

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

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: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: OREGON PROCESSORS EMPLOYEES TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF OREGON PROCESSORS EMPLOYEES TRUST
2b Employer Identification Number (EIN): 93-6031208
2c Plan Sponsor's telephone number: 503-282-5581
2d Business code (see instructions): 311400

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. Rows include: 1. Filed with authorized/valid electronic signature, 10/12/2025, MICHAEL BERANBAUM; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/12/2025, SARA DUCKWALL; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1448
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1227
	6a(2)	1226
	6b	204
	6c	0
	6d	1430
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	19

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4H 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan OREGON PROCESSORS EMPLOYEES TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OREGON PROCESSORS EMPLOYEES TRUST</p>	<p>D Employer Identification Number (EIN) 93-6031208</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
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0798039	95540	4323	8	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>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	39778
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan OREGON PROCESSORS EMPLOYEES TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OREGON PROCESSORS EMPLOYEES TRUST</p>	<p>D Employer Identification Number (EIN) 93-6031208</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
LIFEMAP ASSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-6030398	97985	OR013326	2590	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>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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) ▶ AD&D

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	28478
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. Specify nature of costs.	10b	

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. ▶

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan OREGON PROCESSORS EMPLOYEES TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
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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
SUN LIFE ASSURANCE COMPANY OF CANADA

(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
38-1082080	80802	241391	938	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>(a) Total amount of commissions paid 76323</p>	<p>(b) Total amount of fees paid 31836</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
STEALTH PARTNER GROUP, LLC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76323	31836	BONUS STOP LOSS SPECIFIC ONLY	3

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

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Part II Investment and Annuity Contract Information
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1517623
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan OREGON PROCESSORS EMPLOYEES TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OREGON PROCESSORS EMPLOYEES TRUST	D Employer Identification Number (EIN) 93-6031208	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WILLIAM C. EARHART CO., INC.

93-0509592

(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?
12 13 15 36 38 50 99	NONE	393568	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	160	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AETNA

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 12 13 15 23 50	NONE	275301	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)

DCC, INC. DBA RENALOGIC

22-3857341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	108925	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	108240	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)

BARLOW COUGHRAN MORALES & JOSEPHSON

91-0889948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	41416	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)

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	39625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PACIFIC HEALTH COALITION

94-3283661

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	24987	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)

US BANK, N.A.

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 49 50 51 52	NONE	23254	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEALTHLINX

87-0660214

(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?
16 50	NONE	22750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STEPHEN HORN INSURANCE SERVICES

94-3249244

(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?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7349	Yes <input type="checkbox"/> No <input checked="" 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"/>

(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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STEPHEN HORN INSURANCE SERVICES	53	6547
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHUBB 13-1963496	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
JOHN HONTS PO BOX 4148 PORTLAND, OR 97208	20 31 50	THIS FORMER TRUSTEE DID NOT PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY.

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan OREGON PROCESSORS EMPLOYEES TRUST	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF OREGON PROCESSORS EMPLOYEES TRUST	D Employer Identification Number (EIN) 93-6031208

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	956003	2313453
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1496072	1607978
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	682458	787574
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	2355985	3010938
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2243985	3840011
(B) All other	1c(3)(B)	960989	712459
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	618030	827142
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9313522	13099555
Liabilities			
g Benefit claims payable.....	1g	1595300	1906900
h Operating payables.....	1h	83123	83352
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1678423	1990252
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7635099	11109303

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	18245121	
(B) Participants.....	2a(1)(B)	690161	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		18935282
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	56650	
(C) Corporate debt instruments.....	2b(1)(C)	117808	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		174458
(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)	30570	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		30570
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6157240	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	6199938	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-42698
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	72830	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		23116
c Other income	2c		1526794
d Total income. Add all income amounts in column (b) and enter total	2d		20720352

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14576950	
(2) To insurance carriers for the provision of benefits	2e(2)	1568335	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		16145285
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	390272	
(3) Recordkeeping fees	2i(3)	12579	
(4) IQPA audit fees	2i(4)	28493	
(5) Investment advisory and investment management fees	2i(5)	20131	
(6) Bank or trust company trustee/custodial fees	2i(6)	3123	
(7) Actuarial fees	2i(7)	130990	
(8) Legal fees	2i(8)	41416	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	6436	
(11) Other expenses	2i(11)	467423	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1100863
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17246148

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3474204
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**Oregon Processors Employees Trust
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Report**

Oregon Processors Employees Trust
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December 31, 2024 and 2023

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Independent Auditor's Report

To the Trustees and Participants of
Oregon Processors Employees Trust:

Opinion

We have audited the financial statements of Oregon Processors Employees Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits for the years then ended and the statements of benefit obligations as of December 31, 2024 and 2023 and the related statements of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2024 and 2023 and the changes in net assets available for benefits for the years then ended and the benefit obligations as of December 31, 2024 and 2023 and the changes in benefit obligations for the years then ended, of Oregon Processors Employees Trust in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Oregon Processors Employees Trust's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the Oregon Processors Employees Trust's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

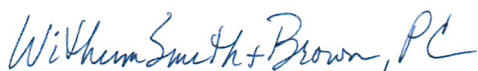
Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

A handwritten signature in blue ink that reads "Withum Smith + Brown, PC". The signature is written in a cursive, flowing style.

