.65	72,241.41	183.95
Pool Corporation 732781105 Asset Minor Code 42 ACCOUNT 6746000313	127.000	38,395.91 302.3300	31,058.65	7,337.26 -25,751.01	64,146.92 -25,751.01	.00 1.32
Prosperity Bancshares Inc 743606105 Asset Minor Code 42 ACCOUNT 6746000313	763.000	55,454.84 72.6800	52,665.67	2,789.17 289.94	55,164.90 289.94	419.65 3.03

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDLG FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 20 of 289
Period from January 1, 2022 to December 31, 2022

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Rpm International Inc 749685103 Asset Minor Code 42 ACCOUNT 6746000313	1,060,000	103,297.00 97.4500	67,905.93	35,391.07 - 14,955.16	107,060.00 - 3,763.00	.00 1.72
S E I Investments Co 784117103 Asset Minor Code 42 ACCOUNT 6746000313	1,786,000	104,123.80 58.3000	68,157.86	35,965.94 - 9,908.36	108,838.84 - 4,715.04	767.98 1.42
Schein Henry Inc 806407102 Asset Minor Code 42 ACCOUNT 6746000313	439,000	35,062.93 79.8700	24,123.67	10,939.26 1,027.26	34,035.67 1,027.26	.00 0.00
Service Corp Intl 817565104 Asset Minor Code 42 ACCOUNT 6746000313	676,000	46,738.64 69.1400	26,959.87	19,778.77 - 1,250.60	47,989.24 - 1,250.60	.00 1.56
Teletex Inc 879369106 Asset Minor Code 42 ACCOUNT 6746000313	466,000	116,327.58 249.6300	121,547.82	- 5,220.24 - 18,086.49	134,414.07	.00
Terminix Global Hldgs Inc 88087E100 Asset Minor Code 42 ACCOUNT 6746000313	.000	.00 37.8700	.00	.00 46,564.68	.00 46,564.68	.00 0.00
Trimble Nav Ltd 896239100 Asset Minor Code 42 ACCOUNT 6746000313	1,017,000	51,419.52 50.5600	48,568.55	2,850.97 - 20,282.65	71,702.17 - 20,282.65	.00 0.00
Ulla Beauty Inc Com 90384S303 Asset Minor Code 42 ACCOUNT 6746000313	108,000	50,659.56 469.0700	18,991.76	31,667.80 - 16,812.72	44,532.72 6,126.84	.00 0.00

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 21 of 289
Period from January 1, 2022 to December 31, 2022

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Umpqua Holdings Corp 904214103 Asset Minor Code 42 ACCOUNT 6746000313	2,070,000	36,949.50 17.8500	27,624.30	9,325.20 -4,374.61	39,826.80 -2,877.30	.00 4.71
Wex Inc 96208T104 Asset Minor Code 42 ACCOUNT 6746000313	546,000	89,352.90 163.6500	54,571.76	34,781.14 7,119.00	76,652.94	.00
Woodward Inc 980745103 Asset Minor Code 42 ACCOUNT 6746000313	404,000	39,030.44 96.6100	47,002.74	-7,972.30 -5,191.40	44,221.84	.00
Total Domestic Common Stocks	42,627,000	3,823,159.65	2,614,407.52	1,208,752.13 -632,566.65	4,211,600.22 -388,440.57	2,103.88 0.80
Foreign Stocks						
Rentokil Initial Plc Sp A D R 760125104 Asset Minor Code 53 ACCOUNT 6746000313	.000	.00 30.8100	.00	.00 -207.38	.00 .00	.00 0.00
Total Foreign Stocks	.000	.00	.00	.00 -207.38	.00 .00	.00 0.00
Mutual Funds						
Mutual Funds-Equity						
Dodge Cox International Stock Fd I 256206103 Asset Minor Code 98 ACCOUNT 6746000310	176,711.191	7,618,019.44 43.1100	7,080,744.64	537,274.80 -845,459.95	8,306,666.73 -688,647.29	.00 2.23
American Euro Pac Growth Fdcl R6 298706821 Asset Minor Code 98 ACCOUNT 6746000311	145,124.619	7,115,460.07 49.0300	7,171,545.53	-56,085.46 -2,143,248.71	9,003,448.40 -1,887,988.33	.00 1.47

