

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 04/01/1967 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) DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN 10606 TRADEMARK PARKWAY NORTH SUITE 201A RANCHO CUCAMONGA, CA 91730-5910 2b Employer Identification Number (EIN) 95-6221757 2c Plan Sponsor's telephone number 909-980-1194 2d Business code (see instructions) 525100

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, 12/23/2025, ASCENCION MARQUEZ. 2. Signature of plan administrator, Date, Enter name of individual signing as plan administrator. 3. Filed with authorized/valid electronic signature, 12/23/2025, PAUL HUIZENGA. 4. Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. 5. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	663
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	
	<b>6b</b>	306
	<b>6c</b>	207
	<b>6d</b>	513
	<b>6e</b>	112
	<b>6f</b>	625
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	0

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
11

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input 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)

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

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

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

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

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

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

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>95-6221757</b>	

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

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

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

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

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

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

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**(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)

MORGAN AND FRANZ ADMINISTRATION

33-0988122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	77700	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)

CITIZENS BUSINESS BANK

95-6806148

(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?
51 28	NONE	73012	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)

NWPS

04-3721424

(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 50	NONE	33000	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)

KRAW LAW GROUP

32-0465891

(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	26255	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)

HENNINGFIELD & ASSOCIATES, INC.

54-2189926

(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	NONE	24000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>95-6221757</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	195832	154721
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	30458	15601
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2363211	2284890
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	336640	381136
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1439222	1281237
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2219905	2535492
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	4528634	3896075
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2719542	2488720
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	13833444	13037872
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	11721	9909
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	11721	9909
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	13821723	13027963

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	265102	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		265102
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	16090	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	30056	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	111347	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		157493
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	60728	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	56200	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		116928
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	1833086	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1344165	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		488921
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-171191	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-171191

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		6504
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		863757

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1377823	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1377823
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	77700	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	24000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	73012	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	33000	
(8) Legal fees .....	<b>2i(8)</b>	26255	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	45727	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		279694
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1657517

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-793760
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **HENNINGFIELD & ASSOCIATES**

(2) EIN: **54-2189926**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 565150.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>95-6221757</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1	
---	--

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

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

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

3	0
---	---

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	7
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	21010111

**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 \_\_\_\_\_.

# **H&A** HENNINGFIELD & ASSOCIATES, INC.

*Certified Public Accountants*

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## **Independent Auditors' Report**

To the Board of Trustees  
Dairy Employees Union Local 17 Pension Plan

### **Opinion**

We have audited the financial statements of Dairy Employees Union Local 17 Pension Plan, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2025 and 2024 and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of March 31, 2024, and the related statement of changes in accumulated plan benefits for the year 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 of Dairy Employees Union Local 17 Pension Plan as of March 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and changes in its accumulated plan benefits for the year ended March 31, 2024, 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 Dairy Employees Union Local 17 Pension 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 Dairy Employees Union Local 17 Pension Plan ability to continue as a going concern for the year ended March 31, 2025.

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, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

# **H&A** HENNINGFIELD & ASSOCIATES, INC.

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Board of Trustees  
Dairy Employees Union Local 17 Pension Plan

## **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 judgement 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 Dairy Employees Union Local 17 Pension 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 judgement, there are conditions or events considered in the aggregate that raise substantial doubt about Dairy Employees Union Local 17 Pension 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.

**H&A HENNINGFIELD & ASSOCIATES, INC.**  
*Certified Public Accountants*

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Board of Trustees  
Dairy Employees Union Local 17 Pension Plan

**Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held For Investment As Of March 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of the Plan's 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.

*Henningfield & Associates, Inc.*

**HENNINGFIELD & ASSOCIATES, INC.**  
Valencia, CA  
December 18, 2025

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT**  
**AS OF MARCH 31, 2025**

**Employer Identification Number 95-6221757**

**Plan Number 001**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	CitizensTrust	Allspring Funds Tr Govt Money Market	381,136	381,136
	CitizensTrust	500 shs Alphabet Inc Cap Stk Cla A	13,415	77,320
	CitizensTrust	662 shs Disney Walt co Com	59,342	65,339
	CitizensTrust	1,062 shs Verizon Communications Inc	50,726	48,172
	CitizensTrust	735 shs Amazon Com Inc	67,562	139,841
	CitizensTrust	115 shs Home Depot Inc	26,034	42,146
	CitizensTrust	181 shs McDonalds Corp	43,258	56,539
	CitizensTrust	118 shs Ulta Salon Cosmetics & Frag Inc	17,723	43,252
	CitizensTrust	613 shs Veralto Corp Com	38,753	59,737
	CitizensTrust	130 shs Colgate Palmolive Co	11,760	12,181
	CitizensTrust	870 shs Malson Coors Brewing Co Class B	43,665	52,957
	CitizensTrust	735 shs Walmart Inc	18,399	64,526
	CitizensTrust	597 shs Cheniere Energy Inc New	29,145	138,146
	CitizensTrust	368 shs Chevron Corp New	34,766	61,563
	CitizensTrust	670 shs Diamondback Energy Inc	30,740	107,120
	CitizensTrust	457 shs Eog Resources Inc	56,384	58,605
	CitizensTrust	1,281 shs Bank of America Corp	27,655	53,456
	CitizensTrust	147 shs Goldman Sachs Group Inc	26,688	80,305
	CitizensTrust	321 shs JP Morgan Chase & Co	18,326	78,741
	CitizensTrust	153 shs Mastercard Inc Class A	54,328	83,862
	CitizensTrust	977 shs Schwab Charles Corp	59,254	76,480
	CitizensTrust	288 shs The Travelers Companies Inc	24,189	76,164
	CitizensTrust	1,345 shs US Bankcorp Del New	64,518	56,786
	CitizensTrust	398 shs Abbvie Inc Sr Nt Com	27,742	83,389
	CitizensTrust	302 shs Danaher Corp	35,543	61,910
	CitizensTrust	640 shs Edwards Lifesciences Corp	55,715	46,387
	CitizensTrust	652 shs Merck & Co Inc	61,857	58,523
	CitizensTrust	111 shs Regeneron Pharmaceuticals Inc	79,457	70,400
	CitizensTrust	94 shs Thermo Fisher Scientific Inc	11,630	46,774
	CitizensTrust	133 shs Unitedhealth Group Inc	38,130	69,659
	CitizensTrust	499 shs Expedia Group Inc	59,506	83,882
	CitizensTrust	671 shs Ingersoll Rand Inc	44,471	53,700
	CitizensTrust	86 shs Lockheed Martin Corp	36,626	38,417
	CitizensTrust	589 shs Quanta Services Inc	20,413	149,712
	CitizensTrust	1,366 shs Uber Technologies Inc	29,903	99,527
	CitizensTrust	236 shs Union Pac Corp	21,793	55,753
	CitizensTrust	949 shs Apple Inc	17,933	210,801
	CitizensTrust	833 shs Broadcom Inc	41,294	139,469