October 10, 2025

Oregon Processors Employees Trust
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
U.S. Government and Government Agency obligations	\$ 3,010,938	\$ 2,355,985
Corporate debt securities	4,552,470	3,204,974
Mutual funds	206,743	115,484
Money market mutual funds	620,399	502,546
Total investments	<u>8,390,550</u>	<u>6,178,989</u>
Receivables		
Employer contributions	1,607,978	1,496,072
Accrued interest	65,934	39,349
Stop-loss/subrogated claims recovery	154,657	-
Prescription drug subsidies and rebates	540,629	625,036
Total receivables	<u>2,369,198</u>	<u>2,160,457</u>
Cash	2,313,453	956,003
Other assets		
Prepaid expenses	26,354	18,073
Total assets	<u>13,099,555</u>	<u>9,313,522</u>
Liabilities		
Accounts payable	83,352	83,123
Net assets available for benefits	<u>\$ 13,016,203</u>	<u>\$ 9,230,399</u>

The Notes to Financial Statements are an integral part of these statements.

Oregon Processors Employees Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 53,248	\$ 164,554
Interest income	205,028	171,910
Less: Investment expenses	(20,131)	(20,476)
Total investment income, net	<u>238,145</u>	<u>315,988</u>
Contributions		
Employers	18,245,121	16,540,203
Participants and retirees	690,161	758,834
Total contributions	<u>18,935,282</u>	<u>17,299,037</u>
Stop-loss/subrogated claims recovery	370,666	1,268,926
Prescription drug rebates and EGWP subsidies	1,156,128	1,065,096
Total additions	<u>20,700,221</u>	<u>19,949,047</u>
Deductions		
Cost of benefits		
Self-funded benefits	14,254,950	18,045,120
Insurance premiums	1,578,735	1,508,988
Total cost of benefits	<u>15,833,685</u>	<u>19,554,108</u>
Administrative expenses		
Actuary and special consulting fees	130,990	125,896
Administrative fees	390,272	326,984
Audit and accounting fees	41,072	46,196
Bank service charges	3,123	7,726
Cost-containment services	412,051	297,840
Fiduciary insurance	43,069	27,651
Legal fees	41,416	40,350
PCORI fees	6,606	5,931
Printing and other expenses	5,697	43,232
Travel and meeting expenses	6,436	8,955
Total administrative expenses	<u>1,080,732</u>	<u>930,761</u>
Total deductions	<u>16,914,417</u>	<u>20,484,869</u>
Net change in net assets available for benefits	3,785,804	(535,822)
Net assets available for benefits		
Beginning of year	9,230,399	9,766,221
End of year	<u>\$ 13,016,203</u>	<u>\$ 9,230,399</u>

The Notes to Financial Statements are an integral part of these statements.

**Oregon Processors Employees Trust
Statements of Benefit Obligations
December 31, 2024 and 2023**

	2024	2023
Amounts currently payable		
Claims payable and incurred but not reported	\$ 1,777,000	\$ 1,455,000
Premiums payable	129,900	140,300
Total amounts currently payable	<u>1,906,900</u>	<u>1,595,300</u>
Other obligations for current benefit coverage at present value of amounts, net of amounts currently payable		
Accumulated eligibility credits	1,279,000	1,428,000
Total obligations other than post-retirement benefit obligations	<u>3,185,900</u>	<u>3,023,300</u>
Post-retirement benefit obligations, net of amounts currently payable		
Current retirees	5,016,800	11,555,200
Other participants fully eligible for benefits	5,482,700	6,885,200
Other participants not fully eligible for benefits	5,965,100	7,491,000
Total post-retirement benefit obligations	<u>16,464,600</u>	<u>25,931,400</u>
Total benefit obligations	<u><u>\$ 19,650,500</u></u>	<u><u>\$ 28,954,700</u></u>

The Notes to Financial Statements are an integral part of these statements.