00039704
30--12-C-77C-019-04
1200 -99-02870-04



JDL C FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

Page 22 of 289
Period from January 1, 2022 to December 31, 2022

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Vanguard 500 Index Admiral 922908710 Asset Minor Code 98 ACCOUNT 6746000312	38,694.266	13,702,026.53 354.1100	12,527,217.55	1,174,808.98 -4,524,934.07	16,968,263.71 -3,266,237.18	.00 1.68
Total Mutual Funds-Equity	360,530.076	28,435,506.04	26,779,507.72	1,655,998.32 -7,513,642.73	34,278,378.84 -5,842,872.80	.00 1.77

Mutual Funds-Fixed Income

Schroder Ser Tr Schroders Sdr 41665X289 Asset Minor Code 99 ACCOUNT 6746000302	545,456.429	4,674,561.60 8.5700	5,567,574.77	-893,013.17 -784,865.45	5,478,037.80 -803,476.20	.00 6.06
Metropolitan West Tr Bond I 592905509 Asset Minor Code 99 ACCOUNT 6746000303	1,159,524.898	10,482,105.08 9.0400	12,385,901.28	-1,903,796.20 -2,010,066.71	12,483,593.09 -2,001,488.01	.00 2.91

Total Mutual Funds-Fixed Income	1,704,981.327	15,156,666.68	17,953,476.05	-2,796,809.37 -2,794,932.16	17,961,630.89 -2,804,964.21	.00 3.87
--	----------------------	----------------------	----------------------	--	--	---------------------------

Total Mutual Funds	2,065,511.403	43,592,172.72	44,732,983.77	-1,140,811.05 -10,308,574.89	52,240,009.73 -8,647,837.01	.00 2.50
---------------------------	----------------------	----------------------	----------------------	---	--	---------------------------

Miscellaneous

Collective Investment Funds

Mgt-lpm Strategic Prpy Fd *** 217JXW929 Asset Minor Code 17 ACCOUNT 6746000308	736,223.167	9,668,818.85 13.1330	6,296,331.36	3,372,487.49 72,455.18	9,461,782.60 207,036.25	.00 0.00
---	-------------	-------------------------	--------------	---------------------------	----------------------------	-------------



October 16, 2023

Mr. Patrick Pine
RFK/JDLC
P.O. Box 47 – La Paz
29700 Woodford Tehachapi Road
Keene, California 93531

Re: Juan De La Cruz Farm Workers Pension Plan – 2022 IRS Schedule MB

Dear Patrick:

Enclosed is the 2022 IRS Schedule MB (Form 5500) Actuarial Information, with attachments for the Juan De La Cruz Farm Workers Pension Plan. The Schedule MB should be attached to the 2022 IRS Form 5500 filing. The filing deadline is October 16, 2023.

Please let me know if you have any questions about the enclosed or need further assistance or information from us to complete the IRS Form 5500 filing.

Very truly yours,

A handwritten signature in dark ink, reading "Emma Pulsifer", written in a cursive style.

Emma Pulsifer
Consulting Actuary

Enclosures

Cc: Abel Moreno

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

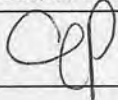
▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Juan De La Cruz Farm Workers Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Joint Board of Trustees	D Employer Identification Number (EIN) 95-6454441

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2022</u>	
b Assets	
(1) Current value of assets	1b(1) 87,603,582
(2) Actuarial value of assets for funding standard account	1b(2) 81,285,954
c (1) Accrued liability for plan using immediate gain methods	1c(1) 92,967,847
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 92,418,156
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 154,077,475
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 385,229
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 8,710,807
(3) Expected plan disbursements for the plan year	1d(3) 9,677,543

