Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JUAN DE LA CRUZ FARM WORKERS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/15/1973

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)
JUAN DE LA CRUZ PENSION PLAN

P O BOX 36
KEENE, CA 93531-0036

2b Employer Identification Number (EIN)
95-6454441

2c Plan Sponsor's telephone number
661-823-6905

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	PATRICK PINE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

JUAN DE LA CRUZ PENSION PLAN

P O BOX 36
KEENE, CA 93531-0036

3b Administrator's EIN
95-6454441

3c Administrator's telephone number
661-823-6905

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	9717
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1992
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1675
b	Retired or separated participants receiving benefits	**6b**	3700
c	Other retired or separated participants entitled to future benefits	**6c**	3048
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8423
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	465
f	Total. Add lines **6d** and **6e**.	**6f**	8888
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	19

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

1A

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
JUAN DE LA CRUZ FARM WORKERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JUAN DE LA CRUZ PENSION PLAN

D Employer Identification Number (EIN)
95-6454441

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	**1b(1)**	65567478
(2)	Actuarial value of assets for funding standard account	**1b(2)**	71640086
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	86668308
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	86163298
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	116976977
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	248145
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	8550313
(3)	Expected plan disbursements for the plan year	**1d(3)**	9807070

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	Date: 10/15/2026
JASON C. BIRKLE	26-07856
Type or print name of actuary	Most recent enrollment number
NWPS	408-298-1170
Firm name	Telephone number (including area code)
160 W SANTA CLARA ST SUITE 1550 SAN JOSE, CA 95113	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	65567478
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		4775	77619253
(2) For terminated vested participants		2834	28070274
(3) For active participants:			
(a) Non-vested benefits			105014
(b) Vested benefits			11182436
(c) Total active		1992	11287450
(4) Total		9601	116976977
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	56.05 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2025	2064920	155826			

	Totals ►	**3(b)**	2064920	**3(c)**	155826
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	23576

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	83.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? [ ] Yes [X] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here [ ] • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	9999

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a [ ] Attained age normal **b** [X] Entry age normal **c** [ ] Accrued benefit (unit credit) **d** [ ] Aggregate

e [ ] Frozen initial liability **f** [ ] Individual level premium **g** [ ] Individual aggregate **h** [ ] Shortfall

i [ ] Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? [ ] Yes [X] No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? [ ] Yes [ ] No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	2M	2M
(2) Females	**6c(2)**	2F	2F
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	3.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	6.6 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1256757	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	1830680	187849

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	**8a**	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		☒ Yes ☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes ☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	
b Employer's normal cost for plan year as of valuation date	**9b**	1341634

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	42741776		7246797
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	601190
e Total charges. Add lines 9a through 9d			**9e**	9189621
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	15569879
g Employer contributions. Total from column (b) of line 3			**9g**	2064920
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	12143675		2668172
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	1347713
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	39328478		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	34074830		
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	21650684
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	12461063
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	
(3) Total as of valuation date			**9o(3)**	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JUAN DE LA CRUZ FARM WORKERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JUAN DE LA CRUZ PENSION PLAN

D Employer Identification Number (EIN)
95-6454441

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCEDES MARTINEZ

P O BOX 36
KEENE, CA 93531

77-0178627

(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?
30	EMPLOYEE	30662	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUSH GOTTLIEB

500 N CENTRAL AVE SUITE 800
GLENDALE, CA 91203

95-2956616

(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	ATTORNEY	34572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NWPS

160 W SANTA CLARA STREET STE 1550
SAN JOSE, CA 95113

04-3921424

(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	ACTUARY	47000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

VERUS

999 THIRD AVE SUITE 4200
SEATTLE, WA 98104

91-1320111

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

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

MORENO ACCOUTANCY CORP

3040 19TH ST STE5
BAKERSFIELD, CA 93301

26-1356482

(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	AUDITOR	64600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATRICK PINE

PO BOX 36
KEENE, CA 93531

77-0178627

(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	ADMINSTRATOR	46447	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