\$ 1,779,779	\$ 3,182,677
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**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT**  
**AS OF MARCH 31, 2025**

Employer Identification Number 95-6221757

Plan Number 001

Schedule H Part IV, 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 1,779,779	\$ 3,182,677
	CitizensTrust	470 shs Dell Technologies Inc Co Cl C	58,767	42,841
	CitizensTrust	778 shs Marvell Technology Group Ltd Com	28,852	47,901
	CitizensTrust	321 shs Microsoft Corp	18,974	120,500
	CitizensTrust	219 shs Motorola Solutions Inc	27,856	95,880
	CitizensTrust	2,455 shs Nvidia Corp	1,138	266,073
	CitizensTrust	2,410 shs Palantir Technologies Inc Cl A	53,428	203,404
	CitizensTrust	472 shs Palo Alto Networks Inc Com	16,680	80,542
	CitizensTrust	275 shs Qualcomm Inc	36,758	42,243
	CitizensTrust	398 shs Snowflake Inc Cl A	68,498	58,172
	CitizensTrust	802 shs Lyondellbasell Industries Nv Shs	60,290	56,461
	CitizensTrust	1,436 shs Dominion Energy Inc	76,488	80,517
	CitizensTrust	3,020 shs Ishares Msci Emg Mkts Ex China	156,743	166,372
	CitizensTrust	12,542 shs Ishares Russell Mid Cap	656,432	1,066,948
	CitizensTrust	2,341 shs Ishares Core S&P Small Cap	181,441	244,798
	CitizensTrust	19,882 shs Vanguard Ftse Developed Markets	885,026	1,010,602
	CitizensTrust	37,000 shs Lockheed Martin Corp @ 3.55% due 1/15/2026	39,835	36,777
	CitizensTrust	85,000 shs Norfolk Southern Corp @ 2.9% due 6/15/2026	86,879	83,525
	CitizensTrust	125,000 shs Baltimore Gas & Elec Co @ 2.4 due 8/15/2026	119,282	121,754
	CitizensTrust	100,000 shs Union Pac Corp @ 3% due 4/15/2027	100,901	97,509
	CitizensTrust	100,000 shs Lowes Companies Inc @ 3.1% due 5/3/2027	100,081	97,253
	CitizensTrust	100,000 shs Hubbell Inc @ 3.5% due 2/15/2028	95,847	97,081
	CitizensTrust	100,000 shs Schwab Charles corp @ 2% due 3/20/2028	100,135	93,394
	CitizensTrust	50,000 shs American Wtr Cap Corp @ 3.75% due 9/1/2028	50,318	48,830
	CitizensTrust	200,000 shs Federal Home Loan Banks @ 1.375% due 9/1/2028	200,000	183,224
	CitizensTrust	100,000 shs Northern Trust Corp @ 3.15% due 5/3/2029	103,646	95,421
	CitizensTrust	150,000 shs Federal Home Ln Mtg Corp @ 1.4% due 6/24/2030	150,000	130,485
	CitizensTrust	100,000 shs Federal Home Loan Banks @ 1.24% due 8/26/2030	99,868	85,645
	CitizensTrust	75,000 shs Federal Home Loan Banks @ 1.34% due 9/24/2030	74,913	64,448
	CitizensTrust	300,000 shs Federal Home Loan Banks @ 1.5% due 2/18/2031	299,050	256,920
	CitizensTrust	100,000 shs Federal Home Loan Banks @ 1.625@ due 2/25/2031	99,500	86,232
	CitizensTrust	100,000 shs Federal Farm Cr Bks @ 1.99% due 3/17/2031	99,965	87,615
	CitizensTrust	100,000 shs Apple Inc @ 1.7% due 8/5/2031	98,210	85,554
	CitizensTrust	100,000 shs Federal Farm Cr Bks @ 4.55% due 2/17/2033	98,740	99,404
	CitizensTrust	300,000 shs Texas Instruments Inc @ 4.9% due 3/14/2033	309,943	303,639
	CitizensTrust	200,000 shs Florida Pwr @ Lt Co @ 5.1% due 4/1/2033	203,447	202,330
	CitizensTrust	100,000 shs Apple Inc @ 4.3% due 5/10/2033	99,967	99,301
	CitizensTrust	200,000 shs Honeywell International Inc @ 4.5% due 5/17/2034	198,027	193,314
	CitizensTrust	200,000 shs Lockheed Martin Corp @ 4.75% due 2/15/2034	197,748	197,010
			<b>\$ 7,133,452</b>	<b>\$ 9,612,596</b>

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
SCHEDULE OF ASSETS HELD FOR INVESTMENT  
AS OF MARCH 31, 2025**

Employer Identification Number 95-6221757

Plan Number 001

Schedule H Part IV, 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 7,133,452	\$ 9,612,596
	CitizensTrust	9,232 shs GNMA Remic Trust Ser @ 6% due 4/17/2034	10,479	9,334
	CitizensTrust	200,000 shs John Deere Capital Corp @ 5.05% due 6/12/2034	200,840	201,108
	CitizensTrust	100,000 shs Home Depot Inc @ 4.95% due 6/25/2034	100,465	100,336
	CitizensTrust	100,000 shs Lockheed Martin Corp @ 4.8% due 8/15/2034	99,612	98,508
	CitizensTrust	108,000 shs Federal Farm Credit Bank @ 2.22% due 10/10/2034	87,482	89,681
	CitizensTrust	79,442 shs GNMA Remic Trust Ser @ 5% due 1/16/2035	89,968	79,513
	CitizensTrust	100,000 shs Honeywell Internaitonal Inc @ 5% due 3/1/2035	101,514	99,625
	CitizensTrust	35,442 shs GNMA Remic Trust Ser 2008-58 @ 5.5% due 7/16/2038	41,036	36,180
	CitizensTrust	21,497 shs GNMA Remic Trust Ser 2008-94 @ 5% due 12/20/2038	24,359	21,596
	CitizensTrust	34,128 shs GNMA Reic Trust Ser 2011-34 @ 4% due 3/20/2041	37,306	32,614
	CitizensTrust	39,329 shs GNMA Remic Trust Ser 2011-93 @ 4% due 7/20/2041	40,509	36,626
	CitizensTrust	100,000 shs GNMA Remic Trust Ser 2013-113 @ 3.5% due 8/16/2043	109,953	91,976
	CitizensTrust	94,000 shs GNMA Remic Trust Ser 2018-160 @ 3.5% due 11/20/2048	104,017	72,967