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE 	10/16/2023
Signature of actuary	Date
Emma Pulsifer	23-08640
Type or print name of actuary	Most recent enrollment number
NWPS	(408) 817-1500
Firm name	Telephone number (including area code)
160 W. Santa Clara Street	
Suite 1550	
San Jose CA 95113	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	87,603,582
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4,813	99,335,965
(2) For terminated vested participants	2,917	39,026,599
(3) For active participants:		
(a) Non-vested benefits.....		290,786
(b) Vested benefits.....		15,424,125
(c) Total active	1,873	15,714,911
(4) Total	9,603	154,077,475
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.86 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2022	1,792,878	246,948			
Totals ►			3(b)	1,792,878	3(c) 246,948

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)****4** Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	88.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
 b ☒ Entry age normal
 c ☐ Accrued benefit (unit credit)
 d ☐ Aggregate
e ☐ Frozen initial liability
 f ☐ Individual level premium
 g ☐ Individual aggregate
 h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.22 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	2M
(2) Females	6c(2)	2F
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.1 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	933,736
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2,830,267	-290,419

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1,055,065

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	51,136,757	6,901,187
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 556,938**e** Total charges. Add lines 9a through 9d.....**9e** 8,513,190**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 14,562,047**g** Employer contributions. Total from column (b) of line 3.....**9g** 1,792,878**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	24,892,817	5,806,945

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1,425,829**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	28,175,528	
9j(2)	56,210,887	
9j(3)		0

k (1) Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 23,587,699**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 15,074,509**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the 2022 plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, STATEMENT OF ENROLLED ACTUARY

The assets shown on 1b(1) do not match the audited financial report due to a difference in methodology for recognition of withdrawal liability payments. The audited financials include the full value of anticipated withdrawal liability payments in the current value of assets, while NWPS recognizes the payments once they are made to the Plan. This difference amounts to a current value of assets lower than the audited financials by \$157,560.

2022 Schedule MB (Form 5500), Line 3(d)

Plan Name: Juan De La Cruz Farm Workers Pension Plan

Employer ID: 95-6454441

Plan Number: 001

SCHEDULE MB, LINE 3(d) - WITHDRAWAL LIABILITY AMOUNTS

<u>Payment Date</u>	Periodic Amounts	Lump Sum Amounts	Total Amounts
3/1/2022	1,778	0	1,778
5/9/2022	384	0	384
5/18/2022	5,702	0	5,702
5/31/2022	5,702	0	5,702
6/1/2022	1,778	0	1,778
9/1/2022	192	0	192
9/1/2022	1,778	0	1,778
9/8/2022	5,702	0	5,702
12/1/2022	192	0	192
12/1/2022	1,778	0	1,778
12/30/2022	5,702	0	5,702
12/30/2022	2,503	0	2,503
Total			33,189

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Summary of Plan Provisions

Plan Type: Qualified defined benefit plan.

Plan Effective Date: April 15, 1973.

Plan Year: January 1 – December 31.

Monthly Normal Retirement Benefit: For each plan year in which at least 500 hours worked: 1.0% of earned Credited Contributions starting January 1, 2020; 2.0% between 2011 and 2019; 5.0% between 1998 and 2010; 7.0% between 1991 and 1997; 9.0% between 1983 and 1990; 11.0% before 1983.

Minimum Pension: Greater of (i) Normal Retirement Pension or (ii) \$125.00 for “Qualifying Older Employees.”

Normal Form of Benefit: Life Only Annuity for single participants and 50% Joint and Survivor Annuity with pop-up for married participants.

Normal Retirement Age: (i) Age 65 with 10 years of participation (all service), or (ii) age 65 and fifth anniversary of participation (on or after January 1, 1988).

Early Retirement Age: Age 55 and 5 years of Vesting Credit.

Early Retirement Benefit: Effective January 1, 2020, the accrued benefit is reduced on an actuarially equivalent basis for each year preceding normal retirement age.

Late Retirement Benefit: (i) Actuarially increased normal retirement benefit payable for life; or (ii) retroactive payments in lump sum, plus normal retirement benefits.