Oregon Processors Employees Trust
Statements of Changes in Benefit Obligations
Years Ended December 31, 2024 and 2023

	2024	2023
Amounts currently payable		
Balance at beginning of year	\$ 1,595,300	\$ 2,334,500
Increase (decrease) during the year attributable to changes in claims payable and incurred but not reported	322,000	(773,000)
Insurance premiums	(10,400)	33,800
Balance at end of year	1,906,900	1,595,300
Other obligations for current benefit coverage at present value of amounts, net of amounts currently payable		
Balance at beginning of year	1,428,000	1,253,000
Increase (decrease) during the year attributable to changes in accumulated eligibility credits	(149,000)	175,000
Balance at end of year	1,279,000	1,428,000
Total benefit obligations other than post-retirement benefit obligations	3,185,900	3,023,300
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	25,931,400	29,322,900
Increase (decrease) during the year attributable to changes in interest, benefits earned (net of benefits paid) and other changes	701,300	(3,704,800)
Change in actuarial assumptions	886,400	313,300
Plan amendments	(11,054,500)	-
Balance at end of year	16,464,600	25,931,400
Total benefit obligations	\$ 19,650,500	\$ 28,954,700

The Notes to Financial Statements are an integral part of these statements.

Oregon Processors Employees Trust

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Oregon Processors Employees Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer plan that was established effective April 19, 1963 as a result of a collective bargaining agreement ("CBA") between Food Processors, Drivers, Warehousemen and Helpers, Local Union No. 670 and certain employers; the Plan was restated effective August 6, 2020. The Plan provides medical, life, dental, vision, prescription drug, and accidental death and dismemberment benefits for eligible participants and their dependents. To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee approved participation agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the participating employers and the Local Union.

Eligibility

Eligibility generally requires a participant to be an active, full-time employee of a participating employer for the month preceding coverage. Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), has been adopted by the Plan.

Retirees

Certain benefits of the Plan are provided for retirees who meet the eligibility requirements established by the Board of Trustees. Self-payments are required in order to be eligible for the program of benefits. Self-payment rates are set by the Board of Trustees.

Plan assets to fund future retiree benefits (other than self-payments made by retirees) are not specifically provided, and current retiree benefits are funded on an ongoing basis out of the Plan's general assets and current contributions. The current contribution rates are approved by the Board of Trustees based upon information provided by the Plan's consultant. Retiree benefits are offered to eligible retirees only on a month-to-month basis. The Trustees reserve the right to change, modify or terminate retiree benefits, in whole or in part, at any time. In addition to deductibles and co-payments, the estimated cost of providing post-retirement benefits funded through retiree contributions for the years ended December 31, 2024, and 2023, was 36% and 41%, respectively.

Participants should refer to the Summary Plan Description and any later Plan amendments affecting benefits for more complete information.

Benefits

The current Plan provides medical, prescription drug, dental, vision, supplemental income, life insurance, and accidental death and dismemberment benefits. Benefits are generally paid directly from Plan assets, except for life insurance, accidental death and dismemberment, and some medical and dental benefits for those participants who elect to be covered through health maintenance organizations. Those benefits not paid directly from Plan assets are paid through contracts with an insurance company and various health maintenance organizations.

Funding Policy

The Plan is financed by employer, participant and retiree contributions and by participants electing COBRA coverage. The monthly employer contribution rate is specified in the collective bargaining agreements. Employer contributions are based on hours of work and are made in accordance with rates set forth in the collective bargaining agreements. Contributions for participants electing dependent coverage, for retirees, and for participants electing COBRA coverage are set by the Board of Trustees based on information provided by the Plan's consultant.

Oregon Processors Employees Trust

Notes to Financial Statements

December 31, 2024 and 2023

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of Oregon Processors Employees Trust are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation, Transactions, and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance company, as applicable. See Note 6 for discussion of fair value measurements.

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

Designated Investments

The Board of Trustees (the "Trustees") has designated investments as of December 31, 2024 and 2023, totaling \$1,455,000 and \$2,228,000, respectively, for payment, as deemed necessary, for incurred but not reported benefits.

Payment of Benefits and Benefit Obligations

Premiums paid are recorded as premiums payments in the accompanying statements of changes in net assets available for benefits. Claims payments are recorded when submitted to the Plan by the third-party claims' processor for reimbursement.

Claims payable and incurred but not reported and accumulated eligibility credits were estimated based on claims experience. Post-retirement benefit obligations were actuarially determined by the Plan's actuary.

Claims payable and incurred but not reported is an estimate of the cost to the Plan for claims incurred by the participants under the terms of the Plan during the year but paid by the Plan subsequent to year-end. Accumulated eligibility credits are estimated based on one month's cost of benefits and administrative expenses.

Administrative Expenses

The Plan's expenses are paid by the Plan as provided in the Plan document. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Stop Loss

Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits

Contributions Receivable

Employer contributions due but not paid at year-end are recorded as employer contributions receivable. An allowance for uncollectible accounts is considered unnecessary and is not provided. Contributions due as a result of payroll audits have been recorded net of an allowance equal to the amount due because collectability is uncertain. Therefore, delinquent contributions are recorded when received.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2024, for potential recognition or disclosure in the financial statements. These event and transactions were evaluated through October 10, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of the management that require recognition or disclosure.