\$ 8,180,992	\$ 10,582,660
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**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**

**FINANCIAL STATEMENTS**

**FOR THE YEARS ENDED  
MARCH 31, 2025 AND 2024**

**ERISA PLAN NO. 001  
EIN 95-6221757**

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
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**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
BOARD OF TRUSTEES AND PROFESSIONAL ADVISORS  
MARCH 31, 2025**

BOARD OF TRUSTEES

EMPLOYER TRUSTEES

Paul Huizenga  
Daryl Koops

UNION TRUSTEES

Ascencion Marquez

CONTRACT ADMINISTRATOR

Morgan & Franz Insurance & Administrative Services

ACTUARY / CONSULTANT

NWPS

ATTORNEY

Kraw Law Group, APC

INVESTMENT COUNSEL

Citizen's Trust

CERTIFIED PUBLIC ACCOUNTANTS

Henningfield & Associates, Inc.

# **H&A** HENNINGFIELD & ASSOCIATES, INC.

*Certified Public Accountants*

28296 Constellation Rd. • Valencia, California 91355  
Phone: (661) 295-3363 • Fax (661) 295-3364  
[www.henningfieldcpa.com](http://www.henningfieldcpa.com)

## **Independent Auditors' Report**

To the Board of Trustees  
Dairy Employees Union Local 17 Pension Plan

### **Opinion**

We have audited the financial statements of Dairy Employees Union Local 17 Pension Plan, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2025 and 2024 and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of March 31, 2024, and the related statement of changes in accumulated plan benefits for the year 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 of Dairy Employees Union Local 17 Pension Plan as of March 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and changes in its accumulated plan benefits for the year ended March 31, 2024, 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 Dairy Employees Union Local 17 Pension 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 Dairy Employees Union Local 17 Pension Plan ability to continue as a going concern for the year ended March 31, 2025.

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, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

# **H&A** HENNINGFIELD & ASSOCIATES, INC.

*Certified Public Accountants*

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Board of Trustees  
Dairy Employees Union Local 17 Pension Plan

## **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 judgement 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 Dairy Employees Union Local 17 Pension 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 judgement, there are conditions or events considered in the aggregate that raise substantial doubt about Dairy Employees Union Local 17 Pension 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.

**H&A HENNINGFIELD & ASSOCIATES, INC.**  
*Certified Public Accountants*

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Board of Trustees  
Dairy Employees Union Local 17 Pension Plan

**Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held For Investment As Of March 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of the Plan's 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.

*Henningfield & Associates, Inc.*

**HENNINGFIELD & ASSOCIATES, INC.**  
Valencia, CA  
December 18, 2025

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF MARCH 31, 2025 AND 2024**

**ASSETS**

	<b>March 31, 2025</b>	<b>March 31, 2024</b>
<b>INVESTMENTS AT FAIR VALUE</b> (Note 2)		
Common Stock	\$ 3,896,075	\$ 4,528,634
Exchange Traded Funds	2,488,720	2,719,542
Corporate Bonds	2,535,492	2,219,905
Money Market Mutual Fund	381,136	336,640
US Government Securities	<u>1,281,237</u>	<u>1,439,222</u>
<b>TOTAL INVESTMENTS AT FAIR VALUE</b>	<u>10,582,660</u>	<u>11,243,943</u>
<b>RECEIVABLES</b>		
Employer Contributions (Notes 2, 3, 4 and 7)	15,601	30,458
Interest Receivable	44,581	32,655
Assessed Withdrawal Liability (Note 5)	<u>2,235,586</u>	<u>2,327,718</u>
<b>TOTAL RECEIVABLES</b>	<u>2,295,768</u>	<u>2,390,831</u>
<b>CASH</b>		
Citizen's Bank (Note 7)	<u>154,721</u>	<u>195,832</u>
<b>PREPAID EXPENSES</b>	<u>4,723</u>	<u>2,838</u>
<b>TOTAL ASSETS</b>	<u>\$ 13,037,872</u>	<u>\$ 13,833,444</u>

**LIABILITIES AND NET ASSETS  
AVAILABLE FOR PLAN BENEFITS**

<b>LIABILITIES</b>		
Accrued Liabilities	\$ <u>9,909</u>	\$ <u>11,721</u>
<b>TOTAL LIABILITIES</b>	<u>9,909</u>	<u>11,721</u>
<b>NET ASSETS AVAILABLE FOR PLAN BENEFITS</b>	<u>13,027,963</u>	<u>13,821,723</u>
	<u>\$ 13,037,872</u>	<u>\$ 13,833,444</u>

The accompanying notes are an integral part of these financial statements.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED MARCH 31, 2025 AND 2024**

	<b>March 31, 2025</b>	<b>March 31, 2024</b>
<b>ADDITIONS</b>		
Employer Contributions (Notes 2, 3 and 4)	\$ -	\$ 141,750
Withdrawal Liability Income (Note 5)	<u>265,102</u>	<u>28,664</u>
Total Contributions	<u>265,102</u>	<u>170,414</u>
Investment Income		
Dividend and Interest Income	274,421	262,685
Net gain on sale of investments (Exhibit A)	550,506	631,253
Net unrealized appreciation (depreciation) in fair value of investments (Exhibit A)	<u>(226,272)</u>	<u>928,956</u>
Total Investment Income	<u>598,655</u>	<u>1,822,894</u>
Less Investment Management Fees	<u>(73,012)</u>	<u>(71,583)</u>
Net Investment Income	<u>525,643</u>	<u>1,751,311</u>
<b>TOTAL ADDITIONS</b>	<u>790,745</u>	<u>1,921,725</u>
<b>DEDUCTIONS</b>		
Benefit Payments	1,377,823	1,422,148
<b>ADMINISTRATIVE EXPENSES</b>		
Administrative Fees	77,700	67,596
Actuarial Fees	33,000	33,000
Legal Fees	26,255	18,353
Audit Fees	24,000	23,000
Death Audit	3,500	-
Insurance and Bonding	9,056	4,966
PBGC	24,272	23,520
Printing, Postage and Miscellaneous	<u>8,899</u>	<u>3,038</u>
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<u>206,682</u>	<u>173,473</u>
<b>TOTAL DEDUCTIONS</b>	<u>1,584,505</u>	<u>1,595,621</u>
<b>NET INCREASE (DECREASE)</b>	(793,760)	326,104
<b>NET ASSETS AVAILABLE FOR PLAN BENEFITS</b>		
<b>BEGINNING OF YEAR</b>	<u>13,821,723</u>	<u>13,495,619</u>
<b>END OF YEAR</b>	\$ <u>13,027,963</u>	\$ <u>13,821,723</u>

