

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
     a single-employer plan     a DFE (specify) \_\_\_\_\_

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

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:     Form 5558     automatic extension     the DFVC program  
     special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>CENTRAL VALLEY MEAT CO. 401(K) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CENTRAL VALLEY MEAT CO.</u>  <u>10431 8-3/4 AVENUE</u> <u>HANFORD, CA 93230</u>	<b>1c</b> Effective date of plan <u>01/01/2017</u>  <b>2b</b> Employer Identification Number (EIN) <u>77-0231555</u>  <b>2c</b> Plan Sponsor's telephone number <u>559-583-9624</u>  <b>2d</b> Business code (see instructions) <u>311610</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	JOSHUA BORNEMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<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>	1154
<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>	1044
	<b>6a(2)</b>	1638
	<b>6b</b>	12
	<b>6c</b>	80
	<b>6d</b>	1730
	<b>6e</b>	0
	<b>6f</b>	1730
	<b>6g(1)</b>	570
<b>6g(2)</b>	1032	
<b>6h</b>	0	
<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:  
2T 2J 2K 2F 2G 3D 3H

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

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

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

<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 type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</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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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>CENTRAL VALLEY MEAT CO. 401(K) PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CENTRAL VALLEY MEAT CO.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>77-0231555</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**JOHN HANCOCK USA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	127322	1032	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">9060</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**NEXUS ADMINISTRATORS, INC.** **735 W. ALLUVIAL AVENUE, SUITE 101**  
**FRESNO, CA 93711**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	9060	TPA COMPENSATION	5

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	92624
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	19917656

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<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>CENTRAL VALLEY MEAT CO. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CENTRAL VALLEY MEAT CO.</b>	<b>D</b> Employer Identification Number (EIN) <b>77-0231555</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

<b>JOHN HANCOCK LIFE INSURANCE CO</b>	<b>RETIREMENT PLAN SERVICES, ET9</b>
<b>01-0233346</b>	<b>P.O. BOX 600</b>
	<b>BUFFALO, NY 14201-0600</b>

**(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)

TLG ADVISORS

26 W DRY CREEK CIRCLE  
LITTLETON, CO 80120

84-1418169

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	RIA	82573	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)

JOHN HANCOCK LIFE INSURANCE CO

RETIREMENT PLAN SERVICES, ET9  
P.O. BOX 600  
BUFFALO, NY 80120

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60 67 28 62 68 59 63	RECORDKEEPER	10945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

<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>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<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>  <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>CENTRAL VALLEY MEAT CO. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL VALLEY MEAT CO.</u>	<b>D</b> Employer Identification Number (EIN) <u>77-0231555</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>NUVEEN LIFECYCLE INDEX 2065</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>486040</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2060</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>979667</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2055</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1415279</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2050</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1239943</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2045</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1625867</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2040</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1723680</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2035</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2633721</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2030		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1859722
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2025		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 900334
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2020		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245289
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2015		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32519
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX RET INC		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 201877
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 242685
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPP		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41691
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 634526
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS REAL ESTATE		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91367
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 347498

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL INDUSTRIES FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 202206
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121805
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES GOLD TRUST ETF		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85477
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17128
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LARGE-CAP GROWTH INDEX		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 904799
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151442
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: UNDISCOVERED MGR BEHAVIORAL		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17863
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217501
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MATERIALS INDEX FUND		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1291
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 303098

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD MID-CAP VALUE ETF</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9182</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD SMALL CAP GROW INDEX</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>299484</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD SMALL CAP VALUE INDEX</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>195475</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>500 INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>906350</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DFA GLOBAL EQUITY FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>97651</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DFA US LARGE COMPANY FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>114829</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD EQUITY-INCOME FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>46735</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD INTERNATIONAL GROWTH</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>51069</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD VALUE INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>126189</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AF THE INCOME FUND OF AMERICA</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>67929</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FEDERATED HIGH YIELD BOND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>154650</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIDELITY ADVISOR TOTAL BOND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>202853</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO REAL RETURN</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3160</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TEMPLETON GLOBAL BOND FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>93756</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TOTAL BOND MARKET FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9721</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STRATEGIC INCOME OPP FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>66350</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LORD ABBETT SHORT DURATION INC</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>46034</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MONEY MARKET FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>541756</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD SHORT-TERM FEDERAL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>160168</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

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

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

OMB No. 1210-0110

**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**

<b>A</b> Name of plan CENTRAL VALLEY MEAT CO. 401(K) PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL VALLEY MEAT CO.		<b>D</b> Employer Identification Number (EIN) 77-0231555	

**Part I Asset and Liability Statement**

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

Assets	(a) Beginning of Year	(b) End of Year
<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>	746706
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0
<b>(3)</b> Other .....	<b>1b(3)</b>	293
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<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>	
<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>	3877
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<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>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	16337865
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	82352
<b>(15)</b> Other.....	<b>1c(15)</b>	19917656
		92624

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	17170800	20010573
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	41579	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	41579	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	17129221	20010573

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	2529915	
(C) Others (including rollovers).....	2a(1)(C)	228093	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		2758008
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	39	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		39
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(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>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2417392
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5175439

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2114414	
(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>		2114414
<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>	16127	
(3) Recordkeeping fees .....	<b>2i(3)</b>	80889	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	82573	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(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>	84	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		179673
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2294087

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2881352
<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: HUDSON & COMPANY, INC.

