

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: FOSTER FARMS GROUP PENSION PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1990
2a Plan sponsor's name (employer, if for a single-employer plan): FOSTER POULTRY FARMS
2b Employer Identification Number (EIN): 94-2382364
2c Plan Sponsor's telephone number: 209-394-7901
2d Business code (see instructions): 112300

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	6554
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2319
	<b>6a(2)</b>	2026
	<b>6b</b>	1550
	<b>6c</b>	2694
	<b>6d</b>	6270
	<b>6e</b>	274
	<b>6f</b>	6544
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I 3H 1C

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

<b>A</b> Name of plan <u>FOSTER FARMS GROUP PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FOSTER POULTRY FARMS</u>	<b>D</b> Employer Identification Number (EIN) <u>94-2382364</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>389242546</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>428166800</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1485</u>	<u>218197659</u>
	<b>b</b> For terminated vested participants .....	<u>2750</u>	<u>126720200</u>
	<b>c</b> For active participants .....	<u>2319</u>	<u>131283791</u>
	<b>d</b> Total .....	<u>6554</u>	<u>476201650</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.20</u> %
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>5883000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>5883000</u>

**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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/29/2025</u> Date
	<u>IAN ROBERTS</u> Type or print name of actuary	<u>23-07992</u> Most recent enrollment number
	<u>FIDELITY INVESTMENTS</u> Firm name	<u>303-824-2669</u> Telephone number (including area code)
	<u>100 CALIFORNIA STREET SUITE 1200 SAN FRANCISCO, CA 94111</u> 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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	4400121
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	4400121
<b>10</b>	Interest on line 9 using prior year's actual return of <u>12.29</u> % .....	0	540775
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		6972
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> % .....		371
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		7343
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	4940896

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	88.87 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	89.25 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	84.77 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
10/15/2024	2400000	0					
01/13/2025	2480000	0					
09/12/2025	1550000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	6430000	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	6081952

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>	
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>26</b> Demographic and benefit information	
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>	
<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	5883000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	52989110	5134772	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	11017772	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	4940896	4940896
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	6076876	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	6081952	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	5076	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	5076	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>	
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021	

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>FOSTER FARMS GROUP PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FOSTER POULTRY FARMS</b>	<b>D</b> Employer Identification Number (EIN) <b>94-2382364</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**13-5160382**

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

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

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

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

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04-2647786

(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 15 50	ACTUARY/ RECORDKEEPER	594983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GOLDMAN SACHS

36-2152202

(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 50	INV MGMT	549800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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13-5160382

(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 50	TRUSTEE	147497	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BLACKROCK

13-3806691

(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?
27 28 50	INV ADVISOR	90374	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ATHERTON & ASSOCIATES LLP

13-3575635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDIT	67700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INDEPENDENT INSURANCE ANALYSTS

19 PROSPECT RDG  
SIMSBURY, CT 06070

(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?
23 50	INSURANCE SVCS	7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>FOSTER FARMS GROUP PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FOSTER POULTRY FARMS</u>	<b>D</b> Employer Identification Number (EIN) <u>94-2382364</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX NON-LENDABLE FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>26-4040281-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>96223164</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HEDGE FUND OPPORTUNITIES INST LTD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS HEDGE FUND STRATEGIES, LLC</u>		
<b>c</b> EIN-PN <u>98-0551709-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6944476</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GSCIT TACTICAL EXPOSURE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS TRUST COMPANY N.A.</u>		
<b>c</b> EIN-PN <u>13-4166989-027</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11318805</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GSCIT INTERMEDIATE DURATION CREDIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS TRUST COMPANY N.A.</u>		
<b>c</b> EIN-PN <u>13-4166989-034</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>42402086</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GSCIT LONG DURATION PLUS FIXED INC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS TRUST COMPANY N.A.</u>		
<b>c</b> EIN-PN <u>13-4166989-016</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57088602</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ACADIAN INTERNATIONAL SMALL CAP</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ACADIAN ASSET MANAGEMENT LLC</u>		
<b>c</b> EIN-PN <u>04-2929221-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8960827</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF INTERNATIONAL RESEARCH EQTY</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY N.A.</u>		
<b>c</b> EIN-PN <u>04-2767481-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21644564</u>



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

<b>a</b> Plan name	FOSTER POULTRY FARMS	
<b>b</b> Name of plan sponsor	FOSTER POULTRY FARMS	<b>c</b> EIN-PN 94-1543499-001

<b>a</b> Plan name	FOSTER DAIRY FARMS	
<b>b</b> Name of plan sponsor	FOSTER POULTRY FARMS	<b>c</b> EIN-PN 94-1415774-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FOSTER FARMS GROUP PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FOSTER POULTRY FARMS</b>	<b>D</b> Employer Identification Number (EIN) <b>94-2382364</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2550955	373870
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	46583092	31010221
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	28583667
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	4050338
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	251189306	251643410
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	15043059	15905303
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	45921542	50606617
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	14076956	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	375364910	382173426
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	4499241
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	4499241
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	375364910	377674185

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	16790000	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		16790000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	368553	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	393275	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		761828
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1165049	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1165049
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	17849474	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	27908328	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-10058854
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-9827666	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-9827666

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		24944793
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		891768
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		5427844
<b>c</b> Other income .....	<b>2c</b>		38916
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		30133678

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	21216041	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		21216041
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	408909	
(4) IQPA audit fees .....	<b>2i(4)</b>	67700	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	640184	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	147497	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	5344072	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		6608362
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		27824403

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2309275
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **ATHERTON & ASSOCIATES, LLP**

(2) EIN: **94-1239084**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 549426.

