

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TEAMSTERS-FOOD PROCESSORS MONEY PURCHASE PENSION TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES, TEAMSTERS-FOOD PROCESSORS MONEY PURCHASE PENSION TRUST
2b Employer Identification Number (EIN): 91-1138243
2c Plan Sponsor's telephone number: 206-329-4900
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	327
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)	139
	6a(2)	126
	6b	1
	6c	223
	6d	350
	6e	27
	6f	377
	6g(1)	290
6g(2)	274	
6h	3	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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 TEAMSTERS-FOOD PROCESSORS MONEY PURCHASE PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, TEAMSTERS-FOOD PROCESSORS	D Employer Identification Number (EIN) 91-1138243	

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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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)

FERGUSON WELLMAN CAPITAL MANAGEMENT

93-0646988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	51617	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)

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(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 27 33 49 50 55 71 72	NONE	36474	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

TRUCKER HUSS, APC

94-3216063

(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	23086	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)

NORTHWEST ADMINISTRATORS, INC.

91-0680697

(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?
13 50	NONE	29995	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)

MILLER KAPLAN ARASE LLP

95-2036255

(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	13600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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 TEAMSTERS-FOOD PROCESSORS MONEY PURCHASE PENSION TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, TEAMSTERS-FOOD PROCESSORS	D Employer Identification Number (EIN) 91-1138243

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	6006	6196
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16167	25680
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	23746	23279
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	80423	86331
(2) U.S. Government securities	1c(2)	834261	784314
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	599547	689133
(B) All other	1c(3)(B)	361299	277056
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3598491	4369733
(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)	1001633	983233
(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	6521573	7244955
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	7624	10001
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7624	10001
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6513949	7234954

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)	178231	
(B) Participants.....	2a(1)(B)		
(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)		178231
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	12	
(B) U.S. Government securities.....	2b(1)(B)	27917	
(C) Corporate debt instruments.....	2b(1)(C)	41425	
(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)		69354
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	53814	
(B) Common stock.....	2b(2)(B)	39300	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		93114
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1125314	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1176065	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-50751
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	834271	
(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)		-20140
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1104079

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	217793	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		217793
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)	29995	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13600	
(5) Investment advisory and investment management fees	2i(5)	51617	
(6) Bank or trust company trustee/custodial fees	2i(6)	36474	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	23086	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1333	
(11) Other expenses	2i(11)	9176	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		165281
j Total expenses. Add all expense amounts in column (b) and enter total	2j		383074

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		721005
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: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 <u>TEAMSTERS-FOOD PROCESSORS MONEY PURCHASE PENSION TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, TEAMSTERS-FOOD PROCESSORS</u>	D Employer Identification Number (EIN) <u>91-1138243</u>	

Part I	Distributions
---------------	----------------------

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

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

1	
---	--

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

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	11
---	----

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>178231</u>
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>178231</u>
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	0

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Teamsters-Food Processors
Money Purchase Pension Trust
2323 Eastlake Avenue East
Seattle, Washington 98102

Members of the Board:

Opinion

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Seattle, Washington

October 14, 2025

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST**
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	<u>December 31, 2024</u>	<u>December 31, 2023</u>
CASH	\$ 6,196	\$ 6,006
INVESTMENTS - AT FAIR VALUE		
Cash Equivalents	86,331	80,423
Government Debt Securities	784,314	834,261
Corporate Debt Securities	966,189	960,846
Common Stock	4,369,733	3,598,491
Exchange Traded Funds	<u>983,233</u>	<u>1,001,633</u>
TOTAL INVESTMENTS	<u>7,189,800</u>	<u>6,475,654</u>
TOTAL CASH AND INVESTMENTS	<u>7,195,996</u>	<u>6,481,660</u>
RECEIVABLES		
Employer Contributions	25,680	16,167
Investment Income	<u>19,720</u>	<u>20,045</u>
TOTAL RECEIVABLES	<u>45,400</u>	<u>36,212</u>
PREPAID EXPENSES	<u>3,559</u>	<u>3,701</u>
TOTAL ASSETS	7,244,955	6,521,573
 LIABILITIES		
Accounts Payable	<u>10,001</u>	<u>7,624</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,234,954</u>	<u>\$ 6,513,949</u>