Oregon Processors Employees Trust

Notes to Financial Statements

December 31, 2024 and 2023

3. Tax Status

The Plan obtained its latest determination letter, dated November 7, 1991, in which the Internal Revenue Service stated that the Plan, as then designed, was tax exempt under the provisions of Section 501(c)(9) and was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Plan management is required to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

4. Plan Termination

Although the Trustees have not expressed intent to discontinue the Plan, they may do so at any time subject to the provisions of ERISA and the terms of the CBA. In the event of termination, the Trustees shall first satisfy, or make provisions to satisfy, the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, carry out the purpose of the Plan. Termination shall not permit any part of the Plan to be used for, or diverted to, purposes other than the exclusive benefit of the participants and payment of Plan expenses.

5. Risks and Uncertainties

The Plan invests in U.S. Government and Government Agency obligations, corporate debt securities, mutual funds and money market mutual funds. Such investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and statement of changes in net assets available for benefits.

The actuarial present value of post-retirement benefit obligations are reported based on certain assumptions pertaining to interest rates, participant demographics and other assumptions, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

6. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB Accounting Standards Codification 820, *Fair Value Measurement*, are described as follows:

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

Level 2 - Inputs to the valuation technique include:

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

Level 3 - Inputs to the valuation technique are unobservable and significant to the fair value measurement.

Oregon Processors Employees Trust
Notes to Financial Statements
December 31, 2024 and 2023

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

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

Money Market Mutual Funds: The fair value of the money market mutual funds, which are not actively traded, is based on cost, which approximates fair value of the underlying investments.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its evaluation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	December 31, 2024		
	Level 1	Level 2	Total
Money market mutual funds	\$ -	\$ 620,399	\$ 620,399
Mutual funds	206,743	-	206,743
U.S. Government and Government Agency obligations	1,980,828	1,030,110	3,010,938
Corporate bonds	-	4,552,470	4,552,470
Total investments at fair value	\$ 2,187,571	\$ 6,202,979	\$ 8,390,550

	December 31, 2023		
	Level 1	Level 2	Total
Money market mutual funds	\$ -	\$ 502,546	\$ 502,546
Mutual funds	115,484	-	115,484
U.S. Government and Government Agency obligations	1,392,260	963,725	2,355,985
Corporate bonds	-	3,204,974	3,204,974
Total investments at fair value	\$ 1,507,744	\$ 4,671,245	\$ 6,178,989

Oregon Processors Employees Trust
Notes to Financial Statements
December 31, 2024 and 2023

7. Postretirement Benefit Obligations

The Plan provides post-retirement health care coverage to certain retirees and their dependents.

The amount reported as post-retirement benefit obligations represents the total actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected post-retirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Some of the more significant actuarial assumptions used to calculate the post-retirement health and death benefit obligations at December 31, 2024, and 2023, are as follows:

Mortality rates: December 2024: Normal and disabled retirees: Western Conference of Teamsters non-seasonal actuarial valuation, as used in the January 2024 actuarial valuation of the Western Conference of Teamsters Pension Plan. A modified version of the PRI - 2012 Healthy and Disabled tables with Scale MP 2021 is being used.

December 2023: Normal and disabled retirees: Western Conference of Teamsters non-seasonal actuarial valuation, as used in the January 2023 actuarial valuation of the Western Conference of Teamsters Pension Plan. A modified version of the PRI - 2012 Healthy and Disabled tables with Scale MP 2019 is being used.

Discount rates: 5.50% per annum (2024)
 4.75% per annum (2023)

Probability of rate of retirement:	<u>Attained Age</u>	<u>Retirement Rates</u>
	55-59	4%
	60-64	22%
	65-69	23%
	70-74	18%
	75+	100%

Disability rates: Range from 0.04% at age 20 to 0.65% at age 70.

Oregon Processors Employees Trust
Notes to Financial Statements
December 31, 2024 and 2023

Trend rates: 2024: For Plan years beginning January 1, 2025, the trend rates for indemnity medical are 7.00% in 2025 to 4.00% in 2037 and beyond; indemnity prescription drugs - 7.00% in 2025 to 4.00% in 2037 and beyond; UHC/Humana MAPD - 7.00% in 2025 to 4.00% in 2037 and beyond; Kaiser Senior Advantage (medical and drug) - 4.00% in 2025 and beyond; dental and vision - 3.00% in 2025 and beyond; operating expenses - 4.00% in 2025 and beyond; and self-pays - 0.00% in 2025 and beyond.

2023: For Plan years beginning January 1, 2024, the trend rates for indemnity medical are 4.50% in 2024 to 4.00% in 2026 and beyond; indemnity prescription drugs - 4.50% in 2024 to 4.00% in 2026 and beyond; Kaiser Senior Advantage (medical and drug) - 4.00% in 2024 and beyond; dental and vision - 3.00% in 2024 and beyond; operating expenses - 4.00% in 2024 and beyond; and self-pays - 0.00% in 2024 and beyond.