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

<b>A</b> Name of plan <u>FOSTER FARMS GROUP PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>FOSTER POULTRY FARMS</u>	<b>D</b> Employer Identification Number (EIN) <u>94-2382364</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 25-1926855

**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		9
---	--	---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 33.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 59.0 %  
 High-Yield Debt: 7.0 % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

<p><b>Structured Attachment</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Schedule SB, line 26a</b></p> <p><b>Schedule of Active Participant Data</b></p>	<p><b>2024</b></p> <hr/> <p>This Form is Open to Public Inspection</p>
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<b>Name of Plan</b>	FOSTER FARMS GROUP PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	94-2382364	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25				2		
25 to 29				29		1208
30 to 34	1			78		1638
35 to 39	1			80		1825
40 to 44				83		1490
45 to 49				75		1543
50 to 54				110		1371
55 to 59				196		1300
60 to 64	2			218		1317
65 to 69				109		1354
70 & Up				39		1228

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29	1					
30 to 34	22		3916	2		
35 to 39	49		4979	37		9048
40 to 44	46		5667	60		9474
45 to 49	45		5182	34		9602
50 to 54	44		5614	51		8282
55 to 59	73		5635	46		9569
60 to 64	63		5065	46		8713
65 to 69	14			12		
70 & Up	8			6		

<b>Name of Plan</b>	FOSTER FARMS GROUP PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	94-2382364	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	2					
40 to 44	35		12750	1		
45 to 49	62		17229	13		
50 to 54	48		13013	24		20371
55 to 59	99		13036	32		20306
60 to 64	98		13382	24		22158
65 to 69	28		14637	6		
70 & Up	5			2		

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49	1					
50 to 54	14			3		
55 to 59	43		28364	5		
60 to 64	67		30746	7		
65 to 69	15					
70 & Up	1			2		

<b>Name of Plan</b>	FOSTER FARMS GROUP PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	94-2382364	<b>PN</b>	003

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

**FOSTER FARMS GROUP  
PENSION PLAN**

**FINANCIAL STATEMENTS**

**YEARS ENDED  
DECEMBER 31, 2024 AND 2023**



**ATHERTON**  
& ASSOCIATES, LLP

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Tax • Assurance • Consulting

## CONTENTS

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	<u>PAGE</u>
<b>INDEPENDENT AUDITOR'S REPORT</b>	1 - 4
<b>FINANCIAL STATEMENTS</b>	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Statement of Accumulated Plan Benefits	7
Statement of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9 - 16
<b>SUPPLEMENTAL SCHEDULE - FORM 5500 PURPOSES</b>	
Schedule H, Line 4i - Schedule of Assets Held at End of Year	17

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INDEPENDENT AUDITOR'S REPORT

September 25, 2025

Administrative Committee  
Foster Farms Group Pension Plan  
Livingston, California

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

We have performed audits of the financial statements of Foster Farms Group Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year ended December 31, 2023, and the related notes to the financial statements (financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution, The Bank of New York Mellon/BNY Mellon, N.A., as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

**Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

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

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Emphasis of Matter – Plan Freeze**

As discussed in Note 1 to the financial statements, the Plan was amended to freeze further participation in the Plan and cease the future accrual of benefits under the Plan for certain groups of the Plan. As of December 31, 2022, the Plan is considered fully frozen. Our opinion is not modified with respect to this matter.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

**Other Matter—Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets Held at End of Year as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Atherton & Associates, LLP*

**FOSTER FARMS GROUP PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

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	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments, at fair value		
Cash equivalents	\$ 31,010,221	\$ 46,583,092
Mutual funds	66,511,922	60,964,602
Common collective trusts	251,643,410	251,189,305
Bond funds	-	14,076,956
U.S. government securities	28,583,667	-
Corporate common stocks	4,050,338	-
Total investments	<u>381,799,558</u>	<u>372,813,955</u>
Receivables		
Employer contribution	4,030,000	14,390,000
Securities sold	373,869	2,550,955
Total receivables	<u>4,403,869</u>	<u>16,940,955</u>
Total assets	<u>386,203,427</u>	<u>389,754,910</u>
<b>LIABILITIES</b>		
Accrued expenses	410,830	328,839
Other payable	4,499,241	-
Total liabilities	<u>4,910,071</u>	<u>328,839</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 381,293,356</u>	<u>\$ 389,426,071</u>

**FOSTER FARMS GROUP PENSION PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 9,350,121	\$ 42,967,857
Interest and dividends	4,027,236	2,393,472
Other income	-	106,648
	13,377,357	45,467,977
Less investment expenses	-	666,962
	13,377,357	44,801,015
Employer contributions	6,430,000	14,390,000
	19,807,357	59,191,015
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants	21,216,041	20,186,915
Annuities sold	-	16,854,417
Administrative expenses	1,532,355	1,494,414
Pension Benefit Guaranty Corporation premiums	5,157,998	5,817,944
Other expenses	33,678	114,177
	27,940,072	44,467,867
Net increase (decrease) in net assets	(8,132,715)	14,723,148
TRANSFER OF ASSETS OUT OF PLAN (see Note 1)	-	13,128,384
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	389,426,071	387,831,307
End of year	\$ 381,293,356	\$ 389,426,071

FOSTER FARMS GROUP PENSION PLAN  
STATEMENT OF ACCUMULATED PLAN BENEFITS  
DECEMBER 31, 2023

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ACTUARIAL PRESENT VALUE OF ACCUMULATED  
PLAN BENEFITS

Vested benefits

Participants currently receiving payments \$ 186,793,785

Other participants 202,593,449

389,387,234

Nonvested benefits

9,799

TOTAL ACTUARIAL PRESENT VALUE OF  
ACCUMULATED BENEFITS

\$ 389,397,033

**FOSTER FARMS GROUP PENSION PLAN**  
**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**  
**YEAR ENDED DECEMBER 31, 2023**

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ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT DECEMBER 31, 2022	<u>\$ 395,907,735</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	4,620,400
Increase for interest due to the decrease in the discount period	25,752,861
Benefits paid	(20,136,194)
Annuity purchase (see Note 1)	<u>(16,747,769)</u>
NET DECREASE	<u>(6,510,702)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT DECEMBER 31, 2023	<u><u>\$ 389,397,033</u></u>

## NOTES TO FINANCIAL STATEMENTS

**FOSTER FARMS GROUP PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

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**Note 1 Description of the Plan**

The following description of the Foster Farms Group Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General** The Plan is a defined benefit pension plan covering eligible employees of the Companies within the Foster Farms Group. The following entities are included in the Foster Farms Group: Foster Poultry Farms and Foster Farms, LLC (the Companies). Employees for whom retirement benefits are subject to collective bargaining (unless such bargaining agreements specifically provide otherwise) are excluded. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. With the exception of Foster Dairy Farms, employees are eligible to participate under the plan on January 1 or July 1 coincident with or next following the first anniversary of hire, provided the employee completed 1,000 hours of service. The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America. The Plan is administered by the Administrative Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan was amended to freeze further participation in the Plan and cease the future accrual of benefits under the Plan (i) as of April 30, 2019 for all non-union employees, and (ii) as of the freeze date (if any) established under the applicable collective bargaining agreement covering each union group. Effective January 31, 2020, the Plan further froze participation in the Plan and cease the future accrual of benefits under the Plan for all Corvallis union employees. Effective March 31, 2022, the Plan froze participation for the remaining select group of legacy employees in Kelso union. As of December 31, 2022, the plan is considered fully frozen.