(2) EIN: 81-1741762

**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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1858
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

<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 \_\_\_\_\_.

<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 <b>CENTRAL VALLEY MEAT CO. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CENTRAL VALLEY MEAT CO.</b>	<b>D</b> Employer Identification Number (EIN) <b>77-0231555</b>	

<b>Part I</b>	<b>Distributions</b>
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**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): 01-0233346

**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**

<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.)
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**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>
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**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.
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**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: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

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

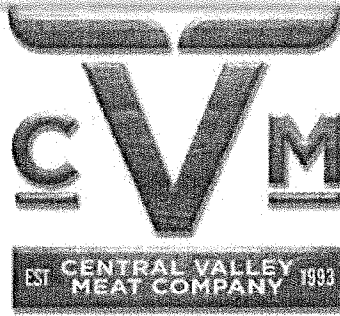
**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the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

**Part VII IRS Compliance Questions**

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

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

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



Date: 10/13/2025

RE: Central Valley Meat Co. 401(k) Plan

For Year Ended December 31, 2024

To Whom It May Concern:

Central Valley Meat Co. is in the process of completing their 401(k) audit at the time of filing. As soon as the audit is completed, we will refile the Form 5500 with the Independent Accountant's Opinion Letter. Hudson & Company, Inc. has been engaged to conduct this audit. They will complete this work as soon as possible.

A handwritten signature in black ink, appearing to read 'J Bornemann', is positioned above the name and title.

Joshua Bornemann

Chief Financial Officer

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0069

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [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 [ ] the DFVC program... 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: Central Valley Meat Co. 401(k) Plan
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2017
2a Plan sponsor's name (employer, if for a single-employer plan): Central Valley Meat Co.
2b Employer Identification Number (EIN): 77-0231555
2c Plan Sponsor's telephone number: 559-583-9624
2d Business code (see instructions): 311610

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, Date, and Name. Row 1: SIGN HERE, [Signature], 10/13/25, Joshua Bornemann. Row 2: SIGN HERE, Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: SIGN HERE, Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (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>	1,154
<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>	1,044
	<b>6a(2)</b>	1,638
	<b>6b</b>	12
	<b>6c</b>	80
	<b>6d</b>	1,730
	<b>6e</b>	0
	<b>6f</b>	1,730
	<b>6g(1)</b>	570
<b>6g(2)</b>	1,032	
<b>6h</b>	0	
<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:  
2T 2J 2K 2F 2G 3D 3H

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

---

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

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**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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Deducted Charges Summary For Contract Number 127322 Page 1  
THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
For Period January 1, 2024 To December 31, 2024

Fund Name	Charge Type	Charge Amount
iShares Gold Trust ETF	Asset Charge	-220.22
iShares Gold Trust ETF	RIA Advisory Fee	-259.93
iShares Gold Trust ETF	SEND Service	<u>-17.50</u>
Total		<u>-497.65</u>
American Funds New Perspective	Asset Charge	-873.89
American Funds New Perspective	RIA Advisory Fee	-1032.46
American Funds New Perspective	SEND Service	<u>-69.01</u>
Total		<u>-1975.36</u>
AF The Income Fund of America	Asset Charge	-237.58
AF The Income Fund of America	RIA Advisory Fee	-279.78
AF The Income Fund of America	SEND Service	-18.74
AF The Income Fund of America	TPA Transaction Fees	<u>-24.78</u>
Total		<u>-560.88</u>
BlackRock Health Sciences Opp	Asset Charge	-171.23
BlackRock Health Sciences Opp	RIA Advisory Fee	-201.54
BlackRock Health Sciences Opp	SEND Service	<u>-13.58</u>
Total		<u>-386.35</u>
Blue Chip Growth Fund	Asset Charge	-2439.86
Blue Chip Growth Fund	RIA Advisory Fee	-2883.48
Blue Chip Growth Fund	SEND Service	-192.50
Blue Chip Growth Fund	TPA Transaction Fees	<u>-55.79</u>
Total		<u>-5571.63</u>
Cohen & Steers Real Estate	Asset Charge	-335.91
Cohen & Steers Real Estate	RIA Advisory Fee	-395.81
Cohen & Steers Real Estate	SEND Service	<u>-26.41</u>
Total		<u>-758.13</u>
DFA Global Equity Fund	Asset Charge	-354.94
DFA Global Equity Fund	RIA Advisory Fee	-416.48
DFA Global Equity Fund	SEND Service	<u>-27.84</u>
Total		<u>-799.26</u>
DFA US Large Company Fund	Asset Charge	-438.58
DFA US Large Company Fund	RIA Advisory Fee	-516.03
DFA US Large Company Fund	SEND Service	<u>-34.46</u>
Total		<u>-989.07</u>
Federated High Yield Bond	Asset Charge	-560.79
Federated High Yield Bond	RIA Advisory Fee	-660.54
Federated High Yield Bond	SEND Service	<u>-44.02</u>
Total		<u>-1265.35</u>



Deducted Charges Summary For Contract Number 127322 Page 2  
THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
For Period January 1, 2024 To December 31, 2024