Past Service Credit: \$5.00 per year of past service credit up to a maximum of 15 years for certain new contributing employers.

Vesting Credit: One year for each plan year during which a participant worked at least 500 hours of service.

Vesting: 5 Years of Vesting Credit.

Break-in-Service: Less than 350 hours in a plan year.

Participation: (i) Earned at least 700 hours of service within any 2 consecutive Plan Years, and (ii) attained age 21.

Permanent Break-in-Service: 5 consecutive 1-year breaks-in-service.

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Summary of Plan Provisions (continued)

Pre-Retirement Death Eligibility: Vested.

Pre-Retirement Death Benefit: Effective January 1, 2011, the only pre-retirement death benefit is the 50% Joint and Survivor annuity for married participants.

Post-Retirement Death Benefit: Effective January 1, 2011, there is no death benefit other than the annuity paid to beneficiaries of participants who elected a joint and survivor annuity.

Voluntary Contribution Balances: A participant may elect to contribute into an individual Voluntary Account. This Balance earns 6.50% per annum. At retirement, the participant may elect to receive the accumulated balance in the form of a lump sum, monthly installments or a lifetime annuity.

Optional Forms of Benefit Payment: 75% Joint and Survivor Annuity, with pop-up.

Actuarial Equivalence: Group Annuity Mortality Table and 6.5%.

Plan Provisions Excluded from Measurement: None.

Rehabilitation Plan Contribution Increase Schedule:

The following employer contribution increase schedule was adopted as part of the 2019 Rehabilitation Plan:

- Effective January 1, 2020 – 101.2% of 2019 contribution rate
- Effective January 1, 2021 – 202.4% of 2019 contribution rate
- Effective January 1, 2022 – 303.6% of 2019 contribution rate
- Effective January 1, 2023 – 402.4% of 2019 contribution rate
- Effective January 1, 2024 – 501.2% of 2019 contribution rate

Note these additional contributions made on behalf of the Rehabilitation Plan are not benefit-accruing.

Changes Since Prior Valuation: None.

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions

Actuarial Cost Method: Entry Age Normal Cost Method with Replacement.

Actuarial Assumptions:

Interest Discount Rate: For funding: 7.00% compounded annually
For current liability: 2.22% compounded annually

Investment Yield: 7.00% compounded annually, net of investment expenses

Operational Expenses: \$1,000,000 payable mid-year (\$966,736 as of beginning of the year)

Mortality: For funding:
Pre- and Post-Retirement: 1983 Group Annuity Mortality Table. Based on our annual measurement of mortality experience, we are reviewing whether this table incorporates sufficient allowance for future mortality improvement.

For current liability:
2022 IRS Static Mortality Table

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
 Employer ID: 95-6454441
 Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions (continued)**Turnover:**

Special Plan Turnover Table. See table of sample termination rates:

<u>Age</u>	<u>Years of Service</u>		
	<u>0-4</u>	<u>5-9</u>	<u>10 or more</u>
20	20.5%	0.0%	0.0%
30	19.5	7.2	2.8
40	15.0	6.1	1.5
50	18.8	4.6	0.0
60	23.8	7.0	0.0

Retirement Age:

<u>Age</u>	<u>Retirement Rate</u>
55	20%
56-61	15
62	30
63-64	20
65	50
66-69	30
70	100

Inactive Vested participants are assumed to retire at age 60.

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions (continued)

Employment:	Future employment is assumed to be at the same hours and contribution rate as the prior year.
Marital Status:	80% of non-retired participants are married. Wife is assumed to be four years younger than the husband.
Form of Payments:	Married participants are assumed to retire with a 50% Joint & Survivor Annuity with pop-up and non-married participants are assumed to retire with a Single Life Annuity.
Unknown Birthdates:	Participants whose birthdates are not reported are assumed to be the average age of similar participants with reported birthdates.
Inactive Vested Participants:	Participants who are age 80 or over on the valuation date are excluded.
Data Reserves:	Reserves are held for potential benefit liabilities for unreported active participant benefits. This amount is \$1,074,461 as of January 1, 2022.
Asset Valuation Method:	Investment income during the year is equal to expected income plus 20% of the excess (or minus 20% of the deficit) of market earnings over assumed earnings for the current and prior four years. Actuarial value may not be less than 80% or more than 120% of market value.