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
ADDITIONS		
EMPLOYER CONTRIBUTIONS	\$ 178,231	\$ 202,249
INVESTMENT INCOME		
Interest and Dividends	162,468	153,841
Net Appreciation in Investments	763,380	675,438
Less: Investment Expenses	<u>(88,091)</u>	<u>(80,280)</u>
NET INVESTMENT INCOME	<u>837,757</u>	<u>748,999</u>
TOTAL ADDITIONS	<u>1,015,988</u>	<u>951,248</u>
DEDUCTIONS		
Benefits Paid	217,793	296,800
Administration and Professional Fees	<u>77,190</u>	<u>104,195</u>
TOTAL DEDUCTIONS	<u>294,983</u>	<u>400,995</u>
NET INCREASE FOR THE YEAR	721,005	550,253
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>6,513,949</u>	<u>5,963,696</u>
End of Year	<u>\$ 7,234,954</u>	<u>\$ 6,513,949</u>

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Teamsters-Food Processors Money Purchase Pension Trust (the “Plan”) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan’s provisions.

A. General

The Plan is a defined contribution pension plan. All non-seasonal employees of Smith Frozen Foods, Inc. (the “Company”) who are at least twenty-one years old and covered by a collective bargaining agreement (“CBA”) that requires contributions to the Plan are eligible to participate in the Plan. The CBA is between the Company and Teamsters Local Union No. 839, General Teamsters, Warehousemen, Garage Employees and Helpers, and Food Processing (excluding Construction) (the “Union”), the counties of Benton, Franklin, Walla Walla, Columbia and Garfield in the state of Washington and Athena, Weston and Milton-Freewater in Umatilla County in the state of Oregon. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

B. Administration

The Board of Trustees (the “Board”) serves as plan sponsor and plan administrator. The Board established a trust (the “Trust”) to receive employer contributions and maintain assets of the Plan for provision of benefits and designated a third-party administrator to maintain participant records and carry out a majority of tasks associated with day-to-day Plan administration. Morgan Stanley Smith Barney LLC serves as custodian of Plan investments. The Board appointed an investment manager to provide professional investment management services. Costs of administering the Plan are paid by the Plan and were as follows for the years ended December 31:

	2024	2023
Administrative Fees	\$ 29,995	\$ 32,680
Legal Fees	23,086	41,357
Audit Fees	13,600	13,000
Annuity Placement Fees	3,000	2,700
Insurance	6,162	6,162
Meeting Expenses	1,333	1,546
Printing, Mailing and Office Expenses	14	6,750
	\$ 77,190	\$ 104,195

C. Contributions and Funding

The Company makes monthly contributions to the Plan for covered employees at the rate specified in the labor agreement on a cents-per-hour basis up to a maximum weekly contribution and a maximum annual contribution regardless of hours worked. The hourly contribution rate was \$1.17 and the annual maximum contribution was \$2,433.60 for the years ended December 31, 2024 and 2023. Contributions for the years ended December 31, 2024 and 2023 meet the minimum funding requirements of ERISA.

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

D. Participant Accounts

A separate account is maintained for each participant. Company contributions are allocated to participants as of the end of each Plan year in an amount equal to the contribution made for his or her covered hours of service and his or her share of accounts forfeited during the calendar year. A participant must complete a minimum of 250 hours of service during the year to receive a Company contribution. Earnings or losses including increases or decreases in value of the trust, net of expenses and excluding Company contributions and forfeitures are allocated to participant accounts as of the last day of each quarter.