**Transfer of Assets Out of Plan** Effective December 31, 2022, any participants in the Plan who are active, terminated, vested, or retired former employees of Foster Dairy Farms, Inc. or Crystal Creamery, Inc. ceased participation in the Foster Farms Group Pension Plan. Plan assets of \$12,900,000 associated with Foster Dairy Farms, Inc. and Crystal Creamery, Inc. were transferred to the newly formed Crystal Creamery Pension Plan as of January 3, 2023. An additional transfer of \$228,384 was made on February 1, 2023, to true up assets related to Foster Dairy Farms, Inc. and Crystal Creamery, Inc. The assets transferred out were \$13,128,384 during the year ended December 31, 2023. The actuarial present value of accumulated plan benefits transferred out were \$13,265,336. The difference between the assets and actuarial present value of accumulated plan benefits is the discount rate used for Foster Poultry Farms of 6.75% compared to the discount rate used for Foster Dairy Farms, Inc. and Crystal Creamery, Inc. of 6.25%.

**Other Payable** Includes investments traded but not yet paid out as of December 31, 2024.

**Pension Benefits** Employees with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to 1.5% of the employee's average annual compensation, based on the highest five consecutive years, over the last eleven years plus 0.65% of employees' average annual compensation in excess of covered compensation, multiplied by the employee's years of benefit service as defined by the Plan. The Plan permits early retirement at ages 55-64. Employees may elect a joint and survivor annuity with a designated beneficiary (spouse or domestic partner) or a life annuity with terms of 5, 10, or 15 years (with designated beneficiary).

Effective October 1, 2012, if the actuarial equivalent lump sum value of a participant's or beneficiary's benefit prior to commencement of payment is \$5,000 or less, the Plan will immediately make payment of the entire actuarial

**FOSTER FARMS GROUP PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

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**Note 1 Description of the Plan (Continued)**

**Pension Benefits (Continued)** equivalent value of the participant's or beneficiary's accrued benefit in a single sum without the consent of the participant or beneficiary provided that any such lump sum that exceeds \$1,000 shall be transferred directly to an individual retirement account selected by the Plan's committee, unless such participant or beneficiary elects to receive the lump sum directly in accordance with Plan guidelines.

**Death Benefits** If a participant is vested in the Plan but dies before payments begin, the Plan will pay a benefit to the spouse equal to the amount the participant could have received if age 65 had been attained and the normal form of payment was elected, 50% survivor option. A reduced benefit is paid if the spouse begins to receive benefits prior to the participant's normal retirement, age 65.

**Vesting** Employees are 100% vested after five years of credited vesting service. Employees who have worked a minimum of 1,000 hours during a calendar year receive credit for one year of vesting service.

**Annuities Sold by the Plan** Effective September 22, 2023, a portion of the participants in the Plan who were active, terminated, vested, or retired former employees of Foster Poultry Farms and Foster Farms, LLC ceased participation in the plan. The Plan completed a pension risk transfer for participants with low monthly obligations and total assets and liabilities of \$16,854,417 associated with Foster Poultry Farms and Foster Farms, LLC were sold to the United of Omaha Life Insurance Company during the year ended December 31, 2023. The Plan has no future obligations related to the annuities sold. The actuarial present value of accumulated plan benefits transferred out related to the pension risk transfer were \$16,747,769.

**Administrative Expenses** Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan. Most administrative expenses are paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

**Secure 2.0 Act** On December 29, 2022, the Consolidated Appropriations Act of 2023 was signed into law, which includes the package of retirement provisions referred to as Secure 2.0. These provisions continue the themes and reforms that began with the 2019 Secure Act, focusing on getting more participants into the retirement system and finding ways for them to accumulate more assets. These changes have various effective dates starting in 2023 and forward. Since the provisions include both required and optional elements, the Plan Administrator will determine the optional provisions to elect.

**Note 2 Summary of Accounting Policies**

**Basis of Accounting** The Plan's financial statements are prepared on the accrual basis of accounting.

**Investment Valuations and Income Recognition** Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Sponsor determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, or trustees.

**FOSTER FARMS GROUP PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

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**Note 2 Summary of Accounting Policies (Continued)**

**Investment Valuations and Income Recognition (Continued)** Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

**Accounting for Uncertainty in Income Taxes** Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**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 that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**Actuarial Present Value of Accumulated Plan Benefits** Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the employees for services rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on an employee's average annual compensation during the last eleven years of employment by considering only the five consecutive years of service, during this period, in which compensation is highest. The accumulated plan benefits for active employees are based on their average annual compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Fidelity Workplace Investing LLC, and it is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2023, were (a) life expectancy of the individuals (Pri-2012 Blue Collar Mortality Tables with Scale MP-2021 Mortality Improvement Scale was used), (b) retirement age assumptions (the assumed average retirement age was 65) and, (c) investment return. The interest rate used to discount the obligation was 5.35% for the year ended December 31, 2023. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions, and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

**FOSTER FARMS GROUP PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

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**Note 2 Summary of Accounting Policies (Continued)**

**Plan Experience** There was a liability loss during 2023 of approximately 0.60%, as a result of demographic experience and experience from a retiree annuity purchase that took place during the year. Assets returned approximately 12.30% during 2023 relative to an expected return of 6.75%, resulting in a gain.

**Payment of Benefits** Benefit payments to participants are recorded upon distribution.

**Use of Estimates** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of plan assets available for benefits and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Accordingly, actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

**Subsequent Events** In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 25, 2025, the date the financial statements were available to be issued.