Fund Name	Charge Type	Charge Amount
Fidelity Advisor Total Bond	Asset Charge	-734.99
Fidelity Advisor Total Bond	RIA Advisory Fee	-866.45
Fidelity Advisor Total Bond	SEND Service	<u>-57.88</u>
Total		<u>-1659.32</u>
Fidelity Mid Cap Index Fund	Asset Charge	-1097.62
Fidelity Mid Cap Index Fund	RIA Advisory Fee	-1295.47
Fidelity Mid Cap Index Fund	SEND Service	<u>-86.46</u>
Total		<u>-2479.55</u>
Financial Industries Fund	Asset Charge	-504.19
Financial Industries Fund	RIA Advisory Fee	-594.78
Financial Industries Fund	SEND Service	<u>-39.70</u>
Total		<u>-1138.67</u>
Invesco Small Cap Growth	Asset Charge	-469.83
Invesco Small Cap Growth	RIA Advisory Fee	-554.04
Invesco Small Cap Growth	SEND Service	<u>-37.01</u>
Total		<u>-1060.88</u>
Lord Abbett Short Duration Inc	Asset Charge	-164.21
Lord Abbett Short Duration Inc	RIA Advisory Fee	-193.38
Lord Abbett Short Duration Inc	SEND Service	<u>-12.94</u>
Total		<u>-370.53</u>
Money Market Fund	Asset Charge	-2001.19
Money Market Fund	RIA Advisory Fee	-2366.71
Money Market Fund	SEND Service	<u>-158.11</u>
Total		<u>-4526.01</u>
MFS Mid Cap Growth Fund	Asset Charge	-62.00
MFS Mid Cap Growth Fund	RIA Advisory Fee	-73.10
MFS Mid Cap Growth Fund	SEND Service	<u>-4.87</u>
Total		<u>-139.97</u>
Nuveen Large-Cap Growth Index	Asset Charge	-3049.20
Nuveen Large-Cap Growth Index	RIA Advisory Fee	-3602.19
Nuveen Large-Cap Growth Index	SEND Service	<u>-240.84</u>
Total		<u>-6892.23</u>
Nuveen Lifecycle Index Ret Inc	Asset Charge	-665.67
Nuveen Lifecycle Index Ret Inc	Flat Loan Charge	-12.00
Nuveen Lifecycle Index Ret Inc	RIA Advisory Fee	-786.47
Nuveen Lifecycle Index Ret Inc	SEND Service	<u>-52.45</u>
Total		<u>-1516.59</u>



Deducted Charges Summary For Contract Number 127322 Page 3  
THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
For Period January 1, 2024 To December 31, 2024

Fund Name	Charge Type	Charge Amount
Nuveen Lifecycle Index 2015	Asset Charge	-112.98
Nuveen Lifecycle Index 2015	RIA Advisory Fee	-133.52
Nuveen Lifecycle Index 2015	SEND Service	<u>-8.91</u>
Total		<u>-255.41</u>
Nuveen Lifecycle Index 2020	Asset Charge	-863.81
Nuveen Lifecycle Index 2020	RIA Advisory Fee	-1020.70
Nuveen Lifecycle Index 2020	SEND Service	-68.15
Nuveen Lifecycle Index 2020	TPA Transaction Fees	-150.00
Nuveen Lifecycle Index 2020	Withdrawal Processing Fee	<u>-50.00</u>
Total		<u>-2152.66</u>
Nuveen Lifecycle Index 2025	Asset Charge	-3388.30
Nuveen Lifecycle Index 2025	RIA Advisory Fee	-4004.06
Nuveen Lifecycle Index 2025	SEND Service	-267.52
Nuveen Lifecycle Index 2025	TPA Transaction Fees	-802.56
Nuveen Lifecycle Index 2025	Withdrawal Processing Fee	<u>-200.00</u>
Total		<u>-8662.44</u>
Nuveen Lifecycle Index 2030	Asset Charge	-6937.40
Nuveen Lifecycle Index 2030	Flat Loan Charge	-12.00
Nuveen Lifecycle Index 2030	RIA Advisory Fee	-8199.75
Nuveen Lifecycle Index 2030	SEND Service	-547.85
Nuveen Lifecycle Index 2030	TPA Transaction Fees	-1500.00
Nuveen Lifecycle Index 2030	Withdrawal Processing Fee	<u>-522.31</u>
Total		<u>-17719.31</u>
Nuveen Lifecycle Index 2035	Asset Charge	-9400.57
Nuveen Lifecycle Index 2035	RIA Advisory Fee	-11110.51
Nuveen Lifecycle Index 2035	SEND Service	-742.18
Nuveen Lifecycle Index 2035	TPA Transaction Fees	-1200.00
Nuveen Lifecycle Index 2035	Withdrawal Processing Fee	<u>-350.00</u>
Total		<u>-22803.26</u>
Nuveen Lifecycle Index 2040	Asset Charge	-5899.17
Nuveen Lifecycle Index 2040	RIA Advisory Fee	-6969.77
Nuveen Lifecycle Index 2040	SEND Service	-465.54
Nuveen Lifecycle Index 2040	TPA Transaction Fees	-600.00
Nuveen Lifecycle Index 2040	Withdrawal Processing Fee	<u>-200.00</u>
Total		<u>-14134.48</u>
Nuveen Lifecycle Index 2045	Asset Charge	-5807.03
Nuveen Lifecycle Index 2045	RIA Advisory Fee	-6843.92
Nuveen Lifecycle Index 2045	SEND Service	-457.87
Nuveen Lifecycle Index 2045	TPA Transaction Fees	-1050.00
Nuveen Lifecycle Index 2045	Withdrawal Processing Fee	<u>-350.00</u>