E. Vesting and Forfeitures

Participants who work a minimum of 500 hours per year in covered employment earn a year of vesting service. A participant's account is vested upon completion of five years of service in covered employment, reaching retirement age while working in covered employment or on the date of death or total disability while working in covered employment. Forfeitures of non-vested accounts are allocated to the account of each participant pro-rata based on the Company's contribution with respect to the participant compared to Company contributions with respect to all participants.

F. Payment of Benefits

Normal retirement under the Plan is age 65. Upon termination of service, death, disability or retirement, a participant or beneficiary is entitled to a distribution of his or her account. An annuity is the normal form of benefit under the Plan (a life annuity if single and a joint and survivor annuity if married). Optional forms of distribution are permitted including lump sums with spousal consent, if married. A participant's benefit is equal to the value of the participant's account at the most recent valuation date preceding commencement of benefits. Benefits are recorded when paid.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

B. Investment Valuation 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. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes gains and losses on investments bought and sold as well as held during the year.

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect reported amounts and disclosures. Actual results may differ from those estimates.

D. Risk and Uncertainties

Investment securities are exposed to various risks such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with Plan investments, it is at least reasonably possible that changes in equity markets, interest rates, or other factors in the near term would materially affect participant accounts and the amounts reported in the financial statements.

NOTE 3 - INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated May 7, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). The Plan has since been amended, however the plan administrator believes the Plan is designed and operated in compliance with applicable requirements of the Code and related state statutes. Therefore, no provision for income taxes is included in the Plan's financial statements.

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

NOTE 4 - PLAN TERMINATION

Although they have not expressed intent to do so, the Board of Trustees has the right to terminate the Plan subject to the terms of ERISA. In the event of Plan termination, participants will become fully vested in their accounts. As soon as is practicable, the account balances less an amount withheld to cover the expenses of closing the Plan will be distributed to the participants.

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting guidance on measuring fair value establishes a hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Under the fair value hierarchy Level 1 inputs are quoted prices for identical securities in an active market. Level 2 inputs are quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. Level 3 inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Cash equivalents are valued at amortized cost. Some government and corporate debt securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities with similar credit ratings, duration and yield. Common stocks, exchange traded funds and some government debt securities are valued at the closing price reported on the active market on which the individual securities are traded.

There were no changes in methods used to measure fair value at December 31, 2024 and 2023. The following tables summarize by level within the fair value hierarchy the Plan's investments at fair value as of December 31:

	2024		
	Level 1	Level 2	Total
Cash Equivalents	\$ -	\$ 86,331	\$ 86,331
Government Debt Securities	744,763	39,551	784,314
Corporate Debt Securities	-	966,189	966,189
Common Stock	4,369,733	-	4,369,733
Exchange Traded Funds	983,233	-	983,233
	<u>\$ 6,097,729</u>	<u>\$ 1,092,071</u>	<u>\$ 7,189,800</u>
	2023		
	Level 1	Level 2	Total
Cash Equivalents	\$ -	\$ 80,423	\$ 80,423
Government Debt Securities	786,764	47,497	834,261
Corporate Debt Securities	-	960,846	960,846
Common Stock	3,598,491	-	3,598,491
Exchange Traded Funds	1,001,633	-	1,001,633
	<u>\$ 5,386,888</u>	<u>\$ 1,088,766</u>	<u>\$ 6,475,654</u>

NOTE 6 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 14, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST**
FORM 5500
SCHEDULE H - LINE 4
E.I.N. 91-1138243; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
Teamsters-Food Processors
Money Purchase Pension Trust
2323 Eastlake Avenue East
Seattle, Washington 98102