**Note 3 Information Prepared and Certified by the Trustee**

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets at December 31:

	<u>2024</u>	<u>2023</u>
Cash equivalents	\$ 31,010,221	\$ 46,583,092
Mutual funds	66,511,922	60,964,602
Common collective trusts	251,643,410	251,189,305
Bond funds	-	14,076,956
U.S. government securities	28,583,667	-
Corporate common stocks	4,050,338	-

The trustee also certified to the completeness and accuracy of \$9,350,121 and \$42,967,857 of net appreciation in fair value of investments for the years ended December 31, 2024 and 2023, respectively. The trustee also certified to \$4,027,236 and \$2,393,472 of interest and dividend income for the years ended December 31, 2024 and 2023, respectively.

**FOSTER FARMS GROUP PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

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**Note 4 Funding Policy**

The Sponsor's funding policy is to make regular contributions to the Plan in amounts which will meet or exceed the annual ERISA minimum funding requirements. As of December 31, 2024 and 2023, the Sponsor accrued for contributions of \$4,030,000 and \$14,390,000, respectively. The Sponsors may contribute more than the minimum funding requirements as required by ERISA to decrease Pension Benefit Guaranty Corporation (PBGC) variable expenses.

**Note 5 Transactions with Parties-In-Interest**

The Bank of New York Mellon/BNY Mellon, N.A, the Plan's trustee, Fidelity Workplace Investing LLC, the Plan's actuary and record-keeper, Goldman Sachs, the Plan's investment manager, Blackrock Financial Management, Inc., the Plan's investment advisor, and Atherton & Associates, LLP, the Plan's independent auditor, are parties-in-interest according to Section 3(14) of ERISA.

**Note 6 Income Tax Status**

The Plan obtained its latest determination letter on February 26, 2015 in which the Internal Revenue Service (IRS) stated that the Plan, designed as of February 14, 2014, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt at the financial statement date.

**Note 7 Plan Termination**

Although they have not expressed any intention to do so, the Companies have the right to terminate the Plan subject to the provisions set forth in ERISA. As defined in the Plan agreement, should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

**Note 8 Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

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

**FOSTER FARMS GROUP PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

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**Note 8 Fair Value Measurements (Continued)**

Level 2 Inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs that are unobservable inputs for the asset or liability.

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

There have been no changes in the methodologies used at December 31, 2024 and 2023. Following is a description of the valuation methodologies used for assets measured at fair value.

**Cash equivalents:** Valued using a market approach and is based upon unadjusted quoted prices for identical assets in active markets.

**Mutual funds and common collective trusts:** Valued at the daily closing price as reported by the investment. The investments are valued daily by the BNYM Institutional Accounting System platform (ZFM). Pricing of portfolios maintained on ZFM is based primarily on prices from several third-party vendors. These investments are required to publish their daily net asset value and to transact at that price. The investments held by the Plan are deemed to be actively traded.

**Bond funds and U.S. government securities:** Valued at the daily closing price as reported by the fund. Bond funds held by the Plan are treasury bonds that are registered with the United States Securities and Exchange Commission and the United States Commodity Futures Trading Commission. These funds are required to publish their daily NAV and to transact at that price. The bond funds held by the Plan are deemed to be actively traded.

**Corporate common stocks:** Valued at the closing price reported on the active market on which the individual securities are traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

**FOSTER FARMS GROUP PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**Note 8 Fair Value Measurements (Continued)**

	December 31, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 31,010,221	\$ -	\$ -	\$ 31,010,221
Equity securities				
Mutual funds	66,511,922	-	-	66,511,922
Corporate common stocks	4,050,338	-	-	4,050,338
Common collective trusts	-	140,833,916	-	140,833,916
Fixed income securities				
U.S. government securities	28,583,667	-	-	28,583,667
Common collective trusts	<u>-</u>	<u>110,809,494</u>	<u>-</u>	<u>110,809,494</u>
Total assets at fair value	<u>\$130,156,148</u>	<u>\$251,643,410</u>	<u>\$ -</u>	<u>\$381,799,558</u>
	December 31, 2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 46,583,092	\$ -	\$ -	\$ 46,583,092
Equity securities				
Mutual funds	60,964,602	-	-	60,964,602
Common collective trusts	-	141,306,610	-	141,306,610
Fixed income securities				
Bond funds	14,076,956	-	-	14,076,956
Common collective trusts	<u>-</u>	<u>109,882,695</u>	<u>-</u>	<u>109,882,695</u>
Total assets at fair value	<u>\$121,624,650</u>	<u>\$251,189,305</u>	<u>\$ -</u>	<u>\$372,813,955</u>

**Note 9 Reconciliation of Financial Statements to Form 5500**

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 381,293,356	\$ 389,426,071
Current year employer contribution receivable	(4,030,000)	(14,390,000)
Current year accrued expenses	410,830	328,839
Unreconciled difference	<u>(1)</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ 377,674,185</u>	<u>\$ 375,364,910</u>

**FOSTER FARMS GROUP PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

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**Note 9 Reconciliation of Financial Statements to Form 5500 (Continued)**

The following is a reconciliation of change in net assets per the financial statements for the years ended December 31 to Form 5500:

	<u>2024</u>	<u>2023</u>
Net increase (decrease) in net assets per the financial statements	\$ (8,132,715)	\$ 1,594,764
Current year employer contribution receivable	(4,030,000)	(14,390,000)
Current year accrued expenses	410,830	328,839
Prior year employer contribution receivable	14,390,000	-
Prior year accrued expenses	(328,839)	(265,388)
Unreconciled difference	<u>(1)</u>	<u>-</u>
Net increase (decrease) in net assets per the Form 5500	<u>\$ 2,309,275</u>	<u>\$ (12,731,785)</u>