Deducted Charges Summary For Contract Number 127322 Page 4  
THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
For Period January 1, 2024 To December 31, 2024

Fund Name	Charge Type	Charge Amount
Total		<u>-14508.82</u>
Nuveen Lifecycle Index 2050	Asset Charge	-4204.93
Nuveen Lifecycle Index 2050	RIA Advisory Fee	-4960.29
Nuveen Lifecycle Index 2050	SEND Service	-331.76
Nuveen Lifecycle Index 2050	TPA Transaction Fees	-1978.00
Nuveen Lifecycle Index 2050	Withdrawal Processing Fee	<u>-600.00</u>
Total		<u>-12074.98</u>
Nuveen Lifecycle Index 2055	Asset Charge	-4685.16
Nuveen Lifecycle Index 2055	RIA Advisory Fee	-5532.90
Nuveen Lifecycle Index 2055	SEND Service	-369.53
Nuveen Lifecycle Index 2055	TPA Transaction Fees	-2400.00
Nuveen Lifecycle Index 2055	Withdrawal Processing Fee	<u>-800.00</u>
Total		<u>-13787.59</u>
Nuveen Lifecycle Index 2060	Asset Charge	-3325.46
Nuveen Lifecycle Index 2060	RIA Advisory Fee	-3924.09
Nuveen Lifecycle Index 2060	SEND Service	-262.03
Nuveen Lifecycle Index 2060	TPA Transaction Fees	-3025.92
Nuveen Lifecycle Index 2060	Withdrawal Processing Fee	<u>-1128.75</u>
Total		<u>-11666.25</u>
Nuveen Lifecycle Index 2065	Asset Charge	-1132.16
Nuveen Lifecycle Index 2065	RIA Advisory Fee	-1329.24
Nuveen Lifecycle Index 2065	SEND Service	-88.68
Nuveen Lifecycle Index 2065	TPA Transaction Fees	-2220.82
Nuveen Lifecycle Index 2065	Withdrawal Processing Fee	<u>-800.00</u>
Total		<u>-5570.90</u>
PIMCO Real Return	Asset Charge	-12.12
PIMCO Real Return	RIA Advisory Fee	-14.19
PIMCO Real Return	SEND Service	<u>-0.91</u>
Total		<u>-27.22</u>
Small Cap Index Fund	Asset Charge	-477.17
Small Cap Index Fund	RIA Advisory Fee	-575.75
Small Cap Index Fund	SEND Service	<u>-37.57</u>
Total		<u>-1090.49</u>
Strategic Income Opp Fund	Asset Charge	-237.22
Strategic Income Opp Fund	RIA Advisory Fee	-279.07
Strategic Income Opp Fund	SEND Service	<u>-18.67</u>
Total		<u>-534.96</u>
Templeton Global Bond Fund	Asset Charge	-357.12



Deducted Charges Summary For Contract Number 127322 Page 5  
THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
For Period January 1, 2024 To December 31, 2024

Fund Name	Charge Type	Charge Amount
Templeton Global Bond Fund	RIA Advisory Fee	-419.58
Templeton Global Bond Fund	SEND Service	-27.97
Templeton Global Bond Fund	TPA Transaction Fees	-150.00
Templeton Global Bond Fund	Withdrawal Processing Fee	<u>-50.00</u>
Total		<u>-1004.67</u>
Total Bond Market Fund	Asset Charge	-36.79
Total Bond Market Fund	RIA Advisory Fee	-43.03
Total Bond Market Fund	SEND Service	<u>-2.78</u>
Total		<u>-82.60</u>
Undiscovered Mgr Behavioral	Asset Charge	-60.64
Undiscovered Mgr Behavioral	RIA Advisory Fee	-71.33
Undiscovered Mgr Behavioral	SEND Service	<u>-4.75</u>
Total		<u>-136.72</u>
Vanguard Energy Fund	Asset Charge	-811.59
Vanguard Energy Fund	RIA Advisory Fee	-959.37
Vanguard Energy Fund	SEND Service	<u>-64.11</u>
Total		<u>-1835.07</u>
Vanguard Equity-Income Fund	Asset Charge	-181.50
Vanguard Equity-Income Fund	RIA Advisory Fee	-213.97
Vanguard Equity-Income Fund	SEND Service	<u>-14.26</u>
Total		<u>-409.73</u>
Vanguard International Growth	Asset Charge	-203.32
Vanguard International Growth	RIA Advisory Fee	-238.73
Vanguard International Growth	SEND Service	<u>-15.85</u>
Total		<u>-457.90</u>
Vanguard Materials Index Fund	Asset Charge	-4.55
Vanguard Materials Index Fund	RIA Advisory Fee	-5.31
Vanguard Materials Index Fund	SEND Service	<u>-0.35</u>
Total		<u>-10.21</u>
Vanguard Mid-Cap Growth ETF	Asset Charge	-1092.24
Vanguard Mid-Cap Growth ETF	RIA Advisory Fee	-1287.61
Vanguard Mid-Cap Growth ETF	SEND Service	-86.09
Vanguard Mid-Cap Growth ETF	TPA Transaction Fees	<u>-5.39</u>
Total		<u>-2471.33</u>
Vanguard Mid-Cap Value ETF	Asset Charge	-56.70
Vanguard Mid-Cap Value ETF	RIA Advisory Fee	-66.43
Vanguard Mid-Cap Value ETF	SEND Service	-4.44
Vanguard Mid-Cap Value ETF	TPA Transaction Fees	<u>-4.71</u>