The foregoing assumptions are based on the presumption that the Plan will continue and will provide benefits for eligible retirees.

The Trustees have the power to modify or terminate retiree coverage at any time, even if the Plan continues to provide benefits for eligible employees and their eligible dependents. Should any termination of Plan coverage occur, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit obligations.

Retiree contributions are assumed to increase at the same rate as medical costs. The trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the post-retirement obligation as of December 31, 2024, and 2023, by \$2,275,700 and \$3,462,100, respectively.

8. Concentrations of Cash

The Plan maintains its cash at one financial institution. Cash balances may at times exceed the insured deposit limits. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations, and cash flows.

9. Major Employers

During the years ended December 31, 2024, and 2023, the Plan received approximately 81% and 81% of employer contributions from three employers, respectively.

10. Related-Party and Party In Interest Transactions

The third-party administrator leases space in Salem, Oregon, from Teamsters Local 670 Health Division's Cannery Distributors Co., Inc., on a month-to-month basis. Certain members of the Board of Trustees are also members of the Board of Directors of the Health Division's Cannery Distributors Co., Inc. The amount of rent paid by the third-party administrator was \$21,168 and \$20,259 for 2024 and 2023, respectively. Both parties believe that the rent approximates the fair rental value of the space.

11. Medicare Part D Subsidy

Effective January 1, 2022, the Plan entered into a Medicare Part D Waiver Plan with its prescription drug service provider. The prescription drug service provider received approval from the Centers for Medicare and Medicaid Services ("CMS") to serve as the Prescription Drug Sponsor and to provide prescription drug coverage that meets the requirements of, and is pursuant to, the Voluntary Prescription Drug Benefit Program set forth in Part D of the Act. The Plan received \$357,925 and \$251,621 for the years ended December 31, 2024 and 2023, respectively, under the Medicare Part D Waiver Plan with its prescription drug provider.

Oregon Processors Employees Trust
Notes to Financial Statements
December 31, 2024 and 2023

12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 13,016,203	\$ 9,230,399
Less: Benefit obligations currently payable	1,906,900	1,595,300
Net assets available for benefits per the Form 5500	<u>\$ 11,109,303</u>	<u>\$ 7,635,099</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended December 31, 2024:

Benefits paid to or for participants per the financial statements	\$ 15,833,685
Add: Benefit obligations currently payable at December 31, 2024	1,906,900
Less: Benefit obligations currently payable at December 31, 2023	<u>(1,595,300)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 16,145,285</u>

Supplementary Information

Report on Supplementary Information

Independent Auditor's Report

To the Trustees and Participants of
Oregon Processors Employees Trust:

We have audited the financial statements of Oregon Processors Employees Trust as of December 31, 2024, and for the year then ended, and have issued our report thereon dated October 10, 2025, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for the year ended December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions - for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements. The Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for the year ended December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions - for the Year Ended December 31, 2024 are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

October 10, 2025

Oregon Processors Employees Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 93-6031208 Plan Number: 501
December 31, 2024