**SUPPLEMENTAL SCHEDULE -  
FORM 5500 PURPOSES**

FOSTER FARMS GROUP PENSION PLAN

EIN 94-2382364

PLAN NUMBER 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par <u>or Maturity Value</u>	(d) Cost	(e) Current Value
*	The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst	Cash equivalents	N/A	\$ 4,933,958
*	The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst	Cash equivalents	N/A	3,924,237
*	The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst	Cash equivalents	N/A	22,150,270
*	The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst	Cash equivalents	N/A	1,756
*	The Bank of New York Mellon/BNY Mellon, N.A. - iShares MSCI Japan	Mutual funds	N/A	285,309
*	The Bank of New York Mellon/BNY Mellon, N.A. - Invesco Main Street Small Cap	Mutual funds	N/A	12,672,599
*	The Bank of New York Mellon/BNY Mellon, N.A. - Tactical Trading Managers	Mutual funds	N/A	2,479,248
*	The Bank of New York Mellon/BNY Mellon, N.A. - Hedge Fund Opportunities	Mutual funds	N/A	6,944,476
*	The Bank of New York Mellon/BNY Mellon, N.A. - Goldman Sachs Global Lower	Mutual funds	N/A	4,996,135
*	The Bank of New York Mellon/BNY Mellon, N.A. - Multi Manager	Mutual funds	N/A	10,725,371
*	The Bank of New York Mellon/BNY Mellon, N.A. - Acadian International Small Cap	Mutual funds	N/A	8,960,827
*	The Bank of New York Mellon/BNY Mellon, N.A. - Pinebridge Highyield	Mutual funds	N/A	19,447,957
*	The Bank of New York Mellon/BNY Mellon, N.A. - Russell 1000 Index	Common collective trusts	N/A	96,223,164
*	The Bank of New York Mellon/BNY Mellon, N.A. - Wellington International Research Equity	Common collective trusts	N/A	21,644,564
*	The Bank of New York Mellon/BNY Mellon, N.A. - GSTCO Tactical Exposure	Common collective trusts	N/A	11,318,805
*	The Bank of New York Mellon/BNY Mellon, N.A. - GSTCO Intermediate Duration	Common collective trusts	N/A	42,402,086
*	The Bank of New York Mellon/BNY Mellon, N.A. - Goldman Sachs C Long Core Fixed Income	Common collective trusts	N/A	57,088,602
*	The Bank of New York Mellon/BNY Mellon, N.A. - MFS International Eq	Common collective trusts	N/A	22,966,189
*	The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond	U.S. government securities	N/A	10,697,375
*	The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond	U.S. government securities	N/A	17,886,292
*	The Bank of New York Mellon/BNY Mellon, N.A. - West Street Loan Partners V	Corporate common stocks	N/A	4,050,338
				<u>\$ 381,799,558</u>

\* Designates party-in-interest

The above information has been certified by The Bank of New York Mellon/BNY Mellon, N.A.

## Actuarial Assumptions and Methods

**Interest Rates** as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

Purpose	2024 Plan Year		2023 Plan Year	
	Minimum	Maximum	Minimum	Maximum
Interest Rate Type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.75%	3.62%	4.75%	1.41%
Next 15 years	4.87%	4.46%	5.00%	3.09%
Over 20 years	5.59%	4.52%	5.74%	3.58%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

**Expected Long Term Return on Plan Assets:** 6.75% (unchanged from prior year).

**Salary Scale:** Not Applicable.

**Increase in Consumer Price Index (CPI):** 2.50%.

**Increase in Social Security Taxable Wage Base:** 2.50%. This is based on the CPI assumption.

**Administrative Expenses included in Target Normal Cost:** Estimated to be \$5,883,000 (previously \$6,458,000). Estimated non-investment related administrative expenses paid from the Trust for the current plan year. Determined by taking the average of the prior two years’ non-PBGC premium expenses (rounded to the nearest \$5,000) and adding the current year’s estimated PBGC premiums.

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**Actuarial Assumptions and Methods** (continued)

**Mortality:**

IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. (Previously IRS 2023 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430).

**Retirement Rates:**

- Terminated Vested Participants: Age 65
- Active Participants: Rates varying by age. See table below:

<u>Age</u>	<u>Percentage retiring during the year</u>
55	6%
56	6%
57	4%
58	4%
59	4%
60	6%
61	8%
62	15%
63	12%
64	18%
65	30%
66	25%
67	25%
68	25%
69	25%
70	25%
71	25%
72 and over	100%

---

**Actuarial Assumptions and Methods** (continued)

**Termination:** Rates varying by age and service. Sample rates are shown below:

<u>Attained Age</u>	<u>Percentage leaving during the year</u>
20	35%
25	20%
30	15%
35	12%
40	9%
45	8%
50	6%
55	10%
60	10%

**Marital Status:** 85% of males and females are assumed married, with females 3 years younger than males.

**Maximum Benefit:** \$275,000 for 2024. For determining limitations under funding, no future increases in the IRC Section 415 limit have been reflected.

**Maximum Salary:** \$345,000 for 2024. For determining limitations under funding, no future increases in the salary limit have been reflected.

**Form of Payment:** It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. This is a 50% Joint and Survivor Annuity for married participants and a Single Life Annuity for non-married participants. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

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**Actuarial Assumptions and Methods** (continued)

**Actuarial Value of Plan Assets for Funding Purposes:**

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
  - i) 67% of the prior year, and
  - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

**Shortfall Amortization Charge for ERISA Funding Purposes:** Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

**Actuarial Cost Method:** The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit 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

**2024**

**This Form is Open to Public Inspection**

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

▶ **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.

<b>A</b> Name of plan FOSTER FARMS GROUP PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FOSTER POULTRY FARMS	<b>D</b> Employer Identification Number (EIN) 94-2382364	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	389,242,546	
<b>b</b> Actuarial value .....	<b>2b</b>	428,166,800	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	1,485	218,197,659	218,197,659
<b>b</b> For terminated vested participants .....	2,750	126,720,200	126,720,200
<b>c</b> For active participants .....	2,319	131,283,791	131,297,155
<b>d</b> Total .....	6,554	476,201,650	476,215,014
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.20%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	5,883,000	
<b>c</b> Target normal cost .....	<b>6c</b>	5,883,000	

**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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/29/2025</u> Date
<u>IAN ROBERTS</u>	Type or print name of actuary	<u>2307992</u> Most recent enrollment number
<u>FIDELITY INVESTMENTS</u>	Firm name	<u>303-824-2669</u> Telephone number (including area code)
<u>100 CALIFORNIA STREET SUITE 1200 SAN FRANCISCO CA 94111</u>	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



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 63

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	5,883,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	52,989,110	5,134,772
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33** 0

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	11,017,772
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	4,940,896
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	6,076,876
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	6,081,952

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	5,076
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	5,076

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

2024 Form 5500 Schedule SB Attachments  
 Schedule SB, Line 22 - Description of Weighted Average Retirement Age  
 Foster Poultry Farms  
 Foster Farms Group Pension Plan  
 For Plan Year Ended December 31, 2024