The accompanying notes are an integral part of these financial statements.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
STATEMENTS OF ACCUMULATED PLAN BENEFITS  
AS OF MARCH 31, 2024 AND 2023**

<b>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS</b>	<b>March 31, 2024</b>	<b>March 31, 2023</b>
<b>Vested Benefits</b>		
Participants currently receiving payments	\$ 12,627,195	\$ 12,931,045
Other vested participants	<u>5,160,830</u>	<u>5,312,748</u>
	17,788,025	18,243,793
<b>Nonvested benefits</b>	<u>-</u>	<u>-</u>
 <b>TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS</b>	 <u>\$ 17,788,025</u>	 <u>\$ 18,243,793</u>

The accompanying notes are an integral part of these financial statements.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS  
FOR THE YEARS ENDED MARCH 31, 2024 AND 2023**

	<b>March 31, 2024</b>	<b>March 31, 2023</b>
<b>ACCUMULATED PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, BEGINNING OF THE YEAR</b>	\$ <u>18,243,793</u>	\$ <u>19,155,182</u>
<b>Increase (Decrease) During the Year</b>		
<b>Attributable to:</b>		
Benefits accumulated and actuarial experience	1,557	(481,475)
Increase for interest	964,823	1,014,349
Benefits paid	<u>(1,422,148)</u>	<u>(1,444,263)</u>
<b>NET INCREASE (DECREASE)</b>	<u>(455,768)</u>	<u>(911,389)</u>
<b>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, END OF YEAR</b>	\$ <u>17,788,025</u>	\$ <u>18,243,793</u>

The accompanying notes are an integral part of these financial statements.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
EXHIBIT A - GAIN(LOSS) FROM SALE OF INVESTMENTS  
AND CHANGES IN NET UNREALIZED APPRECIATION  
IN FAIR VALUE OF INVESTMENTS BY INVESTMENT TYPE  
FOR THE YEARS ENDED MARCH 31, 2025 AND 2024**

**REALIZED GAIN ON SALE OF INVESTMENTS - MARCH 31, 2025**

Description	Proceeds	Cost	Gain/(Loss)
Common Stock	\$ 1,505,346	\$ 1,011,480	\$ 493,866
Exchange Traded Funds	237,326	175,741	61,585
Corporate Bonds	300,000	301,279	(1,279)
US Government Securities	<u>27,740</u>	<u>31,406</u>	<u>(3,666)</u>
Total Realized Gain on Sale of Investments	<u>\$ 2,070,412</u>	<u>\$ 1,519,906</u>	<u>\$ 550,506</u>

**REALIZED GAIN ON SALE OF INVESTMENTS - MARCH 31, 2024**

Description	Proceeds	Cost	Gain/(Loss)
Common Stock	\$ 1,516,424	\$ 952,307	\$ 564,117
Exchange Traded Funds	366,505	362,912	3,593
Corporate Bonds	686,898	619,918	66,980
US Government Securities	<u>26,090</u>	<u>29,527</u>	<u>(3,437)</u>
Total Realized Gain on Sale of Investments	<u>\$ 2,595,917</u>	<u>\$ 1,964,664</u>	<u>\$ 631,253</u>

**NET UNREALIZED APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS**

For the years ended March 31, 2025 and 2024, the Plan's investments, including investments purchased, sold and held during the years, appreciated (depreciated) in value as follows:

**Investments at Fair Value as Determined**

By Quoted Market Price	March 31, 2025	March 31, 2024
Common Stock	\$ (256,592)	\$ 543,184
Exchange Traded Funds	(55,081)	385,835
Corporate Bonds	(327,857)	5,594
US Government Securities	<u>413,258</u>	<u>(5,657)</u>
	<u>\$ (226,272)</u>	<u>\$ 928,956</u>
	<b>March 31, 2025</b>	<b>March 31, 2024</b>
Fair value of investment, end of the year	\$ 10,582,660	\$ 11,243,943
Cost of investments, end of the year	<u>8,180,992</u>	<u>8,616,003</u>
Net unrealized appreciation, end of the year	2,401,668	2,627,940
Net unrealized appreciation, beginning of the year	<u>2,627,940</u>	<u>1,698,984</u>
Changes in net unrealized appreciation in fair value of investments	<u>\$ (226,272)</u>	<u>\$ 928,956</u>

The accompanying notes are an integral part of this exhibit.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MARCH 31, 2025 AND 2024**

**NOTE 1 - PLAN DESCRIPTION**

The following brief description of the Dairy Employees Union Local 17 Pension Plan is provided for general purposes only. Financial statement users should refer to the Plan Document for more complete information.

**General**

The Dairy Employees Union Local 17 Pension Plan (the "Plan") was established April 1, 1967 by the Dairy Employees Union, Local No. 17, (the "Union") and the employers of the members of the Union. The Plan's primary purpose is to provide retirement benefits to eligible Union members.

The Plan is a defined benefit pension plan and covers all Union members. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective April 1, 2017, the Union amended the Supplemental Agreement to the Collective Bargaining Agreement. This amendment requires participating employers to contribute fixed amounts of contributions to the Plan as the Plan is closed to new participants.

The Dairy Employees Union, Local No. 17 has dissolved and effective March 31, 2024, the Plan has terminated due to mass withdrawal. The Plan still exists and participants will continue to receive benefits and employers will continue to make withdrawal liability payments. Employer active contributions will cease as of March 31, 2024. The Plan has notified the Pension Benefit Guaranty Corporation ("PBGC") of its termination.

**Eligibility and Benefits**

A Union member is eligible for annual pension benefits upon attaining his normal retirement date, which is the later of age 65 or the fifth anniversary of the first day of the Plan Year in which participation commences. A Union member may elect to retire early from ages 55 to 59 with 10 or more years of credited service, or from age 60 to 64 with 5 or more years of credited service. Service and credited service are as follows:

The amount received between age 55 and 59 for early retirement is equal to accrued benefit on the date of early retirement reduced to its actuarial equivalent to reflect commencement prior to age 60. The amount received at age between 60 and the later of 64 or normal retirement date is equal to accrued benefit not reduced for early commencement. Several elections for payment are available to Union members. They may elect to receive their pension benefits in the form of single life annuity, a qualified joint and survivor annuity, ten-year certain and life annuity, five-year certain and life annuity and social security adjustment annuity.