RFK MEDICAL PLAN

PO BOX 36
KEENE, CA 93531

94-6186170

(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?
73	MEDICAL PLAN	41475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL CHAVEZ CENTER

PO BOX 62
KEENE, CA 93531

77-0159465

(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?
55	PLAN PARTICIPANT	57093	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED FARMWORKERS OF AMERICA

PO BOX 62
KEENE, CA 93531

94-1448579

(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?
55	PLAN SPONSOR	63402	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ATLANTA CAPITAL

1075 PEACHTREE ST NE 2100
ATLANTA, GA 30309

13-2614959

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	18497	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

US BANK

425 WALNUT STREET
CINCINNATI, OH 45202

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	INVESTMENT TRUSTEE	2497	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELINDA CAMPOS

PO BOX 62
KEENE, CA 93531

77-0178627

(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?
30	EMPLOYEE	50648	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MARTINEZ AGUILASOCHO

PO BOX 11208
BAKERSFIELD, CA 93389-1208

(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	LEGAL CONSUL	25000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

W-9 CORRECTIONS

27-2910896

(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	ACCOUNTING SERVICES	13581	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CESAR CHAVEZ FOUNDATION

PO BOX 62
KEENE, CA 93531

95-4814684

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	PLAN PARTICIPANT	12826	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

TPX COMMUNICATIONS

303 COLORADO STREET STE 2075
AUSTIN, TX 78701

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	TELEPHONE SERVICE	13409	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JUAN DE LA CRUZ FARM WORKERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JUAN DE LA CRUZ PENSION PLAN

D Employer Identification Number (EIN)
95-6454441

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM STRATEGIC PPTY FUND

b Name of sponsor of entity listed in (a): JUAN DE LA CRUZ PENSION PLAN

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
95-6454441-000	C	8277339

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JUAN DE LA CRUZ FARM WORKERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JUAN DE LA CRUZ PENSION PLAN

D Employer Identification Number (EIN)
95-6454441

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	654962	723511
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	651712	652391
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5397	1085
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	72891	90012
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2307804	2211347
(5) Partnership/joint venture interests	1c(5)	5117035	6534191
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	18801328	8277339
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38329943	49484410
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	21229	18435
1f Total assets (add all amounts in lines 1a through 1e)	1f	65962301	67992721
Liabilities			
1g Benefit claims payable	1g	3926	3449
1h Operating payables	1h	480	9148
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		10442
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4406	23039
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	65957895	67969682

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	420287	
(B) Participants	2a(1)(B)	155826	
(C) Others (including rollovers)	2a(1)(C)	1721583	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2297696
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	319946	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		319946
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1333251	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1333251
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	49622369	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	47393493	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2228876
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5860693	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		5860693

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		12040462
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8469845	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		8469845
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	265917	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	64600	
(5) Investment advisory and investment management fees	2i(5)	240163	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	49500	
(8) Legal fees	2i(8)	64572	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	874078	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1558830
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10028675
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2011787
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: MORENO ACCOUNTANCY CORPORATION **(2)** EIN: 26-1356482

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4024888.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JUAN DE LA CRUZ FARM WORKERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JUAN DE LA CRUZ PENSION PLAN

D Employer Identification Number (EIN)
95-6454441

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer CESAR CHAVEZ FOUNDATION

b EIN 95-2466747 **c** Dollar amount contributed by employer 440934

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer CHATEAU STE MICHELLE WINE ESTATES

b EIN 91-0897041 **c** Dollar amount contributed by employer 199279

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 08 Day 31 Year 2025

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) 0.22
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer UNITED FARMWORKES OF AMERICA

b EIN 94-1448579 **c** Dollar amount contributed by employer 163352

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer MONTEREY MUSHROOMS

b EIN 77-0185497 **c** Dollar amount contributed by employer 525267

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* [ ] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* [ ] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	3048
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	2950
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	2911

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

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

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

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

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 [X] 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 [X] 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 [X] 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_____.