EIN: 94-2382364  
 Plan Number: 003

Weighted average retirement age shown on line 22 has been calculated assuming a portion of each life that has not retired at each retirement age retires according to the assumed retirement rate shown below, using age 55 to first enter the table and assuming no decrements other than retirement in this calculation. The methodology is illustrated below:

<u>Age</u>	<u>Lives</u>		<u>Retirement Decrement</u>	=	<u>Lives Retiring</u>	<u>Age x Lives Retiring</u>
55	1,000,000	X	0.060	=	60,000	3,300,000
56	940,000	X	0.060	=	56,400	3,158,400
57	883,600	X	0.040	=	35,344	2,014,608
58	848,256	X	0.040	=	33,930	1,967,954
59	814,326	X	0.040	=	32,573	1,921,809
60	781,753	X	0.060	=	46,905	2,814,310
61	734,848	X	0.080	=	58,788	3,586,056
62	676,060	X	0.150	=	101,409	6,287,356
63	574,651	X	0.120	=	68,958	4,344,360
64	505,693	X	0.180	=	91,025	5,825,580
65	414,668	X	0.300	=	124,400	8,086,026
66	290,268	X	0.250	=	72,567	4,789,416
67	217,701	X	0.250	=	54,425	3,646,487
68	163,276	X	0.250	=	40,819	2,775,684
69	122,457	X	0.250	=	30,614	2,112,377
70	91,842	X	0.250	=	22,961	1,607,244
71	68,882	X	0.250	=	17,220	1,222,653
72	51,661	X	1.000	=	51,661	<u>3,719,621</u>
						63,179,940

**Weighted Average Retirement Age: 63.1799**

2024 Form 5500 Schedule SB Attachments  
 Schedule SB, Line 26a – Schedule of Active Participant Data  
 Foster Poultry Farms  
 Foster Farms Group Pension Plan  
 For Plan Year Ended December 31, 2024

EIN: 94-2382364  
 Plan Number: 003

**Age and Service Distribution of Active Members**

Completed Years of Credited Service on January 1, 2024

Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<b>Under 25</b>											
Number		2									2
Average Annual Benefit		-									-
<b>25-29</b>											
Number		29	1								30
Average Annual Benefit		\$1,208	-								\$1,267
<b>30-34</b>											
Number	1	78	22	2							103
Average Annual Benefit	-	\$1,638	\$3,916	-							\$2,193
<b>35-39</b>											
Number	1	80	49	37	2						169
Average Annual Benefit	-	\$1,825	\$4,979	\$9,048	-						\$4,475
<b>40-44</b>											
Number		83	46	60	35	1					225
Average Annual Benefit		\$1,490	\$5,667	\$9,474	\$12,750	-					\$6,294
<b>45-49</b>											
Number		75	45	34	62	13	1				230
Average Annual Benefit		\$1,543	\$5,182	\$9,602	\$17,229	-	-				\$9,701
<b>50-54</b>											
Number		110	44	51	48	24	14	3			294
Average Annual Benefit		\$1,371	\$5,614	\$8,282	\$13,013	\$20,371	-	-			\$8,007
<b>55-59</b>											
Number		196	73	46	99	32	43	5			494
Average Annual Benefit		\$1,300	\$5,635	\$9,569	\$13,036	\$20,306	\$28,364	-			\$8,877
<b>60-64</b>											
Number	2	218	63	46	98	24	67	7			525
Average Annual Benefit	-	\$1,317	\$5,065	\$8,713	\$13,382	\$22,158	\$30,746	-			\$9,668
<b>65-69</b>											
Number		109	14	12	28	6	15				184
Average Annual Benefit		\$1,354	-	-	\$14,637	-	-				\$8,760
<b>Over 69</b>											
Number		39	8	6	5	2	1	2			63
Average Annual Benefit		\$1,228	-	-	-	-	-	-			\$4,329
<b>Total</b>											
Number	4	1,019	365	294	377	102	141	17	0	0	2,319
Average Annual Benefit	-	\$1,410	\$5,369	\$9,296	\$13,908	\$21,420	\$29,660	\$25,350	-	-	\$7,822

**2024 Form 5500 Schedule SB Attachments**  
**Schedule SB, Line 26b – Projection of Expected Benefit Payments**  
**Foster Poultry Farms**  
**Foster Farms Group Pension Plan**  
**For Plan Year Ended December 31, 2024**

**EIN: 94-2382364**  
**Plan Number: 003**

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,364,908	1,406,283	18,925,045	21,696,236
2025	2,590,116	1,894,352	18,666,571	23,151,039
2026	3,741,148	2,899,095	18,377,393	25,017,636
2027	4,822,838	3,886,195	18,063,178	26,772,211
2028	5,768,078	4,477,825	17,716,912	27,962,815
2029	6,611,037	5,381,795	17,350,737	29,343,569
2030	7,380,941	5,894,365	16,959,846	30,235,152
2031	8,071,328	6,370,886	16,536,273	30,978,487
2032	8,670,041	6,999,085	16,070,645	31,739,771
2033	9,145,165	7,619,220	15,564,045	32,328,430
2034	9,528,088	8,299,053	15,014,925	32,842,066
2035	9,844,476	8,898,506	14,458,672	33,201,654
2036	10,094,412	9,188,212	13,864,953	33,147,577
2037	10,285,648	9,522,186	13,226,709	33,034,543
2038	10,430,454	9,860,277	12,566,923	32,857,654
2039	10,522,850	10,059,057	11,887,182	32,469,089
2040	10,605,266	10,290,765	11,188,721	32,084,752
2041	10,643,631	10,426,032	10,471,826	31,541,489
2042	10,666,877	10,584,855	9,741,708	30,993,440
2043	10,658,444	10,656,955	9,004,164	30,319,563
2044	10,552,085	10,757,676	8,265,462	29,575,223
2045	10,432,602	10,913,713	7,532,203	28,878,518
2046	10,276,156	10,921,908	6,811,178	28,009,242
2047	10,045,411	10,902,612	6,109,297	27,057,320
2048	9,825,899	10,829,616	5,433,328	26,088,843
2049	9,581,177	10,690,699	4,789,670	25,061,546
2050	9,285,445	10,557,271	4,184,087	24,026,803
2051	8,927,442	10,379,304	3,621,441	22,928,187
2052	8,523,029	10,135,501	3,105,376	21,763,906
2053	8,079,588	9,855,280	2,638,195	20,573,063
2054	7,639,467	9,505,266	2,220,793	19,365,526
2055	7,187,454	9,141,688	1,852,666	18,181,808
2056	6,731,425	8,714,008	1,532,138	16,977,571
2057	6,281,587	8,294,877	1,256,535	15,832,999
2058	5,844,477	7,866,534	1,022,440	14,733,451
2059	5,411,118	7,412,125	825,926	13,649,169
2060	4,994,264	6,946,710	662,802	12,603,776
2061	4,588,928	6,488,768	528,810	11,606,506
2062	4,205,952	6,039,004	419,815	10,664,771
2063	3,842,905	5,601,147	331,924	9,775,976
2064	3,502,868	5,180,069	261,570	8,944,507
2065	3,184,490	4,777,128	205,593	8,167,211
2066	2,887,472	4,393,214	161,254	7,441,940
2067	2,610,666	4,028,791	126,255	6,765,712
2068	2,352,840	3,683,897	98,696	6,135,433
2069	2,112,894	3,358,295	77,020	5,548,209
2070	1,889,796	3,051,561	59,985	5,001,342
2071	1,682,667	2,763,149	46,599	4,492,415
2072	1,490,769	2,492,468	36,080	4,019,317
2073	1,313,470	2,238,914	27,820	3,580,204