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP

Seattle, Washington

October 14, 2025

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST**

FORM 5500

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

E.I.N. 91-1138243; PLAN NO. 001

DECEMBER 31, 2024

<u>Par Value</u>	<u>Government Debt Securities</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Fair Value</u>	<u>Cost</u>
\$ 50,000	UNITED STATES TREASURY BOND	11/15/48	3.375%	\$ 39,117	\$ 47,549
50,000	UNITED STATES TREASURY NOTE	08/15/29	1.625%	44,400	49,221
50,000	UNITED STATES TREASURY BOND	08/15/41	3.750%	44,035	58,446
75,000	UNITED STATES TREASURY BOND	05/15/25	2.125%	74,417	72,563
100,000	UNITED STATES TREASURY BOND	11/15/41	3.125%	80,570	114,898
60,000	UNITED STATES TREASURY NOTE	05/15/26	3.625%	59,520	59,552
50,000	UNITED STATES TREASURY NOTE	11/15/25	2.250%	49,155	48,314
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25,000	UNITED STATES TREASURY BOND	05/15/32	2.875%	22,471	25,098
75,000	UNITED STATES TREASURY NOTE	08/15/33	3.875%	71,432	71,880
15,000	UNITED STATES TREASURY BOND	08/15/53	4.125%	13,386	15,076
50,000	UNITED STATES TREASURY BOND	11/15/27	6.125%	52,524	61,266
11,098	FEDERAL NATIONAL MTG ASSN POOL AC9286	02/01/41	4.500%	10,756	11,138
100	FEDERAL NATIONAL MTG ASSN POOL AB2142	01/01/26	4.000%	100	99
990	FEDERAL NATIONAL MTG ASSN POOL AA4433	03/01/39	4.500%	959	992
6,016	FEDERAL NATIONAL MTG ASSN POOL AE5471	10/01/40	4.500%	5,831	6,038
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1,144	FHLMC 15 YR GOLD A27553	10/01/34	5.500%	1,154	1,187
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791	FHLMC 30 YR GOLD A67638	10/01/37	6.000%	801	822
175	FHLMC 30 YR GOLD C77968	04/01/33	5.000%	176	178
555	FHLMC 30 YR GOLD C01490	02/01/33	5.500%	559	575
5,780	FHLMC 30 YR GOLD G07491	03/01/42	4.500%	5,609	5,809
	<u>TOTAL - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 784,314</u>	<u>\$ 907,989</u>
	<u>Corporate Debt Securities</u>				
\$ 75,000	AMGEN INC	02/25/31	2.300%	\$ 63,870	\$ 78,055
70,000	BANK OF AMERICA CORP	04/19/26	3.500%	69,017	74,159
75,000	CISCO SYSTEMS INC	02/26/34	5.050%	74,809	75,364
75,000	COMCAST CORP	10/15/28	4.150%	73,155	79,254
80,000	CONSOLIDATED EDISON CO OF NEW YORK INC	07/01/35	5.250%	78,383	84,400
50,000	HOME DEPOT INC	04/15/40	3.300%	38,960	53,685
75,000	JPMORGAN CHASE & CO	07/15/41	5.600%	75,773	78,024
70,000	LOWE'S COS INC	04/15/42	4.650%	61,359	76,650
60,000	METRONIC INC	03/15/35	4.375%	56,339	70,877
60,000	PEPSICO INC	03/19/30	2.750%	54,513	62,129
	<u>Forward</u>			<u>\$ 646,178</u>	<u>\$ 732,597</u>

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST**

FORM 5500

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

E.I.N. 91-1138243; PLAN NO. 001

DECEMBER 31, 2024

<u>Par Value</u>	<u>Corporate Debt Securities (Continued)</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 646,178	\$ 732,597
\$ 70,000	UNITEDHEALTH GROUP INC	08/15/23	3.500%	55,560	72,426
80,000	VERIZON COMMUNICATIONS INC	03/16/27	4.125%	79,082	80,182
50,000	VISA INC	12/14/35	4.150%	46,258	57,928
75,000	WALT DISNEY CO/THE	01/13/31	2.650%	66,366	80,650
75,000	WELLS FARGO & CO	01/24/29	4.150%	72,745	88,590
	<u>TOTAL - CORPORATE DEBT SECURITIES</u>			<u>\$ 966,189</u>	<u>\$ 1,112,373</u>