Structured Attachment	Schedule MB, line 3(d) Withdrawal Liability Amounts	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	JUAN DE LA CRUZ FARM WORKERS PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	95-6454441	PN	001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2025-03-31	5702		5702
2025-03-31	192		192
2025-06-30	5702		5702
2025-06-30	192		192
2025-09-30	5702		5702
2025-09-30	192		192
2025-12-31	5702		5702
2025-12-31	192		192

Name of Plan	JUAN DE LA CRUZ FARM WORKERS PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	95-6454441	**PN**	001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts

MORENO ACCOUNTANCY CORPORATION
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Sponsor and Administrator of the
Juan De La Cruz Farm Workers Pension Plan

Keene, California

Opinion

We have audited the accompanying financial statements of the Juan De La Cruz Farm Workers Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for December 31,2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Juan De La Cruz Farm Workers Pension Plan of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Juan De La Cruz Farm Workers 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 the Juan De La Cruz Farm Workers Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Juan De La Cruz Farm Workers 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 judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Juan De La Cruz Farm Workers 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.

Report on Supplemental Information Required by ERISA

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 the year ended December 31,2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Moreno Accountancy Corporation

Bakersfield, California

October 15, 2026

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Rationale for Major Assumptions

Interest Rate/Investment Yield: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.

Mortality, Termination and Retirement: Based on recent Plan experience which is monitored and analyzed annually. When a trend emerges with consistent gains or losses for a particular assumption, it is reviewed and updated accordingly. Please see Section 1 - Actuarial Experience for more detail on these assumptions.

NWPS

October 15, 2026

Mr. Patrick Pine
RFK/JDLC
P.O. Box 47 – La Paz
29700 Woodford Tehachapi Road
Keene, California 93531

Re: Juan De La Cruz Farm Workers Pension Plan – 2025 IRS Schedule MB

Dear Patrick:

Enclosed is the 2025 IRS Schedule MB (Form 5500) Actuarial Information, with attachments for the Juan De La Cruz Farm Workers Pension Plan. The Schedule MB should be attached to the 2025 IRS Form 5500 filing. The filing deadline is October 15, 2026.

Please let me know if you have any questions about the enclosed or need further assistance or information from us to complete the IRS Form 5500 filing.

Very truly yours,

Jason C. Birkle
Director of Actuarial Services

Enclosures

Cc: Abel Moreno

160 W Santa Clara Street, Suite 1550 • San Jose, CA 95113
TEL: 650.960.5700 • FAX: 650.960.5710

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
JUAN DE LA CRUZ FARM WORKERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Joint Board of Trustees

D Employer Identification Number (EIN)
95-6454441

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2025

b Assets		
(1) Current value of assets	1b(1)	65,567,478
(2) Actuarial value of assets for funding standard account	1b(2)	71,640,086
c (1) Accrued liability for plan using immediate gain methods	1c(1)	86,668,308
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	0
(b) Accrued liability under entry age normal method	1c(2)(b)	0
(c) Normal cost under entry age normal method	1c(2)(c)	0
(3) Accrued liability under unit credit cost method	1c(3)	86,163,298
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	116,976,977
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	248,145
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	8,550,313
(3) Expected plan disbursements for the plan year	1d(3)	9,807,070

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

J. C. Birkle — Signature of actuary

10/15/2026 — Date

Jason C. Birkle — Type or print name of actuary

2607856 — Most recent enrollment number

NWPS — Firm name

408-298-1170 — Telephone number (including area code)

160 W SANTA CLARA ST SUITE 1550
SAN JOSE CA 95113-1726
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
JUAN DE LA CRUZ FARM WORKERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Joint Board of Trustees

D Employer Identification Number (EIN)
95-6454441

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2025		
b	Assets		
(1)	Current value of assets	**1b(1)**	65,567,478
(2)	Actuarial value of assets for funding standard account	**1b(2)**	71,640,086
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	86,668,308
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	0
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	0
(c)	Normal cost under entry age normal method	**1c(2)(c)**	0
(3)	Accrued liability under unit credit cost method	**1c(3)**	86,163,298
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	116,976,977
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	248,145
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	8,550,313
(3)	Expected plan disbursements for the plan year	**1d(3)**	9,807,070