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
U.S. Government Securities								
	F H L B DEB	Bonds	N/A	2.625%	9/12/2025	\$ 150,000	\$ 146,279	\$ 148,325
	F H L B DEB	Bonds	N/A	5.050%	4/10/2029	125,000	125,000	125,303
	F H L B DEB	Bonds	N/A	4.350%	12/4/2029	100,000	100,000	99,219
	F F C B DEB	Bonds	N/A	3.250%	2/1/2027	220,000	229,079	215,602
	F F C B DEB	Bonds	N/A	4.750%	5/6/2027	50,000	50,260	50,440
	F F C B DEB	Bonds	N/A	3.860%	9/10/2027	200,000	200,000	196,848
	F N M A	Bonds	N/A	0.375%	8/25/2025	100,000	99,830	97,496
	F N M A	Bonds	N/A	0.500%	11/7/2025	100,000	100,116	96,877
	U S TREASURY NT	Bonds	N/A	1.250%	4/30/2028	250,000	250,566	226,485
	U S TREASURY NT	Bonds	N/A	1.125%	8/31/2028	100,000	99,949	89,192
	U S TREASURY NT	Bonds	N/A	1.375%	10/31/2028	75,000	74,713	67,175
	U S TREASURY NT	Bonds	N/A	2.750%	4/30/2027	110,000	109,583	106,345
	U S TREASURY NT	Bonds	N/A	4.125%	10/31/2029	150,000	148,852	148,272
	U S TREASURY NT	Bonds	N/A	4.125%	10/31/2026	150,000	149,332	149,658
	U S TREASURY NT	Bonds	N/A	4.000%	11/15/2027	150,000	149,232	149,339
	U S TREASURY NT	Bonds	N/A	4.125%	11/30/2029	20,000	19,882	19,773
	U S TREASURY NT	Bonds	N/A	4.125%	11/30/2029	30,000	29,823	29,659
	U S TREASURY NT	Bonds	N/A	2.250%	11/15/2025	200,000	203,734	196,578
	U S TREASURY NT	Bonds	N/A	1.625%	2/15/2026	50,000	50,857	48,572
	U S TREASURY NT	Bonds	N/A	1.625%	9/30/2026	100,000	103,844	95,631
	U S TREASURY NT	Bonds	N/A	1.750%	12/31/2026	200,000	201,117	190,570
	U S TREASURY NT	Bonds	N/A	1.125%	2/28/2027	100,000	100,199	93,610
	U S TREASURY NT	Bonds	N/A	2.625%	2/15/2029	125,000	126,084	116,866
	U S TREASURY NT	Bonds	N/A	2.625%	2/15/2029	60,000	62,735	56,096
	U S TREASURY NT	Bonds	N/A	2.375%	4/30/2026	100,000	101,289	97,575
	U S TREASURY BILL	Bonds	N/A	N/A	2/20/2025	100,000	98,932	99,432
							<u>3,131,287</u>	<u>3,010,938</u>
Corporate Debt Instruments - Preferred								
	AIR PRODUCTS	Corporate Bonds	N/A	1.500%	10/15/2025	75,000	77,891	73,223
	AIR PRODUCTS	Corporate Bonds	N/A	1.500%	10/15/2025	50,000	51,927	48,815
	AMERICAN HONDA MTN	Corporate Bonds	N/A	4.900%	1/10/2034	75,000	73,560	72,102

See Independent Auditor's Report on Supplementary Information.

Oregon Processors Employees Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 93-6031208 Plan Number: 501
December 31, 2024

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	AMERICAN HONDA MTN	Corporate Bonds	N/A	4.900%	3/13/2029	20,000	19,958	19,931
	AMERICAN HONDA MTN	Corporate Bonds	N/A	5.050%	7/10/2031	55,000	55,852	54,460
	ANHEUSER BUSCH CO	Corporate Bonds	N/A	5.950%	1/15/2033	25,000	27,469	26,075
	APPLE INC	Corporate Bonds	N/A	2.050%	9/11/2026	100,000	106,678	96,191
	BAKER HUGHES LLC CO	Corporate Bonds	N/A	3.337%	12/15/2027	75,000	71,960	72,340
	BANK OF AMERICA MTN	Corporate Bonds	N/A	3.500%	4/19/2026	75,000	73,741	73,880
	BANK NY MELLON MTN	Corporate Bonds	N/A	3.000%	2/24/2025	75,000	78,963	74,816
	BANK NY MTN	Corporate Bonds	N/A	3.250%	5/16/2027	50,000	56,412	48,526
	BP CAP MKTS AMER	Corporate Bonds	N/A	4.893%	9/11/2033	75,000	74,555	72,551
	BRISTOL MYERS SQUIBB	Corporate Bonds	N/A	3.900%	2/20/2028	75,000	75,872	73,428
	BRISTOL MYERS	Corporate Bonds	N/A	5.100%	2/22/2031	75,000	76,844	75,483
	COCA COLA CO THE	Corporate Bonds	N/A	3.375%	3/25/2027	50,000	57,160	48,962
	COCA COLA CO THE	Corporate Bonds	N/A	3.450%	3/25/2030	75,000	82,920	70,755
	COMCAST CORP	Corporate Bonds	N/A	4.250%	10/15/2030	45,000	41,837	43,394
	COMCAST CORP	Corporate Bonds	N/A	5.500%	10/15/2030	25,000	26,509	25,618
	COMCAST CORP	Corporate Bonds	N/A	5.300%	11/15/2032	75,000	77,904	74,906
	CUMMINS INC	Corporate Bonds	N/A	4.900%	6/1/2034	75,000	75,525	75,468
	JOHN DEERE MTN	Corporate Bonds	N/A	4.900%	3/7/2031	75,000	75,009	75,024
	ESTEE LAUDER CO INC	Corporate Bonds	N/A	2.600%	4/15/2030	60,000	53,161	53,297
	LAUDER ESTEE COS INC	Corporate Bonds	N/A	4.375%	5/15/2028	75,000	74,023	74,050
	ILLINOIS TOOL	Corporate Bonds	N/A	2.650%	11/15/2026	75,000	83,450	72,830
	INTEL CORP	Corporate Bonds	N/A	2.450%	11/15/2029	75,000	78,221	65,825
	INTERCONTINENTAL	Corporate Bonds	N/A	4.600%	3/15/2033	75,000	72,518	71,971
	INTERCONTINENTAL	Corporate Bonds	N/A	5.250%	6/15/2031	75,000	77,402	75,736
	IBM CORP	Corporate Bonds	N/A	5.875%	11/29/2032	75,000	80,597	78,898
	MARSH MCLENNAN COS	Corporate Bonds	N/A	5.750%	11/1/2032	75,000	79,679	77,546
	MASTERCARD INC	Corporate Bonds	N/A	2.950%	11/21/2026	50,000	55,964	48,625
	MERCK CO INC	Corporate Bonds	N/A	3.400%	3/7/2029	60,000	61,506	57,081
	METLIFE INC	Corporate Bonds	N/A	5.375%	7/15/2033	75,000	71,540	75,795
	MORGAN STANLEY MTN	Corporate Bonds	N/A	3.125%	7/27/2026	75,000	73,082	73,263
	NATIONAL RURAL MTN	Corporate Bonds	N/A	4.800%	3/15/2028	70,000	69,161	70,123
	NATIONAL RURAL UTIL	Corporate Bonds	N/A	8.000%	3/1/2032	75,000	89,094	87,220
	NORTHERN TRUST CORP	Corporate Bonds	N/A	3.650%	8/3/2028	70,000	78,469	67,593
	PEPSICO INC	Corporate Bonds	N/A	2.850%	2/24/2026	50,000	55,323	49,117