If a Union member discontinues employment before rendering 5 years of service, all accumulated plan benefits are forfeited. A Participant is 100 percent vested if they have 5 or more years of service. One year of service is obtained in which 1,000 hours or more are worked or if the participant was employed six or more months.

Effective May 1, 2013, an eligible Participant's monthly normal retirement benefit shall equal the product of \$21 multiplied by the number of years of credited service at the earlier of the date the covered employment ceases or the close of business April 30, 2013.

Disability benefits are paid to an active Union member who has become disabled, equal to the actuarial equivalent of accrued benefit on the date of disability commenced.

In the event of the Union member's death prior to the commencement of his or her retirement or disability benefit, survivor benefits are paid to the beneficiary in the form of a qualified Pre-retirement Survivor Annuity.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MARCH 31, 2025 AND 2024**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Presentation**

The financial statements of the Plan are prepared on the accrual basis of accounting. The use of the accrual basis recognizes revenue when earned or otherwise available and benefits and expenses are recognized when incurred.

The financial statements of the Fund are prepared in conformity with generally accepted accounting principles.

**Use of Estimates and Assumptions**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Employer Contributions**

Employers' contributions per month per Union member amounted to \$450 for the year ended March 31, 2024. The Plan has terminated effective March 31, 2024 and no employer contributions were made during the year ended March 31, 2025. The Board of Trustees approved a resolution to freeze the accrued benefits of the Plan effective April 30, 2013.

**Assessed Withdrawal Liability Receivable**

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

**Pension Benefits**

Benefit payments to participants are recorded upon distribution.

**Investments**

If available, quoted market prices are used to value investments. Many factors are considered in arriving at that fair value. 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.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MARCH 31, 2025 AND 2024**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Investments (Continued)**

FASB Accounting Standards Codification (ASC) 820, which defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. Fair value is defined as 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 (an exit price). ASC 820 emphasizes that fair value is a market-based measurement that should be determined based on the assumptions market participants would use in pricing the asset or liability. As a basis for considering market participant assumptions in fair value measurements, ASC 820 establishes a fair value hierarchy that distinguishes between (1) market participant assumptions developed based on market data obtained from sources independent of the Plan (observable inputs) and (2) the Plan's own assumptions about market participant assumptions developed based on the best information available in the circumstances (unobservable inputs). Valuation techniques used to measure fair value shall maximize the use of observable inputs and minimize the use of unobservable inputs.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels, as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date. An active market for the asset or liability is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide information on an ongoing basis.

Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in markets which are not active;
- 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 are unobservable inputs for the asset or liability. Unobservable inputs are used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. Unobservable inputs reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk). Unobservable inputs are developed based on the best information available in the circumstances, which might include the Plan's own data. However, market participant assumptions cannot be ignored and, accordingly, the Plan's own data used to develop unobservable inputs are adjusted if information is reasonably available without undue cost and effort that indicates that market participants would use different assumptions.

The methods of valuation described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation 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.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
MARCH 31, 2025 AND 2024**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Investments (Continued)**

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in valuation methodologies used at March 31, 2025 and 2024.

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

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 issuer with similar credit ratings.

Government securities – Valued using pricing models maximizing the use of observable inputs for similar securities.

Common stock – Valued at the closing price reported on the active market on which the individual securities are traded.

The plan does not have any Level 3 investments and there were no significant transfers between Level 1 and Level 2 investments during the year ended March 31, 2025.

The fair value hierarchy of ASC 820 gives the highest priority to Level 1 inputs and the lowest priority to Level 3 inputs.

The following table summarizes the valuation of the Plan's investments in accordance with ASC 820 fair value hierarchy as of March 31, 2025 and 2024:

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Balance at 03/31/25</b>
Money Market Mutual Fund	\$ 381,136	-	-	\$ 381,136
Common Stock	3,896,075	-	-	3,896,075
Exchange Traded Funds	2,488,720	-	-	2,488,720
Corporate Bonds	-	\$ 2,535,492	-	2,535,492
U.S. Government Securities	-	1,281,237	-	1,281,237
	<u>\$ 6,765,931</u>	<u>\$ 3,816,729</u>	<u>\$ -</u>	<u>\$ 10,582,660</u>

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Balance at 03/31/24</b>
Money Market Mutual Fund	\$ 336,640	-	-	\$ 336,640
Common Stock	4,528,634	-	-	4,528,634
Exchange Traded Funds	2,719,542	-	-	2,719,542
Corporate Bonds	-	\$ 2,219,905	-	2,219,905
U.S. Government Securities	-	1,439,222	-	1,439,222
	<u>\$ 7,584,816</u>	<u>\$ 3,659,127</u>	<u>\$ -</u>	<u>\$ 11,243,943</u>

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
MARCH 31, 2025 AND 2024**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service that members have rendered. Accumulated plan benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to member service rendered to the valuation date.

Benefits under the Plan are based on employees' years of credited service. The benefit accruals were discontinued as of May 1, 2013. Benefits payable under all circumstances-retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by NWPS, as of the beginning of the Plan year and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, retirement) between the valuation date and the expected date of payment. The following actuarial assumptions were made in completing the valuation:

Actuarial Cost Method	Unit Credit Cost Method.
Asset Valuation Method	Market Value of Assets plus Present Value of Scheduled Withdrawal Liability Payments.
Interest Discount Rate:	Funding: 5.45% for the first 20 years, 5.22% thereafter.
Mortality:	Healthy: 29 C.F.R. – 4044.77 Appendix A for 2024 Valuation Dates (Healthy Lives) Disabled: 29 C.R.R. – 4044.77 Appendix A for 2024 Valuation Dates (Disabled Lives)
Vested Inactive Retirement	Earliest Retirement-Eligible Age, or current age if older.
Form of Payments:	Vested Inactive participants are assumed to elect a single life annuity.
Marital Status:	80% of non-retired participants are assumed to be married. Female spouse is assumed to be three years younger than the male spouse.
Exclusions:	Non-vested inactive participants with a permanent break in service.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
MARCH 31, 2025 AND 2024**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Actuarial Present Value of Accumulated Plan Benefits (Continued)**

Changes Since Prior Valuation: The asset valuation method was changed to market value of assets plus present value of scheduled withdrawal liability payments. The discount rate was changed from 5.50% to the PBGC discount rates used to value liabilities on a termination basis of 5.45% for the first 20 years and 5.22% thereafter. The mortality table was updated to the 2024 PBGC prescribed mortality table for terminated plans. For plan termination liabilities, all non-retired participants are assumed to retire at their earliest retirement age.