<u>No. of Shares</u>	<u>Common Stock</u>			<u>Fair Value</u>	<u>Cost</u>
475	ABBVIE INC COM			\$ 84,408	\$ 58,028
110	AIRBUS SE UNSPONSORED ADR			4,408	3,477
1,790	ALPHABET INC CL A			338,847	82,586
825	AMAZON COM INC			180,997	144,739
680	AMER INTL GP INC NEW			49,504	40,950
430	AMER ELEC PWR CO INC			39,659	34,736
1,143	APPLE INC			286,230	110,722
370	AUTONATION INC			62,841	27,554
205	AVALONBAY COMM INC			45,094	43,981
170	AVERY DENNISON CORP			31,812	36,691
100	AXA ADS			3,554	2,578
210	BARCLAYS PLC ADR			2,791	2,070
50	BHP GROUP LIMITED ADR			2,442	3,946
660	BROADCOM INC			153,014	18,231
550	BROWN & BROWN INC			56,111	36,009
100	CANADIAN NATURAL RESOURCES LTD			3,087	1,531
165	CENORCA INC			37,072	25,287
685	CHEVRON CORP			99,215	84,320
110	COMPAS GROUP PLC SPD ADR			3,667	3,497
90	CRH PLC			8,327	5,492
245	CROWDSTRIKE HLDGS INC CL A			83,829	31,064
115	DASSAULT SYSTEMS SA ADS			3,989	5,052
55	DBS GROUP HOLDINGS LTD SP			7,051	2,971
1,130	ENTERGY CORP NEW			85,676	54,111
20	FERGUSON PLC ADR			3,471	2,055
1,400	FORTIVE CORP			123,000	114,865
165	HOME DEPOT INC			64,183	38,982
40	HOYA CORP SPONS ADR			5,043	2,383
220	ING GROEP NV ADR			3,447	2,179
35	INTERCONTINENTAL HOTLS GRP ADR			4,372	3,469
600	JPMORGAN CHASE & CO			143,826	65,456
580	KINGFISHER PLC SPONS ADR NEW			3,613	4,214
35	L OREAL CO ADR			2,480	2,605
615	MERCK & CO			61,180	70,849
885	MICROSOFT CORP			373,027	44,097
	<u>Forward</u>			<u>\$ 2,461,267</u>	<u>\$ 1,210,777</u>

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST**

FORM 5500

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

E.I.N. 91-1138243; PLAN NO. 001

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 2,461,267	\$ 1,210,777
620	MONSTER BEVERAGE CORP NEW COM	32,587	26,973
160	MOTOROLA SOLUTIONS INC	73,957	34,137
45	NOVARTIS AG ADR	4,379	4,669
90	NOVO NORDISK A/S ADR	7,742	3,884
2,490	NVIDIA CORPORATION	334,382	94,208
20	NXP SEMICONDUCTORS NV	4,157	1,830
60	ORIX CORP	6,374	4,831
534	PALO ALTO NETWORKS INC	97,167	50,383
194	PARKER HANNIFIN CORP	123,390	50,275
870	PHILIP MORRIS INTL INC	104,705	73,067
650	PROCTER & GAMBLE	108,973	88,701
20	SAP AG	4,924	2,397
78	SERVICENOW INC	82,689	44,249
80	SIEMENS	7,734	7,808
325	SONY GROUP CORPORATION ADR	6,877	2,191
270	SSE PLC SPON ADR	5,424	5,635
1,340	STATE STREET CORP	131,521	101,570
246	STRYKER CORP	88,572	64,873
450	SUMITOMO MITSUI FINL GROUP INC	6,520	4,388
380	T-MOBILE US INC COM	83,877	71,256
80	TECHNIPFMC LTD	2,315	588
755	TEXTRON INC	57,750	65,846
230	THALES USDPONSORD ADR	6,604	5,587
149	THERMO FISHER SCIENTIFIC	77,514	64,661
710	TJX COS INC NEW	85,775	48,304
55	TOTALENERGIES SE SPONSORED ADS	2,998	2,753
195	UNITEDHEALTH GP INC	98,643	89,936
430	UNIVERSAL MUSIC GROUP NV ADR	5,504	5,151
720	VERALTO CORP	73,332	64,268
425	VISA INC CL A	134,317	77,550
680	WELLS FARGO & CO NEW	47,763	52,951
	<u>TOTAL - COMMON STOCK</u>	<u>\$ 4,369,733</u>	<u>\$ 2,425,697</u>
	<u>Exchange Traded Funds</u>		
325	ISHARES INC MSCI EMGR MKT ETF	\$ 18,021	\$ 16,118
8,275	ISHARES MBS ETF	758,652	886,217
200	ISHARES MSCI EAFE SM CAP ETF	12,150	11,370
1,470	ISHARES CORE US AGGREGATE	142,443	145,036
1,180	VANGUARD FTSE EMERGING MARKETS	51,967	52,595
	<u>TOTAL - EXCHANGE TRADED FUNDS</u>	<u>\$ 983,233</u>	<u>\$ 1,111,336</u>