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Rationale for Major Assumptions

Interest Rate/Investment Yield: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.

Mortality, Termination and Retirement: Based on recent Plan experience which is monitored and analyzed annually. When a trend emerges with consistent gains or losses for a particular assumption, it is reviewed and updated accordingly. Please see Section 1 - Actuarial Experience for more detail on these assumptions.

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6(F)(2) – DESCRIPTION OF WITHDRAWAL LIABILITY INTEREST RATE

The vested benefit liability is calculated using the monthly yield curve published by the Department of the Treasury for purposes of Section 430(h)(2) of the Internal Revenue Code for December of the year prior to withdrawal. The effective interest rate of the 2021 December Yield Curve is 2.83%.

2022 Schedule MB (Form 5500), Line 8b(1)

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 8B(1) - SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

<u>Plan Year</u>	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	86,155	1,475,100	7,149,552	8,710,807
2023	138,075	1,506,608	6,869,596	8,514,279
2024	185,190	1,619,062	6,617,883	8,422,135
2025	232,429	1,653,453	6,366,521	8,252,403
2026	272,045	1,701,536	6,115,118	8,088,699
2027	309,050	1,751,607	5,863,247	7,923,904
2028	342,136	1,759,921	5,611,106	7,713,163
2029	369,382	1,771,293	5,358,436	7,499,111
2030	394,061	1,780,931	5,105,511	7,280,503
2031	414,874	1,767,553	4,852,501	7,034,928
2032	432,924	1,746,487	4,599,655	6,779,066
2033	449,076	1,721,904	4,347,314	6,518,294
2034	460,877	1,693,266	4,095,928	6,250,071
2035	471,820	1,656,592	3,846,055	5,974,467
2036	480,686	1,615,283	3,598,341	5,694,310
2037	486,178	1,579,671	3,353,521	5,419,370
2038	490,677	1,538,704	3,112,416	5,141,797
2039	491,479	1,490,149	2,875,921	4,857,549
2040	490,195	1,438,622	2,644,971	4,573,788
2041	488,669	1,390,883	2,420,526	4,300,078
2042	483,497	1,334,475	2,203,546	4,021,518
2043	477,695	1,275,224	1,994,946	3,747,865
2044	469,573	1,213,676	1,795,586	3,478,835
2045	459,440	1,149,116	1,606,275	3,214,831
2046	448,566	1,086,674	1,427,719	2,962,959
2047	435,240	1,021,520	1,260,488	2,717,248
2048	420,958	958,770	1,105,025	2,484,753
2049	405,499	894,846	961,623	2,261,968
2050	388,711	831,093	830,425	2,050,229
2051	371,318	770,738	711,433	1,853,489
2052	352,810	710,515	604,496	1,667,821
2053	334,103	651,617	509,300	1,495,020
2054	315,010	595,805	425,384	1,336,199
2055	295,744	541,897	352,165	1,189,806
2056	276,259	490,993	288,957	1,056,209
2057	256,975	443,218	234,987	935,180
2058	237,942	398,630	189,417	825,989
2059	219,354	357,079	151,380	727,813
2060	201,312	318,619	119,997	639,928
2061	183,893	283,361	94,402	561,656
2062	167,264	251,236	73,765	492,265
2063	151,486	222,142	57,308	430,936
2064	136,621	195,925	44,321	376,867
2065	122,715	172,410	34,167	329,292
2066	109,774	151,406	26,293	287,473
2067	97,815	132,707	20,228	250,750
2068	86,815	116,108	15,579	218,502
2069	76,754	101,405	12,024	190,183
2070	67,595	88,405	9,307	165,307
2071	59,295	76,926	7,224	143,445