The solvency projections are based on the following assumptions:

Investment Return	5.50% return, net of investment expenses and 1.3% for operational expenses.
Operating Expenses	1.30%
Future Income	Quarterly withdrawal liability payments due from withdrawn employers.

**NOTE 3 – PLAN TERMINATION**

The Plan may be terminated at any time by the Board of Trustees by an instrument in writing executed by mutual consent, subject to the provisions of the plan document. Upon the termination of the Plan, assets will be paid out as follows:

1. All expenses and obligations shall be paid.
2. Any monies remaining shall be paid or used for the continuance of one or more pension benefits in accordance with the provisions of the Plan, until such monies are exhausted. The rights of all affected participants to benefits then accrued, to the extent then funded, shall thereupon become 100% vested and nonforfeitable.

Certain benefits under the Plan are covered by the insurance protection of the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. The PBGC does not guarantee all benefits under the Plan, and the amount of protection is subject to certain limitations. Whether participants receive the full amount of benefits to which they are entitled should the Plan terminate at some future time will depend on the sufficiency of the Plan’s net assets on the date of payment to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC.

Effective March 31, 2024, the Plan has terminated due to mass withdrawal. The PBGC has been notified. Currently, the Board of Trustees has not eliminated any benefits as a result of the mass withdrawal.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MARCH 31, 2025 AND 2024**

**NOTE 4 - FUNDING POLICY**

**Contributions**

The contribution rates are established by collective bargaining agreements to provide such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to the Plan participants.

The contributions are designed to fund the Plan's current service costs on a current basis. The minimum funding requirements of ERISA have been met.

The Rehabilitation Plan contribution schedule requires supplemental non-accruing contributions. Employers adopting the Rehabilitation Plan contribution schedules will not apply to collective bargaining agreements negotiated in reliance on a previous schedule but will apply to successors to those agreements (supplemental agreements).

**Pension Protection Act of 2006**

Under the Pension Protection Act of 2006 (Act), the Plan's actuary certified that the Plan was in critical and declining status, which is considered "red zone" as of March 31, 2022. The Plan had a funding deficiency projected in 4 years and was in critical and declining status for the immediately preceding plan year. On February 17, 2012, the Board approved implementing the Plan's Rehabilitation Plan ("RP") as required under the Act.

As part of the original RP, effective May 1, 2013, the hourly contribution rate will be what can be supported by the industry, and the benefit accrual rate will be suspended solely to improve the funding of the Plan. The Plan is making the scheduled progress in meeting the requirements of the RP.

For the plan year beginning April 1, 2025, the plan's actuary certified the Plan will be in critical and declining status, which is considered the "red zone."

**NOTE 5 - EMPLOYER WITHDRAWAL LIABILITY**

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in monthly or quarterly installments as determined by a statutory formula over a maximum of 20 years. The Plan entered into various settlement agreements with participating employers who withdrew from the Plan and were subject to withdrawal liability assessments. The Trustees, at times, approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

At March 31, 2025 and 2024, the Plan was receiving withdrawal assessment payments under payment plan arrangements from fifteen former participating employers, respectively. The receivable amount of \$2,235,586 and \$2,327,718 represent the present value of the remaining payments using a discount rate of 5.38%.

Effective March 31, 2024, the Plan has terminated due to mass withdrawal.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
MARCH 31, 2025 AND 2024**

**NOTE 6 - BOND COVERAGE**

The Trustees and employees of the Plan are covered by a commercial blanket bond in the amount of \$1,000,000. This bond is for a continuous period until canceled. A premium has been paid for the three-year period September 1, 2022, through September 1, 2025.

**NOTE 7 - SIGNIFICANT CONCENTRATIONS OF CREDIT RISK**

Substantially all employer contributions receivable are from Dairy Industry employers located in Southern California.

The Fund's cash and cash activities are with Citizen Bank. The accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At times, such cash balances may be in excess of the insurance limit.

**NOTE 8 - MAJOR CONTRIBUTIONS**

Transactions with major contributors for the year ended March 31, 2025, and 2024 and the related receivable balances at March 31, 2025 and 2024 are as follows:

	<b>Contributions</b>		<b>Receivables</b>	
	<b>March 31, 2025</b>	<b>March 31, 2024</b>	<b>March 31, 2024</b>	<b>March 31, 2023</b>
Employer A	\$ -	\$ 86,400	-	-
Employer B	-	12,150	-	-

Effective March 31, 2024, the Plan has terminated due to mass withdrawal. There were no employer contributions other than withdrawal liability payments for the year ended March 31, 2025.

**NOTE 9 - SIGNIFICANT TRANSACTIONS WITH PERSONS KNOWN TO BE PARTIES IN INTEREST**

Citizen Trust provides trust custodial services to the trust fund and therefore is a party in interest. A summary of the transactions between the trust fund and the bank is provided in the supplemental information to these financial statements.

The Fund has contracted for administrative services with Morgan & Franz Insurance & Administrative Services. The administrative fees paid to Morgan & Franz Insurance & Administrative Services for the year ended March 31, 2025, and 2024 were \$77,700 and \$55,596, respectively. The Plan pays the Union Local 17 administrative fees. These expenses are between the Plan and Union which are periodically reviewed and approved by the Board of Trustees. The fees paid for the years ended March 31, 2025, and 2024 were \$-0- and \$12,000, respectively.

The fund also contracts with investment managers, consultants, attorneys, and auditors who are all known to be parties in interest.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MARCH 31, 2025 AND 2024**

**NOTE 10 - TAX STATUS**

The Plan obtained its latest determination letter on November 10, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, 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 administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements. The plan administrator believes it is no longer subject to income examination for the years prior to 2022.

**NOTE 11 – RISKS AND UNCERTAINTIES**

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

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

**NOTE 12 - FREEZING OF PLAN PARTICIPATION**

The Board of Trustees of the Plan approved a motion to freeze participation in the Plan as of April 30, 2013. Based on this motion, the Plan no longer allows new employees to participate, and benefits no longer accrue. Effective March 31, 2024, the Board of Trustees has made a resolution to terminate the Plan due to mass withdrawal.