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST**

FORM 5500

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

E.I.N. 91-1138243; PLAN NO. 001

DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Cash Equivalents</u>	<u>Fair Value</u>	<u>Cost</u>
86,331	Morgan Stanley Private Bank NA Bank Deposits *	<u>\$ 86,331</u>	<u>\$ 86,331</u>
	<u>TOTAL INVESTMENTS</u>	<u>\$ 7,189,800</u>	<u>\$ 5,643,726</u>

* Party-in-interest

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 91-1138243; PLAN NO. 001

JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Description of Assets</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
Morgan Stanley Private	-	-	\$ 1,456,839	\$ -	\$ 1,456,839	\$ -
Bank NA Bank Deposits			-	1,450,930	1,450,930	-

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____

the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>TEAMSTERS-FOOD PROCESSORS MONEY PURCHASE PENSION TRUST</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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)</p> <p>BOARD OF TRUSTEES, TEAMSTERS-FOOD PROCESSORS MONEY PURCHASE PENSION TRUST</p> <p>2323 EASTLAKE AVE E SEATTLE, WA 98102</p>	<p>1c Effective date of plan <u>01/01/1980</u></p> <p>2b Employer Identification Number (EIN) <u>91-1138243</u></p> <p>2c Plan Sponsor's telephone number <u>206-329-4900</u></p> <p>2d Business code (see instructions) <u>311400</u></p>

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

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

SIGN HERE	<p>DocuSigned by: <i>Yanet Rodriguez</i> 772CE5BBE617406</p> <p>Signature of plan administrator</p>	<p>10/14/2025 8:45 AM PDT</p> <p>Date</p>	<p>Yanet Rodriguez</p> <p>Enter name of individual signing as plan administrator</p>
SIGN HERE	<p>Signed by: <i>Mike Lesko</i> 933693FA8871477</p> <p>Signature of employer/plan sponsor</p>	<p>10/14/2025 10:40 AM PDT</p> <p>Date</p>	<p>Michael Lesko</p> <p>Enter name of individual signing as employer or plan sponsor</p>
SIGN HERE	<p>Signature of DFE</p>	<p>Date</p>	<p>Enter name of individual signing as DFE</p>

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 91-1138243
	3c Administrator's telephone number 206-329-4900

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	5 327
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	6a(1) 139
a(2) Total number of active participants at the end of the plan year	6a(2) 126
b Retired or separated participants receiving benefits	6b 1
c Other retired or separated participants entitled to future benefits.	6c 223
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 350
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 27
f Total. Add lines 6d and 6e.	6f 377
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 290
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 274
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2C