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

Date

Jason C. Birkle

2607856

Type or print name of actuary

Most recent enrollment number

NWPS

408-298-1170

Firm name

Telephone number (including area code)

160 W SANTA CLARA ST SUITE 1550
SAN JOSE CA 95113-1726

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	65,567,478
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		4,775	77,619,253
(2) For terminated vested participants		2,834	28,070,274
(3) For active participants:			
(a) Non-vested benefits			105,014
(b) Vested benefits			11,182,436
(c) Total active		1,992	11,287,450
(4) Total		9,601	116,976,977
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	56.05 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2025	2,064,920	155,826			

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method — **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a** 4.01 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	2M	2M
(2) Females	**6c(2)**	2F	2F
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	3.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	6.6 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1,256,757	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,830,680	187,849

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval — **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) — **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension — **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	1,341,634
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	42,741,776	7,246,797
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	601,190
e Total charges. Add lines 9a through 9d		**9e**	9,189,621
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	15,569,879
g Employer contributions. Total from column (b) of line 3		**9g**	2,064,920
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	12,143,675	2,668,172
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	1,347,713
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	39,328,478	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	34,074,830	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	21,650,684
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	12,461,063
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, STATEMENT OF ENROLLED ACTUARY

The assets shown on 1b(1) do not match the audited financial report due to a difference in methodology for recognition of withdrawal liability payments. The audited financials include the full value of anticipated withdrawal liability payments in the current value of assets, while NWPS recognizes the payments once they are made to the Plan. This difference amounts to a current value of assets lower than the audited financials by $390,417.

2025 Schedule MB (Form 5500), Line 3(d)

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 3(d) - WITHDRAWAL LIABILITY AMOUNTS

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
3/31/2025	5,702	0	5,702
3/31/2025	192	0	192
6/30/2025	5,702	0	5,702
6/30/2025	192	0	192
9/30/2025	5,702	0	5,702
9/30/2025	192	0	192
12/31/2025	5,702	0	5,702
12/31/2025	192	0	192
Total			23,576

2025 Schedule MB (Form 5500), Line 4b

Plan Name:	Juan De La Cruz Farm Workers Pension Plan
Employer ID:	95-6454441
Plan Number:	001

SCHEDULE MB, LINE 4B - ILLUSTRATION SUPPORTING ACTUARIAL CERTIFICATION OF STATUS

Form **15315** (February 2024)	Department of the Treasury - Internal Revenue Service **Annual Certification for Multiemployer Defined Benefit Plans**	OMB Number 1545-2111

This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)
Complete all entries in accordance with the instructions

For calendar plan year 2025 or fiscal plan year beginning _____ and ending _____

Part I – Basic Plan Information

1a. Name of plan	1b. Three-digit plan number (PN)
Juan De La Cruz Farm Workers Pension Plan	001
1c. Plan sponsor's name	1d. Employer identification number (EIN)
Joint Board of Trustees	95-6454441
1e. Plan sponsor's telephone number	1f. Plan sponsor's address, city, state, ZIP code
(661) 823 - 6900	P.O. Box 47 - La Paz 29700 Woodford Tehachapi Road, Keene CA 93531

Part II – Plan Actuary's Information

2a. Plan actuary's name	2b. Plan actuary's firm name
Jason Birkle	NWPS

2c. Plan actuary's firm address, city, state, ZIP code
160 W. Santa Clara St, Suite 1550
San Jose, CA 95113

2d. Plan actuary's enrollment number	2e. Plan actuary's telephone number
23-07856	(650) 960 - 5700

Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

- ☐ Neither endangered nor critical
- ☐ Endangered
- ☐ Seriously endangered
- ☒ Critical
- ☐ Critical and declining
- ☐ Not endangered due to special rule in IRC Section 432(b)(5)
- ☐ Critical due to election under IRC Section 432(b)(4)
- ☐ Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)

Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	☐	☐	☐
Rehabilitation Plan	☒	☐	☐

Part V – Sign Here

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature	Date
J. Birkle	3/31/2025

2025 Schedule MB (Form 5500), Line 4b

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 4B - ILLUSTRATION SUPPORTING ACTUARIAL CERTIFICATION OF STATUS

In accordance with Section 432(b)(3) of the Internal Revenue Code, beginning January 1, 2025, the plan is considered to be in critical status because the plan was in critical status last year and is projected by the plan actuary to have funding or liquidity problems, or both within the next 9 plan years. More specifically, the plan is projected to have an accumulated funding deficiency in 2029.

Credit Balance

Year	Beginning Balance	Normal Cost	Net Amortization Charge	Interest	Contributions	Interest	**Ending Balance**
2025	15,569,750	1,078,887	4,677,501	686,935	1,994,365	68,622	**12,563,284**
2026	12,563,284	1,083,830	5,355,240	428,695	1,994,365	68,622	**8,615,895**
2027	8,615,895	1,109,221	5,058,127	171,398	1,994,365	68,622	**4,682,932**
2028	4,682,932	1,135,248	3,894,623	(24,286)	1,994,365	68,622	**1,691,762**
2029	1,691,762	1,161,926	3,890,215	(235,226)	1,994,365	68,622	**(1,532,618)**
2030	(1,532,618)	1,189,270	3,918,328	(464,815)	1,994,365	68,622	**(5,042,044)**

The assumptions used are the same as those used in the attached actuarial certification.

Schedule MB (Form 5500) 2025

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 4(C)(2) – DOCUMENTATION REGARDING PROGRESS UNDER FUNDING IMPROVEMENT OR REHABILITATION PLAN

Based on the PPA certification for the Plan Year beginning on January 1, 2026, the Plan is in Critical Status for the 2026 Plan Year.

In November 2023, the Board of Trustees determined, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, that the Plan could not reasonably be expected to emerge from critical status by the end of the rehabilitation period. Therefore, as described in section 432(e)(3)(A)(ii) of the Code, the Rehabilitation Plan consists of actions to emerge from Critical Status at a later date or forestall possible insolvency.

The Plan is making scheduled progress in meeting the requirements of its rehabilitation plan by relying on the “reasonable measures” test under IRC 432(e)(3)(A)(ii).

2025 Schedule MB (Form 5500), Line 4f

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 4F - CASH FLOW PROJECTIONS

Plan Year Beginning 1/1	Contributions	Expected Benefit Payments	Operating Expenses	Net Investment Return	Ending Market Value of Assets
2025	$ 2,220,746	$ (8,468,592)	$ (1,319,667)	$ 9,559,531	$ 67,911,854
2026	2,176,705	(8,303,355)	(1,015,678)	4,471,926	65,241,453
2027	2,176,705	(8,138,132)	(1,041,069)	4,288,906	62,527,863
2028	2,176,705	(7,924,272)	(1,067,096)	4,104,491	59,817,691
2029	2,176,705	(7,711,720)	(1,093,774)	3,920,225	57,109,127
2030	2,176,705	(7,491,354)	(1,121,118)	3,736,294	54,409,654
2031	2,176,705	(7,240,661)	(1,149,146)	3,553,995	51,750,546
2032	2,176,705	(6,982,626)	(1,177,875)	3,374,725	49,141,475
2033	2,176,705	(6,717,220)	(1,207,321)	3,199,161	46,592,800
2034	2,176,705	(6,447,098)	(1,237,504)	3,027,935	44,112,838
2035	2,176,705	(6,170,566)	(1,268,442)	2,861,687	41,712,221
2036	2,176,705	(5,890,542)	(1,300,153)	2,701,059	39,399,290
2037	2,176,705	(5,616,399)	(1,332,657)	2,546,311	37,173,250
2038	2,176,705	(5,342,448)	(1,365,973)	2,397,582	35,039,117
2039	2,176,705	(5,056,577)	(1,400,123)	2,255,639	33,014,761
2040	2,176,705	(4,770,775)	(1,435,126)	2,121,318	31,106,882
2041	2,176,705	(4,500,798)	(1,471,004)	1,994,544	29,306,329
2042	2,176,705	(4,223,158)	(1,507,779)	1,875,484	27,627,581
2043	2,176,705	(3,950,958)	(1,545,473)	1,764,699	26,072,554
2044	2,176,705	(3,689,431)	(1,584,110)	1,662,141	24,637,859