2022 Schedule MB (Form 5500), Line 8b(2)

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 8B(2) - SCHEDULE OF ACTIVE PARTICIPANT DATA (AS OF JANUARY 1, 2022)

AGE GROUP	YEARS OF CREDITED SERVICE																					
	Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40 & up		Total	
	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	Average No. Accrued Mon. Ben.	
Under 25	0		52	\$3	0		0		0		0		0		0		0		0		52	\$3
25-29	0		91	\$3	26	\$19	2		0		0		0		0		0		0		119	\$8
30-34	0		344	\$2	39	\$22	10		3		0		0		0		0		0		396	\$6
35-39	0		81	\$3	31	\$16	19		13		3		0		0		0		0		147	\$23
40-44	0		185	\$6	64	\$17	24	\$101	14		16		0		0		0		0		303	\$31
45-49	0		65	\$4	29	\$23	20	\$67	20	\$157	17		6		1		0		0		158	\$63
50-54	0		69	\$6	41	\$24	25	\$60	35	\$104	36	\$194	19		12		0		0		237	\$85
55-59	0		40	\$6	42	\$20	22	\$72	36	\$109	35	\$210	12		17		0		1		205	\$103
60-64	0		25	\$6	26	\$23	18		13		20	\$188	3		4		2		0		111	\$95
65-69	0		13		12		5		5		6		1		3		0		2		47	\$95
70 and up	0		3		2		4		2		1		0		1		1		0		14	
Missing	0		24	\$7	24	\$20	36	\$11	0		0		0		0		0		0		84	\$13
Total	0		992	\$4	336	\$21	185	\$59	141	\$126	134	\$193	41	\$190	38	\$249	3		3		1,873	\$46

Note: Compensation information not shown because plan benefits are not pay-related.

2022 Schedule MB (Form 5500), Line 8b(3)

Plan Name: Juan De La Cruz Farm Workers Pension Plan

Employer ID: 95-6454441

Plan Number: 001

SCHEDULE MB, LINE 8B(3) - SCHEDULE OF PROJECTION OF EMPLOYER CONTRIBUTIONS AND WITHDRAWAL LIABILITY PAYMENTS

<u>Plan Year</u>	Employer Contributions	Withdrawal Liability Payments	Total
2022	1,761,689	31,189	1,792,878
2023	2,049,192	132,350	2,181,542
2024	2,049,192	32,350	2,081,542
2025	2,049,192	32,350	2,081,542
2026	2,049,192	32,350	2,081,542
2027	2,049,192	32,350	2,081,542
2028	2,049,192	32,350	2,081,542
2029	2,049,192	32,350	2,081,542
2030	2,049,192	32,350	2,081,542
2031	2,049,192	32,350	2,081,542