Deducted Charges Summary For Contract Number 127322 Page 6  
THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
For Period January 1, 2024 To December 31, 2024

Fund Name	Charge Type	Charge Amount
Total		<u>-132.28</u>
Vanguard Short-Term Federal	Asset Charge	-564.46
Vanguard Short-Term Federal	Flat Loan Charge	-4.00
Vanguard Short-Term Federal	RIA Advisory Fee	-666.11
Vanguard Short-Term Federal	SEND Service	-44.42
Vanguard Short-Term Federal	TPA Transaction Fees	-275.22
Vanguard Short-Term Federal	Withdrawal Processing Fee	<u>-100.00</u>
Total		<u>-1654.21</u>
Vanguard Small Cap Grow Index	Asset Charge	-977.32
Vanguard Small Cap Grow Index	RIA Advisory Fee	-1164.16
Vanguard Small Cap Grow Index	SEND Service	-76.78
Vanguard Small Cap Grow Index	TPA Transaction Fees	-150.00
Vanguard Small Cap Grow Index	Withdrawal Processing Fee	<u>-50.00</u>
Total		<u>-2418.26</u>
Vanguard Small Cap Value Index	Asset Charge	-644.23
Vanguard Small Cap Value Index	RIA Advisory Fee	-772.82
Vanguard Small Cap Value Index	SEND Service	-50.79
Vanguard Small Cap Value Index	TPA Transaction Fees	-150.00
Vanguard Small Cap Value Index	Withdrawal Processing Fee	<u>-50.00</u>
Total		<u>-1667.84</u>
Vanguard Value Index Fund	Asset Charge	-567.89
Vanguard Value Index Fund	RIA Advisory Fee	-669.37
Vanguard Value Index Fund	SEND Service	-44.58
Vanguard Value Index Fund	TPA Transaction Fees	-150.00
Vanguard Value Index Fund	Withdrawal Processing Fee	<u>-67.41</u>
Total		<u>-1499.25</u>
500 Index Fund	Asset Charge	-3519.88
500 Index Fund	RIA Advisory Fee	-4118.91
500 Index Fund	SEND Service	-277.71
500 Index Fund	TPA Transaction Fees	-234.11
500 Index Fund	Withdrawal Processing Fee	<u>-82.59</u>
Total		<u>-8233.20</u>
Grand Total		<u>-179589.47</u>



Loans Summary For Contract Number 127322  
THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
For Period January 1, 2024 To December 31, 2024

<u>Fund Name</u>	<u>Loan</u>	<u>Number of Units</u>	<u>Unit Value Interest Rate</u>	<u>Effective Date</u>	<u>Dollar Amount</u>
		<u>0.00000</u>			<u>0.00</u>
Total		<u>0.00000</u>			<u>0.00</u>
Grand Total		<u>0.00000</u>			<u>0.00</u>



Loan Repayment Summary For Contract Number 127322 Page 1  
THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
For Period January 1, 2024 To December 31, 2024

Fund Name	Number of Units	Unit Value Interest Rate	Effective Date	Dollar Amount
Federated High Yield Bond	1.261714	14.765618	2024-01-05	18.63
Federated High Yield Bond	1.250104	14.902751	2024-01-12	18.63
Federated High Yield Bond	1.257559	14.814406	2024-01-19	18.63
Federated High Yield Bond	1.249161	14.914007	2024-01-26	18.63
Federated High Yield Bond	1.249276	14.912636	2024-02-02	18.63
Federated High Yield Bond	<u>1.226552</u>	14.911715	2024-02-09	<u>18.29</u>
Total	<u>7.494366</u>			<u>111.44</u>
Money Market Fund	38.383834	1.132508	2024-01-05	43.47
Money Market Fund	38.344965	1.133656	2024-01-12	43.47
Money Market Fund	38.306613	1.134791	2024-01-19	43.47
Money Market Fund	38.267798	1.135942	2024-01-26	43.47
Money Market Fund	38.228928	1.137097	2024-02-02	43.47
Money Market Fund	<u>37.496189</u>	1.138249	2024-02-09	<u>42.68</u>
Total	<u>229.028327</u>			<u>260.03</u>
Nuveen Lifecycle Index Ret Inc	4.247854	18.350441	2024-01-05	77.95
Nuveen Lifecycle Index Ret Inc	4.228658	18.433744	2024-01-19	77.95
Nuveen Lifecycle Index Ret Inc	4.182753	18.636050	2024-02-02	77.95
Nuveen Lifecycle Index Ret Inc	4.180084	18.647950	2024-02-16	77.95
Nuveen Lifecycle Index Ret Inc	4.122210	18.909758	2024-03-01	77.95
Nuveen Lifecycle Index Ret Inc	4.132613	18.862156	2024-03-15	77.95
Nuveen Lifecycle Index Ret Inc	<u>1.157635</u>	19.030162	2024-04-01	<u>22.03</u>
Total	<u>26.251807</u>			<u>489.73</u>
Nuveen Lifecycle Index 2030	11.622427	25.990267	2024-01-05	302.07
Nuveen Lifecycle Index 2030	11.529365	26.200054	2024-01-19	302.07
Nuveen Lifecycle Index 2030	11.367550	26.573008	2024-02-02	302.07
Nuveen Lifecycle Index 2030	11.317910	26.689556	2024-02-16	302.07
Nuveen Lifecycle Index 2030	11.118839	27.167404	2024-03-01	302.07
Nuveen Lifecycle Index 2030	11.137951	27.120785	2024-03-15	302.07
Nuveen Lifecycle Index 2030	11.000857	27.458769	2024-04-01	302.07
Nuveen Lifecycle Index 2030	11.195688	26.980921	2024-04-12	302.07
Nuveen Lifecycle Index 2030	<u>9.904672</u>	26.922647	2024-04-26	<u>266.66</u>
Total	<u>100.195259</u>			<u>2683.22</u>
Vanguard Mid-Cap Growth ETF	0.481277	25.827099	2024-01-05	12.43
Vanguard Mid-Cap Growth ETF	0.473592	26.246165	2024-01-12	12.43
Vanguard Mid-Cap Growth ETF	0.470883	26.397189	2024-01-19	12.43
Vanguard Mid-Cap Growth ETF	0.468787	26.515208	2024-01-26	12.43
Vanguard Mid-Cap Growth ETF	0.463905	26.794252	2024-02-02	12.43
Vanguard Mid-Cap Growth ETF	<u>0.446684</u>	27.312334	2024-02-09	<u>12.20</u>
Total	<u>2.805128</u>			<u>74.35</u>
Vanguard Short-Term Federal	3.636853	11.952640	2024-01-05	43.47
Vanguard Short-Term Federal	3.616099	12.021241	2024-01-12	43.47