The assumptions used are the same as those used in the attached actuarial certification except 2025 values are updated with unaudited financials as of December 31, 2025 and Contributions include employee contributions.

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Summary of Plan Provisions

Plan Type: Qualified defined benefit plan.

Plan Effective Date: April 15, 1973.

Plan Year: January 1 – December 31.

Monthly Normal Retirement Benefit: For each plan year in which at least 500 hours worked: 1.0% of earned Credited Contributions starting January 1, 2020; 2.0% between 2011 and 2019; 5.0% between 1998 and 2010; 7.0% between 1991 and 1997; 9.0% between 1983 and 1990; 11.0% before 1983.

Minimum Pension: Greater of (i) Normal Retirement Pension or (ii) $125.00 for "Qualifying Older Employees."

Normal Form of Benefit: Life Only Annuity for single participants and 50% Joint and Survivor Annuity for married participants.

Normal Retirement Age: (i) Age 65 with 10 years of participation (all service), or (ii) age 65 and fifth anniversary of participation (on or after January 1, 1988).

Early Retirement Age: Age 55 and 5 years of Vesting Credit.

Early Retirement Benefit: Effective January 1, 2020, the accrued benefit is reduced on an actuarially equivalent basis for each year preceding normal retirement age.

Late Retirement Benefit: (i) Actuarially increased normal retirement benefit payable for life; or (ii) retroactive payments in lump sum, plus increased monthly benefits.

Past Service Credit: $5.00 per year of past service credit up to a maximum of 15 years for certain new contributing employers.

Vesting Credit: One year for each plan year during which a participant worked at least 500 hours of service.

Vesting: 5 Years of Vesting Credit.

Break-in-Service: Less than 350 hours in a plan year.

Participation: (i) Earned at least 700 hours of service within any 2 consecutive Plan Years, and (ii) attained age 21.

Permanent Break-in-Service: 5 consecutive 1-year breaks-in-service.

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Summary of Plan Provisions (continued)

Pre-Retirement Death Eligibility: Vested.

Pre-Retirement Death Benefit:

Effective January 1, 2011, the only pre-retirement death benefit is the 50% Joint and Survivor Annuity for married participants.

Post-Retirement Death Benefit: Effective January 1, 2011, there is no death benefit other than the annuity paid to beneficiaries of participants who elected a Joint and Survivor Annuity.

Voluntary Contribution Balances: A participant may elect to contribute into an individual Voluntary Account. This Balance earns 6.5% per annum. At retirement, the participant may elect to receive the accumulated balance in the form of a lump sum, monthly installments or a lifetime annuity.

Optional Forms of Benefit Payment: 75% Joint and Survivor Annuity, with pop-up.

Actuarial Equivalence: Group Annuity Mortality Table and 6.5% interest.

Plan Provisions Excluded from Measurement: None.

Rehabilitation Plan Contribution Increase Schedule:

The following employer contribution increase schedule was adopted as part of the 2023 Rehabilitation Plan:

- Effective January 1, 2020 – 101.2% of 2019 contribution rate
- Effective January 1, 2021 – 202.4% of 2019 contribution rate
- Effective January 1, 2022 – 303.6% of 2019 contribution rate
- Effective January 1, 2023 – 402.4% of 2019 contribution rate

Note these additional contributions made on behalf of the Rehabilitation Plan are not benefit-accruing.

Changes Since Prior Valuation: None.

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions

Actuarial Cost Method: Entry Age Normal Cost Method with Replacement.