2022 Schedule MB (Form 5500), Lines 9c and 9h

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINES 9C AND 9H - SCHEDULE OF FUNDING STANDARD ACCOUNT BASES

<u>Description of Base</u>	<u>Date of Establishment</u>	<u>Outstanding Balance</u>	<u>Remaining Amortization Period</u>	<u>Amortization Amounts</u>
Charges				
Plan Amendment	9/1/1995	623,077	3.67	185,528
Plan Amendment	12/1/1996	21,979	4.92	5,078
Change In Assumption	1/1/1997	681,162	5	155,260
Plan Amendment	1/1/1998	1,008,067	6	197,652
Change In Assumption	1/1/1998	1,049,063	6	205,691
Plan Amendment	1/1/1999	880,911	7	152,763
Plan Amendment	1/1/2000	262,036	8	41,011
Change in Assumption	1/1/2001	2,704,642	9	387,968
Change in Assumption	1/1/2002	2,666,744	10	354,845
2008 Eligible Investment Loss	1/1/2009	10,887,687	16	1,077,145
2008 Eligible Investment Loss	1/1/2010	15,115,326	16	1,495,396
Actuarial Loss	1/1/2011	1,795,970	4	495,534
Actuarial Loss	1/1/2012	2,284,122	5	520,631
Actuarial Loss	1/1/2013	2,741,965	6	537,620
Plan Amendment	1/1/2013	1,002,615	6	196,583
Actuarial Loss	1/1/2016	1,008,325	9	144,639
Assumption Change	1/1/2016	49,282	9	7,069
Actuarial Loss	1/1/2018	17,360	11	2,164
Actuarial Loss	1/1/2019	3,308,190	12	389,259
Assumption Change	1/1/2019	1,835,658	12	215,993
Actuarial Loss	1/1/2020	<u>1,192,576</u>	13	<u>133,358</u>
Subtotal Charges		51,136,757		6,901,187
Credits				
Plan Amendment	1/1/1997	62,537	5	14,255
Actuarial Gain	1/1/2008	449,605	1	449,604
Actuarial Gain	1/1/2009	1,136,596	2	587,516
Actuarial Gain	1/1/2010	5,234,197	3	1,864,017
Actuarial Gain	1/1/2010	667,276	3	237,632
Assumption Change	1/1/2011	3,621,715	4	999,283
Plan Amendment	1/1/2014	892,347	7	154,746
Actuarial Gain	1/1/2015	441,661	8	69,125
Actuarial Gain	1/1/2017	660,436	10	87,880
Actuarial Gain	1/1/2018	5,096,429	11	635,182
Assumption Change	1/1/2020	2,264,091	13	253,178
Plan Amendment	1/1/2021	1,535,660	14	164,108
Actuarial Gain	1/1/2022	<u>2,830,267</u>	15	<u>290,419</u>
Subtotal Credits		24,892,817		5,806,945
Net Charges/Credits		26,243,940		1,094,242

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 11 – JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

The RPA '94 current liability interest rate was changed from 2.43% to 2.22% in accordance with IRC 412(l)(7)(C)(i). The RPA '94 current liability mortality was updated in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions

Actuarial Cost Method: Entry Age Normal Cost Method with Replacement.

Actuarial Assumptions:

Interest Discount Rate:

For funding: 7.00% compounded annually
For current liability: 2.22% compounded annually

Investment Yield:

7.00% compounded annually, net of investment expenses

Operational Expenses:

\$1,000,000 payable mid-year (\$966,736 as of beginning of the year)

Mortality:

For funding:

Pre- and Post-Retirement: 1983 Group Annuity Mortality Table. Based on our annual measurement of mortality experience, we are reviewing whether this table incorporates sufficient allowance for future mortality improvement.

For current liability:

2022 IRS Static Mortality Table

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions (continued)

Turnover:

Special Plan Turnover Table. See table of sample termination rates:

<u>Age</u>	<u>Years of Service</u>		
	<u>0-4</u>	<u>5-9</u>	<u>10 or more</u>
20	20.5%	0.0%	0.0%
30	19.5	7.2	2.8
40	15.0	6.1	1.5
50	18.8	4.6	0.0
60	23.8	7.0	0.0

Retirement Age:

Age Retirement Rate

55	20%
56-61	15
62	30
63-64	20
65	50
66-69	30
70	100

Inactive Vested participants are assumed to retire at age 60.

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan

Employer ID: 95-6454441

Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions (continued)

Employment:

Future employment is assumed to be at the same hours and contribution rate as the prior year.

Marital Status:

80% of non-retired participants are married. Wife is assumed to be four years younger than the husband.

Form of Payments:

Married participants are assumed to retire with a 50% Joint & Survivor Annuity with pop-up and non-married participants are assumed to retire with a Single Life Annuity.

Unknown Birthdates:

Participants whose birthdates are not reported are assumed to be the average age of similar participants with reported birthdates.

Inactive Vested Participants:

Participants who are age 80 or over on the valuation date are excluded.

Data Reserves:

Reserves are held for potential benefit liabilities for unreported active participant benefits. This amount is \$1,074,461 as of January 1, 2022.