See Independent Auditor's Report on Supplementary Information.

Oregon Processors Employees Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 93-6031208 Plan Number: 501
December 31, 2024

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	PRECISION CASTPARTS	Corporate Bonds	N/A	3.250%	6/15/2025	50,000	55,160	49,713
	PUBLIC STORAGE	Corporate Bonds	N/A	3.094%	9/15/2027	100,000	112,346	96,159
	PUBLIC STORAGE	Corporate Bonds	N/A	3.094%	9/15/2027	50,000	56,023	48,080
	REALTY INCOME CORP	Corporate Bonds	N/A	4.850%	3/15/2030	25,000	24,662	24,843
	REALTY INCOME CORP	Corporate Bonds	N/A	4.850%	3/15/2030	65,000	65,577	64,591
	REALTY INCOME CORP	Corporate Bonds	N/A	4.700%	12/15/2028	50,000	48,215	49,750
	REALTY INCOME CORP	Corporate Bonds	N/A	4.000%	7/15/2029	10,000	9,546	9,617
	SALESFORCE COM INC	Corporate Bonds	N/A	3.700%	4/11/2028	50,000	58,234	48,691
	CHARLES SCHWAB	Corporate Bonds	N/A	3.200%	3/2/2027	75,000	84,002	72,634
	CHARLES SCHWAB	Corporate Bonds	N/A	3.850%	5/21/2025	50,000	56,568	49,861
	CHARLES SCHWAB	Corporate Bonds	N/A	3.250%	5/22/2029	25,000	27,135	23,426
	SIMON PPTY GROUP LP	Corporate Bonds	N/A	2.450%	9/13/2029	75,000	68,957	67,441
	SIMON PPTY GROUP LP	Corporate Bonds	N/A	2.200%	2/1/2031	75,000	64,940	63,793
	STATE STREET CORP	Corporate Bonds	N/A	2.650%	5/19/2026	100,000	109,918	97,545
	STATE STREET CORP	Corporate Bonds	N/A	2.650%	5/19/2026	50,000	54,926	48,773
	TARGET CORP	Corporate Bonds	N/A	2.250%	4/15/2025	50,000	53,375	49,630
	3M COMPANY	Corporate Bonds	N/A	2.375%	8/26/2029	75,000	77,522	67,302
	TOYOTA MTR CR MTN	Corporate Bonds	N/A	2.000%	8/13/2027	100,000	99,903	91,572
	TOYOTA MTR CR MTN	Corporate Bonds	N/A	1.150%	3/21/2031	75,000	76,830	75,251
	UNILEVER CAPITAL	Corporate Bonds	N/A	2.000%	7/28/2026	100,000	106,851	96,380
	UNITEDHEALTH GROUP	Corporate Bonds	N/A	3.875%	12/15/2028	75,000	85,178	72,527
	UNITEDHEALTH GROUP	Corporate Bonds	N/A	2.300%	5/15/2031	75,000	65,222	63,773
	WASTE MGMT INC	Corporate Bonds	N/A	4.950%	7/3/2031	40,000	40,316	40,040
	WASTE MGMT INC	Corporate Bonds	N/A	4.800%	3/15/2032	75,000	75,179	73,701
	BANK MONTREAL MTN CV	Corporate Bonds	N/A	5.717%	9/25/2028	65,000	66,724	66,652
	BANK MONTREAL MTN	Corporate Bonds	N/A	5.511%	6/4/2031	75,000	76,991	76,189
	BANK NOVA SCOTIA	Corporate Bonds	N/A	4.850%	2/1/2030	75,000	75,035	74,468
	BANK NOVA SCOTIA	Corporate Bonds	N/A	5.250%	6/12/2028	50,000	49,824	50,521
	PFTIZER INVT	Corporate Bonds	N/A	4.750%	5/19/2033	75,000	74,336	72,876
	ROYAL BK CDA MTN	Corporate Bonds	N/A	4.950%	2/1/2029	65,000	64,704	65,135
	ROYAL BK MTN	Corporate Bonds	N/A	5.150%	2/1/2034	75,000	76,980	74,060
	SUMITOMO MITSUI	Corporate Bonds	N/A	3.010%	10/19/2026	75,000	72,572	72,813
	SUMITOMO MITSUI FIN	Corporate Bonds	N/A	3.352%	10/18/2027	50,000	47,276	48,218
	TORONTO DOMINION MTN	Corporate Bonds	N/A	0.750%	9/11/2025	50,000	49,961	48,670