Actuarial Assumptions:

Interest Discount Rate:
For funding: 7.00% compounded annually
For current liability: 4.01% compounded annually
For vested benefit liability: December 2024 Yield Curve (approximately 5.27%) compound annually

Investment Yield: 7.00% compounded annually, net of investment expenses

Operational Expenses: $1,300,000 payable mid-year and 2% yearly increase
($1,256,757 as of beginning of the year)

Mortality:
For funding:
Pre- and Post-Retirement: 1983 Group Annuity Mortality Table. Based on our annual measurement of mortality experience, we are reviewing whether this table incorporates sufficient allowance for future mortality improvement.

For current liability:
2024+ IRS Generational Mortality Table

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions (continued)

Turnover: Special Plan Turnover Table. Sample termination rates:

	Years of Service		
Age	0-4	5-9	10 or more
20	20.5%	0.0%	0.0%
30	19.5	7.2	2.8
40	15.0	6.1	1.5
50	18.8	4.6	0.0
60	23.8	7.0	0.0

Retirement Age:

Age	Retirement Rate
55	20%
56-61	15
62	30
63-64	20
65	50
66-69	30
70	100

Inactive Vested participants are assumed to retire at age 60.

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions (continued)

Employment:	Future employment is assumed to be at the same hours and contribution rate as the prior year.
Marital Status:	80% of non-retired participants are married. Wife is assumed to be four years younger than the husband.
Form of Payments:	Married participants are assumed to retire with a 50% Joint & Survivor Annuity with pop-up and non-married participants are assumed to retire with a Single Life Annuity.
Unknown Birthdates:	Participants whose birthdates are not reported are assumed to be the average age of similar participants with reported birthdates.
Inactive Vested Participants:	Participants who are over age 80 on the valuation date are excluded.
Data Reserves:	Reserves are held for potential benefit liabilities for unreported participant benefits and adjusted annually at the valuation interest rate as well offset for data corrections incurred. This amount is $735,090 as of January 1, 2025.

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Rationale for Major Assumptions

Interest Rate/Investment Yield: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.

Mortality, Termination and Retirement: Based on recent Plan experience which is monitored and analyzed annually. When a trend emerges with consistent gains or losses for a particular assumption, it is reviewed and updated accordingly. Please see Section 1 - Actuarial Experience for more detail on these assumptions.

Schedule MB (Form 5500) 2025

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6(F)(2) – DESCRIPTION OF WITHDRAWAL LIABILITY INTEREST RATE

The vested benefit liability is calculated using the monthly yield curve published by the Department of the Treasury for purposes of Section 430(h)(2) of the Internal Revenue Code for December of the year prior to withdrawal. The effective interest rate of the 2024 December Yield Curve is 5.27%.

2025 Schedule MB (Form 5500), Line 8b(1)

Plan Name: Juan De La Cruz Farm Workers Pension Plan

Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 8B(1) - SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