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

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

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

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

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST**

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**TEAMSTERS-FOOD PROCESSORS
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5,869	FHLMC 30 YR GOLD A97019	02/01/41	4.000%	5,543	5,758
791	FHLMC 30 YR GOLD A67638	10/01/37	6.000%	801	822
175	FHLMC 30 YR GOLD C77968	04/01/33	5.000%	176	178
555	FHLMC 30 YR GOLD C01490	02/01/33	5.500%	559	575
5,780	FHLMC 30 YR GOLD G07491	03/01/42	4.500%	5,609	5,809
	<u>TOTAL - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 784,314</u>	<u>\$ 907,989</u>
	<u>Corporate Debt Securities</u>				
\$ 75,000	AMGEN INC	02/25/31	2.300%	\$ 63,870	\$ 78,055
70,000	BANK OF AMERICA CORP	04/19/26	3.500%	69,017	74,159
75,000	CISCO SYSTEMS INC	02/26/34	5.050%	74,809	75,364
75,000	COMCAST CORP	10/15/28	4.150%	73,155	79,254
80,000	CONSOLIDATED EDISON CO OF NEW YORK INC	07/01/35	5.250%	78,383	84,400
50,000	HOME DEPOT INC	04/15/40	3.300%	38,960	53,685
75,000	JPMORGAN CHASE & CO	07/15/41	5.600%	75,773	78,024
70,000	LOWE'S COS INC	04/15/42	4.650%	61,359	76,650
60,000	METRONIC INC	03/15/35	4.375%	56,339	70,877
60,000	PEPSICO INC	03/19/30	2.750%	54,513	62,129
	<u>Forward</u>			<u>\$ 646,178</u>	<u>\$ 732,597</u>

**TEAMSTERS-FOOD PROCESSORS
MONEY PURCHASE PENSION TRUST**

FORM 5500

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

E.I.N. 91-1138243; PLAN NO. 001

DECEMBER 31, 2024

<u>Par Value</u>	<u>Corporate Debt Securities (Continued)</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 646,178	\$ 732,597
\$ 70,000	UNITEDHEALTH GROUP INC	08/15/23	3.500%	55,560	72,426
80,000	VERIZON COMMUNICATIONS INC	03/16/27	4.125%	79,082	80,182
50,000	VISA INC	12/14/35	4.150%	46,258	57,928
75,000	WALT DISNEY CO/THE	01/13/31	2.650%	66,366	80,650
75,000	WELLS FARGO & CO	01/24/29	4.150%	72,745	88,590
	<u>TOTAL - CORPORATE DEBT SECURITIES</u>			<u>\$ 966,189</u>	<u>\$ 1,112,373</u>

<u>No. of Shares</u>	<u>Common Stock</u>			<u>Fair Value</u>	<u>Cost</u>
475	ABBVIE INC COM			\$ 84,408	\$ 58,028
110	AIRBUS SE UNSPONSORED ADR			4,408	3,477
1,790	ALPHABET INC CL A			338,847	82,586
825	AMAZON COM INC			180,997	144,739
680	AMER INTL GP INC NEW			49,504	40,950
430	AMER ELEC PWR CO INC			39,659	34,736
1,143	APPLE INC			286,230	110,722
370	AUTONATION INC			62,841	27,554
205	AVALONBAY COMM INC			45,094	43,981
170	AVERY DENNISON CORP			31,812	36,691
100	AXA ADS			3,554	2,578
210	BARCLAYS PLC ADR			2,791	2,070
50	BHP GROUP LIMITED ADR			2,442	3,946
660	BROADCOM INC			153,014	18,231
550	BROWN & BROWN INC			56,111	36,009
100	CANADIAN NATURAL RESOURCES LTD			3,087	1,531
165	CENORCA INC			37,072	25,287
685	CHEVRON CORP			99,215	84,320
110	COMPAS GROUP PLC SPD ADR			3,667	3,497
90	CRH PLC			8,327	5,492
245	CROWDSTRIKE HLDGS INC CL A			83,829	31,064
115	DASSAULT SYSTEMS SA ADS			3,989	5,052
55	DBS GROUP HOLDINGS LTD SP			7,051	2,971
1,130	ENTERGY CORP NEW			85,676	54,111
20	FERGUSON PLC ADR			3,471	2,055
1,400	FORTIVE CORP			123,000	114,865
165	HOME DEPOT INC			64,183	38,982
40	HOYA CORP SPONS ADR			5,043	2,383
220	ING GROEP NV ADR			3,447	2,179
35	INTERCONTINENTAL HOTLS GRP ADR			4,372	3,469
600	JPMORGAN CHASE & CO			143,826	65,456
580	KINGFISHER PLC SPONS ADR NEW			3,613	4,214
35	L OREAL CO ADR			2,480	2,605
615	MERCK & CO			61,180	70,849
885	MICROSOFT CORP			373,027	44,097
	<u>Forward</u>			<u>\$ 2,461,267</u>	<u>\$ 1,210,777</u>