**NOTE 13 – SUBSEQUENT EVENTS**

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosures through December 18, 2025, the date the financial statements were available to be issued.

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**

**FORM 5500  
SCHEDULE H, PART IV, LINE 4  
E.I.N. 95-6221757, PLAN NO. 001**

**SUPPLEMENTAL SCHEDULE REQUIRED  
BY THE DEPARTMENT OF LABOR**

**MARCH 31, 2025**

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT**  
**AS OF MARCH 31, 2025**

Employer Identification Number 95-6221757

Plan Number 001

Schedule H Part IV, 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	CitizensTrust	Allspring Funds Tr Govt Money Market	381,136	381,136
	CitizensTrust	500 shs Alphabet Inc Cap Stk Cla A	13,415	77,320
	CitizensTrust	662 shs Disney Walt co Com	59,342	65,339
	CitizensTrust	1,062 shs Verizon Communications Inc	50,726	48,172
	CitizensTrust	735 shs Amazon Com Inc	67,562	139,841
	CitizensTrust	115 shs Home Depot Inc	26,034	42,146
	CitizensTrust	181 shs McDonalds Corp	43,258	56,539
	CitizensTrust	118 shs Ulta Salon Cosmetics & Frag Inc	17,723	43,252
	CitizensTrust	613 shs Veralto Corp Com	38,753	59,737
	CitizensTrust	130 shs Colgate Palmolive Co	11,760	12,181
	CitizensTrust	870 shs Malson Coors Brewing Co Class B	43,665	52,957
	CitizensTrust	735 shs Walmart Inc	18,399	64,526
	CitizensTrust	597 shs Cheniere Energy Inc New	29,145	138,146
	CitizensTrust	368 shs Chevron Corp New	34,766	61,563
	CitizensTrust	670 shs Diamondback Energy Inc	30,740	107,120
	CitizensTrust	457 shs Eog Resources Inc	56,384	58,605
	CitizensTrust	1,281 shs Bank of America Corp	27,655	53,456
	CitizensTrust	147 shs Goldman Sachs Group Inc	26,688	80,305
	CitizensTrust	321 shs JP Morgan Chase & Co	18,326	78,741
	CitizensTrust	153 shs Mastercard Inc Class A	54,328	83,862
	CitizensTrust	977 shs Schwab Charles Corp	59,254	76,480
	CitizensTrust	288 shs The Travelers Companies Inc	24,189	76,164
	CitizensTrust	1,345 shs US Bankcorp Del New	64,518	56,786
	CitizensTrust	398 shs Abbvie Inc Sr Nt Com	27,742	83,389
	CitizensTrust	302 shs Danaher Corp	35,543	61,910
	CitizensTrust	640 shs Edwards Lifesciences Corp	55,715	46,387
	CitizensTrust	652 shs Merck & Co Inc	61,857	58,523
	CitizensTrust	111 shs Regeneron Pharmaceuticals Inc	79,457	70,400
	CitizensTrust	94 shs Thermo Fisher Scientific Inc	11,630	46,774
	CitizensTrust	133 shs Unitedhealth Group Inc	38,130	69,659
	CitizensTrust	499 shs Expedia Group Inc	59,506	83,882
	CitizensTrust	671 shs Ingersoll Rand Inc	44,471	53,700
	CitizensTrust	86 shs Lockheed Martin Corp	36,626	38,417
	CitizensTrust	589 shs Quanta Services Inc	20,413	149,712
	CitizensTrust	1,366 shs Uber Technologies Inc	29,903	99,527
	CitizensTrust	236 shs Union Pac Corp	21,793	55,753
	CitizensTrust	949 shs Apple Inc	17,933	210,801
	CitizensTrust	833 shs Broadcom Inc	41,294	139,469

\$ 1,779,779	\$ 3,182,677
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**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT**  
**AS OF MARCH 31, 2025**

Employer Identification Number 95-6221757

Plan Number 001

Schedule H Part IV, 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 1,779,779	\$ 3,182,677
	CitizensTrust	470 shs Dell Technologies Inc Co Cl C	58,767	42,841
	CitizensTrust	778 shs Marvell Technology Group Ltd Com	28,852	47,901
	CitizensTrust	321 shs Microsoft Corp	18,974	120,500
	CitizensTrust	219 shs Motorola Solutions Inc	27,856	95,880
	CitizensTrust	2,455 shs Nvidia Corp	1,138	266,073
	CitizensTrust	2,410 shs Palantir Technologies Inc Cl A	53,428	203,404
	CitizensTrust	472 shs Palo Alto Networks Inc Com	16,680	80,542
	CitizensTrust	275 shs Qualcomm Inc	36,758	42,243
	CitizensTrust	398 shs Snowflake Inc Cl A	68,498	58,172
	CitizensTrust	802 shs Lyondellbasell Industries Nv Shs	60,290	56,461
	CitizensTrust	1,436 shs Dominion Energy Inc	76,488	80,517
	CitizensTrust	3,020 shs Ishares Msci Emg Mkts Ex China	156,743	166,372
	CitizensTrust	12,542 shs Ishares Russell Mid Cap	656,432	1,066,948
	CitizensTrust	2,341 shs Ishares Core S&P Small Cap	181,441	244,798
	CitizensTrust	19,882 shs Vanguard Ftse Developed Markets	885,026	1,010,602
	CitizensTrust	37,000 shs Lockheed Martin Corp @ 3.55% due 1/15/2026	39,835	36,777
	CitizensTrust	85,000 shs Norfolk Southern Corp @ 2.9% due 6/15/2026	86,879	83,525
	CitizensTrust	125,000 shs Baltimore Gas & Elec Co @ 2.4 due 8/15/2026	119,282	121,754
	CitizensTrust	100,000 shs Union Pac Corp @ 3% due 4/15/2027	100,901	97,509
	CitizensTrust	100,000 shs Lowes Companies Inc @ 3.1% due 5/3/2027	100,081	97,253
	CitizensTrust	100,000 shs Hubbell Inc @ 3.5% due 2/15/2028	95,847	97,081
	CitizensTrust	100,000 shs Schwab Charles corp @ 2% due 3/20/2028	100,135	93,394
	CitizensTrust	50,000 shs American Wtr Cap Corp @ 3.75% due 9/1/2028	50,318	48,830
	CitizensTrust	200,000 shs Federal Home Loan Banks @ 1.375% due 9/1/2028	200,000	183,224
	CitizensTrust	100,000 shs Northern Trust Corp @ 3.15% due 5/3/2029	103,646	95,421
	CitizensTrust	150,000 shs Federal Home Ln Mtg Corp @ 1.4% due 6/24/2030	150,000	130,485
	CitizensTrust	100,000 shs Federal Home Loan Banks @ 1.24% due 8/26/2030	99,868	85,645
	CitizensTrust	75,000 shs Federal Home Loan Banks @ 1.34% due 9/24/2030	74,913	64,448
	CitizensTrust	300,000 shs Federal Home Loan Banks @ 1.5% due 2/18/2031	299,050	256,920
	CitizensTrust	100,000 shs Federal Home Loan Banks @ 1.625@ due 2/25/2031	99,500	86,232
	CitizensTrust	100,000 shs Federal Farm Cr Bks @ 1.99% due 3/17/2031	99,965	87,615
	CitizensTrust	100,000 shs Apple Inc @ 1.7% due 8/5/2031	98,210	85,554
	CitizensTrust	100,000 shs Federal Farm Cr Bks @ 4.55% due 2/17/2033	98,740	99,404
	CitizensTrust	300,000 shs Texas Instruments Inc @ 4.9% due 3/14/2033	309,943	303,639
	CitizensTrust	200,000 shs Florida Pwr @ Lt Co @ 5.1% due 4/1/2033	203,447	202,330
	CitizensTrust	100,000 shs Apple Inc @ 4.3% due 5/10/2033	99,967	99,301
	CitizensTrust	200,000 shs Honeywell International Inc @ 4.5% due 5/17/2034	198,027	193,314
	CitizensTrust	200,000 shs Lockheed Martin Corp @ 4.75% due 2/15/2034	197,748	197,010
			<b>\$ 7,133,452</b>	<b>\$ 9,612,596</b>

**DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT**  
**AS OF MARCH 31, 2025**

Employer Identification Number 95-6221757

Plan Number 001

Schedule H Part IV, 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance Forwarded		\$ 7,133,452	\$ 9,612,596
	CitizensTrust	9,232 shs GNMA Remic Trust Ser @ 6% due 4/17/2034	10,479	9,334
	CitizensTrust	200,000 shs John Deere Capital Corp @ 5.05% due 6/12/2034	200,840	201,108
	CitizensTrust	100,000 shs Home Depot Inc @ 4.95% due 6/25/2034	100,465	100,336
	CitizensTrust	100,000 shs Lockheed Martin Corp @ 4.8% due 8/15/2034	99,612	98,508
	CitizensTrust	108,000 shs Federal Farm Credit Bank @ 2.22% due 10/10/2034	87,482	89,681
	CitizensTrust	79,442 shs GNMA Remic Trust Ser @ 5% due 1/16/2035	89,968	79,513
	CitizensTrust	100,000 shs Honeywell Internaitonal Inc @ 5% due 3/1/2035	101,514	99,625
	CitizensTrust	35,442 shs GNMA Remic Trust Ser 2008-58 @ 5.5% due 7/16/2038	41,036	36,180
	CitizensTrust	21,497 shs GNMA Remic Trust Ser 2008-94 @ 5% due 12/20/2038	24,359	21,596
	CitizensTrust	34,128 shs GNMA Reic Trust Ser 2011-34 @ 4% due 3/20/2041	37,306	32,614
	CitizensTrust	39,329 shs GNMA Remic Trust Ser 2011-93 @ 4% due 7/20/2041	40,509	36,626
	CitizensTrust	100,000 shs GNMA Remic Trust Ser 2013-113 @ 3.5% due 8/16/2043	109,953	91,976
	CitizensTrust	94,000 shs GNMA Remic Trust Ser 2018-160 @ 3.5% due 11/20/2048	104,017	72,967

\$ 8,180,992	\$ 10,582,660
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<b>Form 5500</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4086 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	<small>OMB Nos. 1510 - 0010 1510 - 0009</small>  <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2024</div> This Form is Open to Public Inspection
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
<b>B</b> This return/report is: <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b> If the plan is a collectively bargained plan, check here <input checked="" type="checkbox"/>	
<b>D</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)	
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>	

<b>Part II Basic Plan Information - enter all requested information</b>					
<b>1a</b> Name of plan <b>DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;"><b>001</b></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <b>04/01/1967</b></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<b>001</b>	<b>1c</b> Effective date of plan <b>04/01/1967</b>	
<b>1b</b> Three-digit plan number (PN) ▶	<b>001</b>				
<b>1c</b> Effective date of plan <b>04/01/1967</b>					
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN</b>  <b>10606 TRADEMARK PARKWAY NORTH</b> <b>SUITE 201A</b> <b>RANCHO CUCAMONGA CA 91730-5910</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer identification number (EIN) <b>95-6221757</b></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number <b>909-980-1194</b></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <b>525100</b></td> </tr> </table>	<b>2b</b> Employer identification number (EIN) <b>95-6221757</b>	<b>2c</b> Plan Sponsor's telephone number <b>909-980-1194</b>	<b>2d</b> Business code (see instructions) <b>525100</b>	
<b>2b</b> Employer identification number (EIN) <b>95-6221757</b>					
<b>2c</b> Plan Sponsor's telephone number <b>909-980-1194</b>					
<b>2d</b> Business code (see instructions) <b>525100</b>					

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

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

→	<b>SIGN HERE</b>		12/23/25	<b>ASCENCION MARQUEZ</b>
		Signature of plan administrator	Date	Enter name of individual signing as plan administrator
→	<b>SIGN HERE</b>		12/23/25	<b>ASCENCION MARQUEZ</b>
		Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	<b>SIGN HERE</b>	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)  
v. 240311

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

**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

<b>1a</b> Name of plan DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN	<b>1b</b> Three-digit plan number (PN) ▶	001
	<b>1c</b> Effective date of plan	04/01/1967
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DAIRY EMPLOYEES UNION LOCAL 17 PENSION PLAN  10606 TRADEMARK PARKWAY NORTH SUITE 201A RANCHO CUCAMONGA CA 91730-5910	<b>2b</b> Employer Identification Number (EIN)	95-6221757
	<b>2c</b> Plan Sponsor's telephone number	909-980-1194
	<b>2d</b> Business code (see instructions)	525100

**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			ASCENCION MARQUEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		12/22/2025	PAUL HUIZENGA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	6 6 3
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	0
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	3 0 6
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	2 0 7
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	5 1 3
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	1 1 2
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	6 2 5
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	0

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" 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	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" 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
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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