Loan Repayment Summary For Contract Number 127322 Page 2  
THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
For Period January 1, 2024 To December 31, 2024

Fund Name	Number of Units	Unit Value Interest Rate	Effective Date	Dollar Amount
Vanguard Short-Term Federal	3.631923	11.968866	2024-01-19	43.47
Vanguard Short-Term Federal	3.622294	12.000682	2024-01-26	43.47
Vanguard Short-Term Federal	3.619910	12.008585	2024-02-02	43.47
Vanguard Short-Term Federal	<u>3.562247</u>	11.981199	2024-02-09	<u>42.68</u>
Total	<u>21.689326</u>			<u>260.03</u>
500 Index Fund	0.089896	69.079401	2024-01-05	6.21
500 Index Fund	0.088257	70.362688	2024-01-12	6.21
500 Index Fund	0.087224	71.195318	2024-01-19	6.21
500 Index Fund	0.086299	71.958407	2024-01-26	6.21
500 Index Fund	0.085097	72.974761	2024-02-02	6.21
500 Index Fund	<u>0.082442</u>	73.991218	2024-02-09	<u>6.10</u>
Total	<u>0.519215</u>			<u>37.15</u>
Grand Total	<u>387.983428</u>			<u>3915.95</u>



5% of Reportable Transactions Summary Report For Contract Number 127322

THE TRUSTEES OF CENTRAL VALLEY MEAT CO.

Audit Year Ending DECEMBER 31, 2024 Page 1

Purchases	Purchases		Sales		Net Gain/(loss)
	Transactions	Purchase Price	Trans.	Selling Price	
<b>Guaranteed Funds</b>					
Invesco Global Fund	0	\$0.00			\$0.00
<b>Total</b>	<b>0</b>	<b>\$0.00</b>			<b>\$0.00</b>
<b>Investment Funds</b>					
American Funds New Perspective	54	\$10,219.10			\$10,219.10
Blue Chip Growth Fund	57	\$64,760.22			\$64,760.22
BlackRock Health Sciences Opp	60	\$7,717.50			\$7,717.50
Total Bond Market Fund	55	\$697.12			\$697.12
Cohen & Steers Real Estate	61	\$9,949.47			\$9,949.47
DFA Global Equity Fund	54	\$5,764.54			\$5,764.54
DFA US Large Company Fund	54	\$7,344.92			\$7,344.92
Fidelity Advisor Total Bond	55	\$94,899.03			\$94,899.03
Federated High Yield Bond	63	\$9,399.41			\$9,399.41
Fidelity Mid Cap Index Fund	63	\$136,901.01			\$136,901.01
Financial Industries Fund	59	\$88,436.61			\$88,436.61
iShares Gold Trust ETF	18	\$126,162.35			\$126,162.35
Vanguard Short-Term Federal	65	\$24,911.96			\$24,911.96
AF The Income Fund of America	54	\$12,728.95			\$12,728.95
500 Index Fund	70	\$262,414.07			\$262,414.07
Lord Abbett Short Duration Inc	56	\$7,981.23			\$7,981.23
Vanguard Value Index Fund	55	\$14,830.00			\$14,830.00
MFS Mid Cap Growth Fund	25	\$397.24			\$397.24
Money Market Fund	60	\$150,498.01			\$150,498.01
PIMCO Real Return	0	\$0.00			\$0.00
Small Cap Index Fund	53	\$40,230.64			\$40,230.64
Invesco Small Cap Growth	58	\$14,184.91			\$14,184.91
Strategic Income Opp Fund	58	\$10,027.90			\$10,027.90
Nuveen Lifecycle Index Ret Inc	63	\$45,946.30			\$45,946.30
Nuveen Lifecycle Index 2015	24	\$5,079.68			\$5,079.68
Nuveen Lifecycle Index 2020	56	\$43,602.68			\$43,602.68
Nuveen Lifecycle Index 2025	60	\$184,713.94			\$184,713.94
Nuveen Large-Cap Growth Index	65	\$133,834.35			\$133,834.35
Nuveen Lifecycle Index 2030	73	\$303,467.10			\$303,467.10
Nuveen Lifecycle Index 2035	61	\$410,730.81			\$410,730.81
Nuveen Lifecycle Index 2040	61	\$313,679.47			\$313,679.47
Nuveen Lifecycle Index 2045	56	\$284,537.54			\$284,537.54
Nuveen Lifecycle Index 2050	62	\$388,621.63			\$388,621.63
Nuveen Lifecycle Index 2055	59	\$375,189.06			\$375,189.06
Nuveen Lifecycle Index 2060	61	\$272,822.75			\$272,822.75
Nuveen Lifecycle Index 2065	60	\$338,637.20			\$338,637.20
Templeton Global Bond Fund	54	\$17,487.27			\$17,487.27
Undiscovered Mgr Behavioral	52	\$3,889.27			\$3,889.27
Vanguard Equity-Income Fund	54	\$3,403.49			\$3,403.49
Vanguard Energy Fund	56	\$8,467.85			\$8,467.85
Vanguard International Growth	56	\$6,663.61			\$6,663.61