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Line 32 - Schedule of Amortization Bases  
Foster Poultry Farms  
Foster Farms Group Pension Plan  
For Plan Year Ended December 31, 2024

EIN: 94-2382364  
Plan Number: 003

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**Schedule of Amortization Bases**

<u>Type of Base</u>	Present Value of Any <u>Remaining</u> <u>Installments</u>	<u>Valuation Date</u>	<u>Years</u> <u>Remaining</u>	<u>Amortization</u> <u>Installment</u>
2024 Shortfall	\$ (17,332,262)	January 1, 2024	15	\$ (1,576,895)
2023 Shortfall	\$ 70,321,372	January 1, 2023	14	\$ 6,711,667
Total	\$ 52,989,110			\$ 5,134,772

## Actuarial Assumptions and Methods

**Interest Rates** as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

Purpose	2024 Plan Year		2023 Plan Year	
	Minimum	Maximum	Minimum	Maximum
Interest Rate Type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.75%	3.62%	4.75%	1.41%
Next 15 years	4.87%	4.46%	5.00%	3.09%
Over 20 years	5.59%	4.52%	5.74%	3.58%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

**Expected Long Term Return on Plan Assets:** 6.75% (unchanged from prior year).

**Salary Scale:** Not Applicable.

**Increase in Consumer Price Index (CPI):** 2.50%.

**Increase in Social Security Taxable Wage Base:** 2.50%. This is based on the CPI assumption.

**Administrative Expenses included in Target Normal Cost:** Estimated to be \$5,883,000 (previously \$6,458,000). Estimated non-investment related administrative expenses paid from the Trust for the current plan year. Determined by taking the average of the prior two years’ non-PBGC premium expenses (rounded to the nearest \$5,000) and adding the current year’s estimated PBGC premiums.

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**Actuarial Assumptions and Methods** (continued)

**Mortality:**

IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. (Previously IRS 2023 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430).

**Retirement Rates:**

- Terminated Vested Participants: Age 65
- Active Participants: Rates varying by age. See table below:

<u>Age</u>	<u>Percentage retiring during the year</u>
55	6%
56	6%
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64	18%
65	30%
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67	25%
68	25%
69	25%
70	25%
71	25%
72 and over	100%

---

**Actuarial Assumptions and Methods** (continued)

**Termination:** Rates varying by age and service. Sample rates are shown below:

<u>Attained Age</u>	<u>Percentage leaving during the year</u>
20	35%
25	20%
30	15%
35	12%
40	9%
45	8%
50	6%
55	10%
60	10%

**Marital Status:** 85% of males and females are assumed married, with females 3 years younger than males.

**Maximum Benefit:** \$275,000 for 2024. For determining limitations under funding, no future increases in the IRC Section 415 limit have been reflected.

**Maximum Salary:** \$345,000 for 2024. For determining limitations under funding, no future increases in the salary limit have been reflected.

**Form of Payment:** It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. This is a 50% Joint and Survivor Annuity for married participants and a Single Life Annuity for non-married participants. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

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**Actuarial Assumptions and Methods** (continued)

**Actuarial Value of Plan Assets for Funding Purposes:**

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
  - i) 67% of the prior year, and
  - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

**Shortfall Amortization Charge for ERISA Funding Purposes:** Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

**Actuarial Cost Method:** The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

## Plan Provisions

**Name of Plan:** Foster Farms Group Pension Plan

**Employer Identification Number / Plan Number:** 94-2382364/003

**Effective Date:** January 1, 1990. The plan was restated effective January 1, 2013 and the most recent plan amendment signed was on February 13, 2019. Effective December 31, 2022 the Dairy group was spun out of the Foster Farms Group Pension Plan.

**Covered Employees:** All eligible employees become eligible to participate under the plan on the first January or July 1 coincident with or next following the first anniversary of hire, provided the employee completed 1,000 hours of service. "Eligible employees" include any employee of the employer or a participating employer, excluding employees for whom retirement benefits are subject to good faith collective bargaining (unless such bargaining agreements specifically provide otherwise).

No employee shall become a participant in the Plan after April 30, 2019 or the applicable participation freeze date set forth in collective bargaining agreements for union employees.

**Participation Date:** Date of becoming a covered employee.

**Freezing of Benefit Accruals:** Effective April 30, 2019, all accruals under the Plan are frozen, unless specifically provided otherwise in a collective bargaining agreement. Accrued benefits as of this freeze date shall not increase based on any service or earnings changes.

Effective January 31, 2020, accruals under the Plan are frozen for the Corvallis union.

Effective March 31, 2022, accruals under the Plan are frozen for the Kelso union.

Effective March 31, 2022, all accruals under the Plan are frozen for all employees.

## Definitions:

*Vesting service:* Service from date of hire to date of termination based on the number of hours worked during each calendar year. Employees must work at least 1,000 hours to earn vesting service during a calendar year.

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**Plan Provisions** (continued)

*Benefit service:* Service from date of entry to date of termination based on the number of hours worked during each calendar year. Employees must work at least 1,000 hours to earn benefit service during a calendar year.