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FORM 5500

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E.I.N. 91-1138243; PLAN NO. 001

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 2,461,267	\$ 1,210,777
620	MONSTER BEVERAGE CORP NEW COM	32,587	26,973
160	MOTOROLA SOLUTIONS INC	73,957	34,137
45	NOVARTIS AG ADR	4,379	4,669
90	NOVO NORDISK A/S ADR	7,742	3,884
2,490	NVIDIA CORPORATION	334,382	94,208
20	NXP SEMICONDUCTORS NV	4,157	1,830
60	ORIX CORP	6,374	4,831
534	PALO ALTO NETWORKS INC	97,167	50,383
194	PARKER HANNIFIN CORP	123,390	50,275
870	PHILIP MORRIS INTL INC	104,705	73,067
650	PROCTER & GAMBLE	108,973	88,701
20	SAP AG	4,924	2,397
78	SERVICENOW INC	82,689	44,249
80	SIEMENS	7,734	7,808
325	SONY GROUP CORPORATION ADR	6,877	2,191
270	SSE PLC SPON ADR	5,424	5,635
1,340	STATE STREET CORP	131,521	101,570
246	STRYKER CORP	88,572	64,873
450	SUMITOMO MITSUI FINL GROUP INC	6,520	4,388
380	T-MOBILE US INC COM	83,877	71,256
80	TECHNIPFMC LTD	2,315	588
755	TEXTRON INC	57,750	65,846
230	THALES USDPONSORD ADR	6,604	5,587
149	THERMO FISHER SCIENTIFIC	77,514	64,661
710	TJX COS INC NEW	85,775	48,304
55	TOTALENERGIES SE SPONSORED ADS	2,998	2,753
195	UNITEDHEALTH GP INC	98,643	89,936
430	UNIVERSAL MUSIC GROUP NV ADR	5,504	5,151
720	VERALTO CORP	73,332	64,268
425	VISA INC CL A	134,317	77,550
680	WELLS FARGO & CO NEW	47,763	52,951
	<u>TOTAL - COMMON STOCK</u>	<u>\$ 4,369,733</u>	<u>\$ 2,425,697</u>
	<u>Exchange Traded Funds</u>		
325	ISHARES INC MSCI EMGR MKT ETF	\$ 18,021	\$ 16,118
8,275	ISHARES MBS ETF	758,652	886,217
200	ISHARES MSCI EAFE SM CAP ETF	12,150	11,370
1,470	ISHARES CORE US AGGREGATE	142,443	145,036
1,180	VANGUARD FTSE EMERGING MARKETS	51,967	52,595
	<u>TOTAL - EXCHANGE TRADED FUNDS</u>	<u>\$ 983,233</u>	<u>\$ 1,111,336</u>

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E.I.N. 91-1138243; PLAN NO. 001

DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Cash Equivalents</u>	<u>Fair Value</u>	<u>Cost</u>
86,331	Morgan Stanley Private Bank NA Bank Deposits *	<u>\$ 86,331</u>	<u>\$ 86,331</u>
	<u>TOTAL INVESTMENTS</u>	<u>\$ 7,189,800</u>	<u>\$ 5,643,726</u>

* Party-in-interest