5% of Reportable Transactions Summary Report For Contract Number 127322  
 THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
 Audit Year Ending DECEMBER 31, 2024 Page 2

Purchases	Purchases		Sales			
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
<b>Investment Funds</b>						
Vanguard Small Cap Value Index	58	\$51,751.34			\$51,751.34	
Vanguard Materials Index Fund	25	\$397.24			\$397.24	
Vanguard Mid-Cap Value ETF	54	\$3,978.45			\$3,978.45	
Vanguard Mid-Cap Growth ETF	66	\$63,542.33			\$63,542.33	
Vanguard Small Cap Grow Index	60	\$59,904.40			\$59,904.40	
<b>Total</b>	<b>2,503</b>	<b>\$4,420,803.95</b>			<b>\$4,420,803.95</b>	

Sales	Purchases		Sales			
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
<b>Guaranteed Funds</b>						
Invesco Global Fund			0	\$0.00	\$0.00	
<b>Total</b>			<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	

<b>Investment Funds</b>						
American Funds New Perspective			20	\$4,771.45-	\$3,919.84-	\$851.61
Blue Chip Growth Fund			25	\$155,602.60-	\$102,806.87-	\$52,795.73
BlackRock Health Sciences Opp			19	\$4,711.70-	\$4,323.38-	\$388.32
Total Bond Market Fund			18	\$257.88-	\$272.23-	\$14.35-
Cohen & Steers Real Estate			20	\$3,480.74-	\$2,969.95-	\$510.79
DFA Global Equity Fund			20	\$4,720.70-	\$3,359.16-	\$1,361.54
DFA US Large Company Fund			22	\$17,985.24-	\$12,281.98-	\$5,703.26
Fidelity Advisor Total Bond			18	\$3,402.19-	\$3,294.18-	\$108.01
Federated High Yield Bond			17	\$1,286.15-	\$1,146.39-	\$139.76
Fidelity Mid Cap Index Fund			22	\$4,067.06-	\$3,383.06-	\$684.00
Financial Industries Fund			20	\$36,474.49-	\$27,756.75-	\$8,717.74
iShares Gold Trust ETF			20	\$82,546.47-	\$76,511.37-	\$6,035.10
Vanguard Short-Term Federal			25	\$2,869.48-	\$2,804.52-	\$64.96
AF The Income Fund of America			19	\$897.22-	\$755.64-	\$141.58
500 Index Fund			32	\$351,024.48-	\$251,928.47-	\$99,096.01
Lord Abbett Short Duration Inc			17	\$6,736.73-	\$6,486.24-	\$250.49
Vanguard Value Index Fund			29	\$50,683.56-	\$35,812.08-	\$14,871.48
MFS Mid Cap Growth Fund			17	\$16,242.87-	\$15,669.01-	\$573.86
Money Market Fund			20	\$213,199.99-	\$200,417.13-	\$12,782.86
PIMCO Real Return			16	\$27.22-	\$27.03-	\$0.19
Small Cap Index Fund			17	\$1,118.56-	\$914.86-	\$203.70
Invesco Small Cap Growth			20	\$36,958.75-	\$34,828.63-	\$2,130.12
Strategic Income Opp Fund			16	\$534.96-	\$503.09-	\$31.87
Nuveen Lifecycle Index Ret Inc			27	\$3,968.26-	\$3,547.41-	\$420.85
Nuveen Lifecycle Index 2015			16	\$255.41-	\$227.80-	\$27.61
Nuveen Lifecycle Index 2020			21	\$45,277.59-	\$41,668.86-	\$3,608.73
Nuveen Lifecycle Index 2025			35	\$254,609.65-	\$218,915.78-	\$35,693.87
Nuveen Large-Cap Growth Index			33	\$80,615.49-	\$53,418.17-	\$27,197.32



5% of Reportable Transactions Summary Report For Contract Number 127322  
 THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
 Audit Year Ending DECEMBER 31, 2024 Page 3