*Covered compensation:* A 35-year average of the Maximum Taxable Wages (MTW) under Social Security. The MTW is the annual limit on wages subject to the FICA tax for Social Security. The 35-year period ends with the year the employee reaches eligibility for an unreduced Social Security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the year of termination is used.

*Final average earnings:* The monthly average of the five consecutive calendar years' compensation out of the last eleven that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 401(k) plan.

Effective January 1, 2002, the compensation limit is increased to \$200,000, applied retroactively to all previous plan years, due to EGTRRA. This limit increases annually.

*Normal retirement date (NRD):* First of month coinciding with or next following the attainment of age 65.

*Monthly pension benefit:*

1.5% of final average earnings times benefit service up to 30 years

plus

.65% of final average earnings in excess of covered compensation times benefit service up to 30 years.

**Eligibility for Benefits:**

*Normal retirement:* Retirement on NRD.

*Early retirement:* Age 55 and five years of vesting service.

*Postponed retirement:* Retirement after NRD.

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**Plan Provisions** (continued)

*Vested termination:* A participant is 100% vested upon completion of five years of vesting service. However, all participants become 100% vested upon reaching age 65.

*Pre-retirement death benefit:* 100% vested and married on date of death.

**Monthly Benefits Paid Upon the Following Events:**

*Normal retirement:* Monthly pension benefit determined as of NRD.

*Early retirement:* Accrued benefit as of early retirement date, reduced by 1/180 for each of the first 60 months, and by 1/360 for each of the next 60 months, by which early retirement precedes normal retirement.

*Postponed retirement:* Monthly pension benefit determined as of actual retirement date.

*Disablement:* None.

*Pre-retirement death:* The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if he had terminated on his date of death, survived to his NRD, elected to commence receiving his benefit as a qualified joint and survivor annuity, and died immediately thereafter. The benefit to the surviving spouse will commence on the participant's 65<sup>th</sup> birthday. The surviving spouse can elect to have benefits commence earlier, as early as the later of the participant's date of death or the participant's 55<sup>th</sup> birthday, but benefits will be reduced for early commencement.

**Forms of Payment:** Pre-retirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option, or if the participant elects and the spouse consents, another optional form offered by the plan.

Optional forms are converted based on actuarial equivalence using RP2000 unisex mortality and 6% discount rate.

**Plan Provisions** (continued)

**Payment of Small Benefits:** If the actuarial value of a participant's benefit is less than \$5,000, the benefit is paid in a single lump sum.

**Maximum on Benefits and Pay:** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

## Plan Provisions

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**Employer Identification Number / Plan Number:** 94-2382364/003

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**Plan Provisions** (continued)

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FOSTER FARMS GROUP PENSION PLAN

EIN 94-2382364

PLAN NUMBER 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par <u>or Maturity Value</u>	(d) Cost	(e) Current Value
*	The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst	Cash equivalents	N/A	\$ 4,933,958
*	The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst	Cash equivalents	N/A	3,924,237
*	The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst	Cash equivalents	N/A	22,150,270
*	The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst	Cash equivalents	N/A	1,756
*	The Bank of New York Mellon/BNY Mellon, N.A. - iShares MSCI Japan	Mutual funds	N/A	285,309
*	The Bank of New York Mellon/BNY Mellon, N.A. - Invesco Main Street Small Cap	Mutual funds	N/A	12,672,599
*	The Bank of New York Mellon/BNY Mellon, N.A. - Tactical Trading Managers	Mutual funds	N/A	2,479,248
*	The Bank of New York Mellon/BNY Mellon, N.A. - Hedge Fund Opportunities	Mutual funds	N/A	6,944,476
*	The Bank of New York Mellon/BNY Mellon, N.A. - Goldman Sachs Global Lower	Mutual funds	N/A	4,996,135
*	The Bank of New York Mellon/BNY Mellon, N.A. - Multi Manager	Mutual funds	N/A	10,725,371
*	The Bank of New York Mellon/BNY Mellon, N.A. - Acadian International Small Cap	Mutual funds	N/A	8,960,827
*	The Bank of New York Mellon/BNY Mellon, N.A. - Pinebridge Highyield	Mutual funds	N/A	19,447,957
*	The Bank of New York Mellon/BNY Mellon, N.A. - Russell 1000 Index	Common collective trusts	N/A	96,223,164
*	The Bank of New York Mellon/BNY Mellon, N.A. - Wellington International Research Equity	Common collective trusts	N/A	21,644,564
*	The Bank of New York Mellon/BNY Mellon, N.A. - GSTCO Tactical Exposure	Common collective trusts	N/A	11,318,805
*	The Bank of New York Mellon/BNY Mellon, N.A. - GSTCO Intermediate Duration	Common collective trusts	N/A	42,402,086
*	The Bank of New York Mellon/BNY Mellon, N.A. - Goldman Sachs C Long Core Fixed Income	Common collective trusts	N/A	57,088,602
*	The Bank of New York Mellon/BNY Mellon, N.A. - MFS International Eq	Common collective trusts	N/A	22,966,189
*	The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond	U.S. government securities	N/A	10,697,375
*	The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond	U.S. government securities	N/A	17,886,292
*	The Bank of New York Mellon/BNY Mellon, N.A. - West Street Loan Partners V	Corporate common stocks	N/A	4,050,338
				<u>\$ 381,799,558</u>

\* Designates party-in-interest

The above information has been certified by The Bank of New York Mellon/BNY Mellon, N.A.

2024 Form 5500 Schedule SB Attachments  
Schedule SB, Line 32 - Schedule of Amortization Bases  
Foster Poultry Farms  
Foster Farms Group Pension Plan  
For Plan Year Ended December 31, 2024

EIN: 94-2382364  
Plan Number: 003

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**Schedule of Amortization Bases**

<u>Type of Base</u>	Present Value of Any <u>Remaining</u> <u>Installments</u>	<u>Valuation Date</u>	<u>Years</u> <u>Remaining</u>	<u>Amortization</u> <u>Installment</u>
2024 Shortfall	\$ (17,332,262)	January 1, 2024	15	\$ (1,576,895)
2023 Shortfall	\$ 70,321,372	January 1, 2023	14	\$ 6,711,667
Total	\$ 52,989,110			\$ 5,134,772