See Independent Auditor's Report on Supplementary Information.

Oregon Processors Employees Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 93-6031208 Plan Number: 501
December 31, 2024

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	TORONTO DOMINION	Corporate Bonds	N/A	4.456%	6/8/2032	40,000	38,138	37,902
	TORONTO DOMINION MTN	Corporate Bonds	N/A	4.994%	4/5/2029	25,000	24,753	24,955
							<u>4,805,615</u>	<u>4,552,470</u>
	Money Market Mutual Fund							
	FIRST AM GOVT OB FD CLX	Mutual Funds	N/A	N/A	N/A	414,318	414,318	414,318
	FIRST AM GOVT OB FD CLX	Mutual Funds	N/A	N/A	N/A	206,081	206,081	206,081
							<u>620,399</u>	<u>620,399</u>
	Mutual Funds							
	FIDELITY 500 INDEX FUND	Mutual Funds	N/A	N/A	N/A	1,013	154,871	206,743
							<u>154,871</u>	<u>206,743</u>
							<u>\$ 8,712,172</u>	<u>\$ 8,390,550</u>

See Independent Auditor's Report on Supplementary Information.

Oregon Processors Employees Trust
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 93-6031208 Plan Number: 501
Year Ended December 31, 2024

(a)	(b) Identity of Party Involved	(c) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
<u>Single Transactions</u>									
	FIRST AM GOVT OB FD CL X	Money Market	\$ 2,000,000	N/A	N/A	N/A	\$ 2,000,000	\$ 2,000,000	\$ -
	FIRST AM GOVT OB FD CL X	Money Market	1,105,750	N/A	N/A	N/A	1,105,750	1,105,750	-
	FIRST AM GOVT OB FD CL X	Money Market	N/A	2,000,000	N/A	N/A	2,000,000	2,000,000	-
	FIRST AM GOVT OB FD CL X	Money Market	N/A	979,389	N/A	N/A	979,389	979,389	-
							<u>\$ 6,085,139</u>	<u>\$ 6,085,139</u>	<u>\$ -</u>
<u>Series of Transactions in Same Security</u>									
	FIRST AM GOVT OB FD CL X	Money Market	\$ 4,790,089	N/A	N/A	N/A	\$ 4,790,089	\$ 4,790,089	\$ -
	FIRST AM GOVT OB FD CL X	Money Market	N/A	4,672,239	N/A	N/A	4,672,239	4,672,239	-
							<u>\$ 9,462,328</u>	<u>\$ 9,462,328</u>	<u>\$ -</u>

See Independent Auditor's Report on Supplementary Information.

OREGON PROCESSORS EMPLOYEES TRUST

EIN 93-6031208

Plan No. 501

Plan Year Ended December 31,2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)**

See attachment to the Audit Report attached at Accountant's Opinion

OREGON PROCESSORS EMPLOYEES TRUST

EIN 93-6031208

Plan No. 501

Plan Year Ended December 31,2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Audit Report attached at Accountant's Opinion

OREGON PROCESSORS EMPLOYEES TRUST

EIN 93-6031208

Plan No. 501

Plan Year Ended December 31,2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

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: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program
[] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan OREGON PROCESSORS EMPLOYEES TRUST
1b Three-digit plan number (PN) 501
1c Effective date of plan 06/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF OREGON PROCESSORS EMPLOYEES TRUST
PO BOX 4148 PORTLAND OR 97208
2b Employer Identification Number (EIN) 93-6031208
2c Plan Sponsor's telephone number (503) 282-5581
2d Business code (see instructions) 311400

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. Rows include Michael Beranbaum (Plan administrator), Sara Duckwall (Employer/plan sponsor), and a blank row for DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1,448
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1,227
	6a(2)	1,226
	6b	204
	6c	0
	6d	1,430
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	19

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4H 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____