Asset Valuation Method:

Investment income during the year is equal to expected income plus 20% of the excess (or minus 20% of the deficit) of market earnings over assumed earnings for the current and prior four years. Actuarial value may not be less than 80% or more than 120% of market value.

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Rationale for Major Assumptions

Interest Rate/Investment Yield: Based on the Plan’s target asset allocation, reflecting asset class future return expectations as determined by the Plan’s investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.

Mortality, Termination and Retirement: Based on recent Plan experience which is monitored and analyzed annually. When a trend emerges with consistent gains or losses for a particular assumption, it is reviewed and updated accordingly. Please see Section 1 - Actuarial Experience for more detail on these assumptions.

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Summary of Plan Provisions

Plan Type: Qualified defined benefit plan.

Plan Effective Date: April 15, 1973.

Plan Year: January 1 – December 31.

Monthly Normal Retirement Benefit: For each plan year in which at least 500 hours worked: 1.0% of earned Credited Contributions starting January 1, 2020; 2.0% between 2011 and 2019; 5.0% between 1998 and 2010; 7.0% between 1991 and 1997; 9.0% between 1983 and 1990; 11.0% before 1983.

Minimum Pension: Greater of (i) Normal Retirement Pension or (ii) \$125.00 for “Qualifying Older Employees.”

Normal Form of Benefit: Life Only Annuity for single participants and 50% Joint and Survivor Annuity with pop-up for married participants.

Normal Retirement Age: (i) Age 65 with 10 years of participation (all service), or (ii) age 65 and fifth anniversary of participation (on or after January 1, 1988).

Early Retirement Age: Age 55 and 5 years of Vesting Credit.

Early Retirement Benefit: Effective January 1, 2020, the accrued benefit is reduced on an actuarially equivalent basis for each year preceding normal retirement age.

Late Retirement Benefit: (i) Actuarially increased normal retirement benefit payable for life; or (ii) retroactive payments in lump sum, plus normal retirement benefits.

Past Service Credit: \$5.00 per year of past service credit up to a maximum of 15 years for certain new contributing employers.

Vesting Credit: One year for each plan year during which a participant worked at least 500 hours of service.

Vesting: 5 Years of Vesting Credit.

Break-in-Service: Less than 350 hours in a plan year.

Participation: (i) Earned at least 700 hours of service within any 2 consecutive Plan Years, and (ii) attained age 21.

Permanent Break-in-Service: 5 consecutive 1-year breaks-in-service.

Schedule MB (Form 5500) 2022

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Summary of Plan Provisions (continued)

Pre-Retirement Death Eligibility: Vested.

Pre-Retirement Death Benefit: Effective January 1, 2011, the only pre-retirement death benefit is the 50% Joint and Survivor annuity for married participants.

Post-Retirement Death Benefit: Effective January 1, 2011, there is no death benefit other than the annuity paid to beneficiaries of participants who elected a joint and survivor annuity.

Voluntary Contribution Balances: A participant may elect to contribute into an individual Voluntary Account. This Balance earns 6.50% per annum. At retirement, the participant may elect to receive the accumulated balance in the form of a lump sum, monthly installments or a lifetime annuity.

Optional Forms of Benefit Payment: 75% Joint and Survivor Annuity, with pop-up.

Actuarial Equivalence: Group Annuity Mortality Table and 6.5%.

Plan Provisions Excluded from Measurement: None.

Rehabilitation Plan Contribution Increase Schedule:

The following employer contribution increase schedule was adopted as part of the 2019 Rehabilitation Plan:

- Effective January 1, 2020 – 101.2% of 2019 contribution rate
- Effective January 1, 2021 – 202.4% of 2019 contribution rate
- Effective January 1, 2022 – 303.6% of 2019 contribution rate
- Effective January 1, 2023 – 402.4% of 2019 contribution rate
- Effective January 1, 2024 – 501.2% of 2019 contribution rate

Note these additional contributions made on behalf of the Rehabilitation Plan are not benefit-accruing.

Changes Since Prior Valuation: None.