Sales	Purchases		Sales			
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
<b>Investment Funds</b>						
Nuveen Lifecycle Index 2030			54	\$509,898.28-	\$427,782.80-	\$82,115.48
Nuveen Lifecycle Index 2035			43	\$310,268.29-	\$251,955.89-	\$58,312.40
Nuveen Lifecycle Index 2040			32	\$68,598.05-	\$55,412.26-	\$13,185.79
Nuveen Lifecycle Index 2045			40	\$203,844.62-	\$158,254.32-	\$45,590.30
Nuveen Lifecycle Index 2050			57	\$258,658.07-	\$207,063.72-	\$51,594.35
Nuveen Lifecycle Index 2055			71	\$179,014.71-	\$140,972.24-	\$38,042.47
Nuveen Lifecycle Index 2060			83	\$147,279.37-	\$118,898.41-	\$28,380.96
Nuveen Lifecycle Index 2065			58	\$59,348.26-	\$51,582.32-	\$7,765.94
Templeton Global Bond Fund			20	\$4,219.01-	\$4,817.70-	\$598.69-
Undiscovered Mgr Behavioral			16	\$136.72-	\$116.67-	\$20.05
Vanguard Equity-Income Fund			20	\$9,788.61-	\$7,938.92-	\$1,849.69
Vanguard Energy Fund			16	\$1,835.07-	\$1,554.10-	\$280.97
Vanguard International Growth			22	\$13,992.98-	\$13,153.01-	\$839.97
Vanguard Small Cap Value Index			23	\$21,773.96-	\$17,759.49-	\$4,014.47
Vanguard Materials Index Fund			16	\$10.21-	\$9.08-	\$1.13
Vanguard Mid-Cap Value ETF			25	\$14,911.94-	\$12,345.45-	\$2,566.49
Vanguard Mid-Cap Growth ETF			29	\$55,418.31-	\$45,656.60-	\$9,761.71
Vanguard Small Cap Grow Index			28	\$14,731.14-	\$12,409.16-	\$2,321.98
<b>Total</b>			<b>1,254</b>	<b>\$3,258,054.49-</b>	<b>\$2,637,632.02-</b>	<b>\$620,422.47</b>



<u>Investment Funds</u>	<u>Historical Cost</u>
American Funds New Perspective	\$193,339.69
Blue Chip Growth Fund	\$403,142.46
BlackRock Health Sciences Opp	\$38,181.00
Total Bond Market Fund	\$10,085.20
Cohen & Steers Real Estate	\$79,265.77
DFA Global Equity Fund	\$65,603.28
DFA US Large Company Fund	\$76,974.10
Fidelity Advisor Total Bond	\$192,421.17
Federated High Yield Bond	\$134,447.78
Fidelity Mid Cap Index Fund	\$282,338.36
Financial Industries Fund	\$160,273.36
iShares Gold Trust ETF	\$82,648.57
Vanguard Short-Term Federal	\$153,384.58
AF The Income Fund of America	\$56,317.74
500 Index Fund	\$636,505.30
Lord Abbett Short Duration Inc	\$42,602.84
Vanguard Value Index Fund	\$91,802.68
MFS Mid Cap Growth Fund	\$14,179.90
Money Market Fund	\$498,364.22
PIMCO Real Return	\$3,130.22
Small Cap Index Fund	\$124,271.21
Invesco Small Cap Growth	\$106,573.98
Strategic Income Opp Fund	\$61,748.67
Nuveen Lifecycle Index Ret Inc	\$179,963.54
Nuveen Lifecycle Index 2015	\$28,667.72
Nuveen Lifecycle Index 2020	\$213,993.15
Nuveen Lifecycle Index 2025	\$761,324.68
Nuveen Large-Cap Growth Index	\$567,533.99
Nuveen Lifecycle Index 2030	\$1,507,828.42
Nuveen Lifecycle Index 2035	\$2,097,028.90
Nuveen Lifecycle Index 2040	\$1,357,896.96
Nuveen Lifecycle Index 2045	\$1,242,618.98
Nuveen Lifecycle Index 2050	\$990,115.38
Nuveen Lifecycle Index 2055	\$1,113,001.27
Nuveen Lifecycle Index 2060	\$781,102.84
Nuveen Lifecycle Index 2065	\$439,893.37
Templeton Global Bond Fund	\$112,808.19
Undiscovered Mgr Behavioral	\$15,081.77
Vanguard Equity-Income Fund	\$36,008.40
Vanguard Energy Fund	\$183,172.70
Vanguard International Growth	\$47,937.83
Vanguard Small Cap Value Index	\$155,037.81
Vanguard Materials Index Fund	\$1,232.06
Vanguard Mid-Cap Value ETF	\$7,613.87
Vanguard Mid-Cap Growth ETF	\$233,511.83
Vanguard Small Cap Grow Index	\$238,994.65



Fair Market Value Report For Contract Number 127322 Page 1  
THE TRUSTEES OF CENTRAL VALLEY MEAT CO.  
For Period Ending December 31, 2024

<u>Guaranteed</u> <u>Account</u>	<u>Maturity</u> <u>Date</u>	<u>Book</u> <u>Value</u>	<u>Composite</u> <u>Rate</u>	<u>Current</u> <u>Rate</u>	<u>Market</u> <u>Value</u>
<hr/>					
Total		\$0.00			\$0.00

Production Date(R): JAN/31/2025(Y)