Plan Year	Active Participants	Terminated Vested Partcipants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	67,552	1,512,197	6,888,844	8,468,592
2026	118,228	1,587,678	6,664,229	8,370,135
2027	162,983	1,637,278	6,396,441	8,196,702
2028	203,998	1,644,801	6,128,259	7,977,058
2029	237,444	1,655,166	5,858,857	7,751,467
2030	267,386	1,671,790	5,588,761	7,527,937
2031	291,066	1,665,055	5,318,316	7,274,437
2032	311,667	1,651,172	5,047,900	7,010,739
2033	328,838	1,632,103	4,777,938	6,738,879
2034	342,408	1,610,292	4,508,913	6,461,613
2035	355,825	1,579,854	4,241,386	6,177,065
2036	366,271	1,548,528	3,976,003	5,890,802
2037	374,162	1,520,999	3,713,488	5,608,649
2038	380,823	1,491,826	3,454,660	5,327,309
2039	383,552	1,448,667	3,200,417	5,032,636
2040	384,966	1,408,028	2,951,695	4,744,689
2041	385,879	1,370,495	2,709,466	4,465,840
2042	383,854	1,320,085	2,474,727	4,178,666
2043	381,303	1,266,727	2,248,432	3,896,462
2044	377,439	1,211,804	2,031,488	3,620,731
2045	371,478	1,151,152	1,824,766	3,347,396
2046	364,653	1,094,754	1,629,038	3,088,445
2047	355,913	1,032,881	1,444,950	2,833,744
2048	346,194	973,836	1,273,031	2,593,061
2049	335,537	915,678	1,113,663	2,364,878
2050	323,482	855,036	967,081	2,145,599
2051	310,741	797,452	833,378	1,941,571
2052	296,942	738,869	712,481	1,748,292
2053	282,667	682,154	604,157	1,568,978
2054	268,035	627,400	508,017	1,403,452
2055	252,883	574,800	423,529	1,251,212
2056	237,521	524,107	350,036	1,111,664
2057	222,055	476,867	286,775	985,697
2058	206,727	431,981	232,906	871,614
2059	191,611	390,091	187,540	769,242
2060	176,789	351,157	149,763	677,709
2061	162,355	315,225	118,655	596,235
2062	148,449	282,194	93,320	523,963
2063	135,205	251,987	72,907	460,099
2064	122,606	224,471	56,632	403,709
2065	110,743	199,551	43,782	354,076
2066	99,612	177,062	33,722	310,396
2067	89,261	156,821	25,908	271,990
2068	79,701	138,640	19,878	238,219
2069	70,908	122,337	15,243	208,488
2070	62,870	107,735	11,691	182,296
2071	55,553	94,665	8,971	159,189
2072	48,922	82,973	6,887	138,782
2073	42,940	72,521	5,285	120,746
2074	37,561	63,186	4,051	104,798

2025 Schedule MB (Form 5500), Line 8b(2)

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 8B(2) - SCHEDULE OF ACTIVE PARTICIPANT DATA (AS OF JANUARY 1, 2025)

AGE GROUP	YEARS OF CREDITED SERVICE																					
	Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40 & up		Total	
	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25	0		115	$2	3		0		0		0		0		0		0		0		118	$2
25-29	0		145	$2	22	$13	2		0		0		0		0		0		0		169	$4
30-34	0		98	$2	33	$10	11		0		0		0		0		0		0		142	$7
35-39	0		264	$2	57	$14	16		10		2		0		0		0		0		349	$9
40-44	0		252	$1	67	$14	14		15		5		2		0		0		0		355	$13
45-49	0		53	$2	38	$15	14		14		17		4		0		0		0		140	$44
50-54	0		59	$4	41	$20	26	$36	22	$87	33	$236	13		5		3		0		202	$76
55-59	0		46	$3	39	$18	16		23	$100	28	$237	11		4		7		0		174	$83
60-64	0		27	$4	21	$19	20	$48	15		15		3		6		10		1		118	$101
65-69	0		7		11		6		4		10		1		0		2		0		41	$94
70 and up	0		7		1		3		0		0		1		0		0		1		13	
Missing	0		123	$1	6		19		23	$14	0		0		0		0		0		171	$6
Total	0		1,196	$2	339	$15	147	$40	126	$90	110	$214	35	$150	15		22	$256	2		1,992	$32

Note: Compensation information not shown because plan benefits are not pay-related.

2025 Schedule MB (Form 5500), Line 8b(3)

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 8B(3) - SCHEDULE OF PROJECTION OF EMPLOYER CONTRIBUTIONS AND WITHDRAWAL LIABILITY PAYMENTS

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	2,041,344	23,576	2,064,920
2026	1,970,789	23,576	1,994,365
2027	1,970,789	23,576	1,994,365
2028	1,970,789	23,576	1,994,365
2029	1,970,789	23,576	1,994,365
2030	1,970,789	23,576	1,994,365
2031	1,970,789	23,576	1,994,365
2032	1,970,789	23,576	1,994,365
2033	1,970,789	23,576	1,994,365
2034	1,970,789	23,576	1,994,365

2025 Schedule MB (Form 5500), Lines 9c and 9h

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINES 9C AND 9H - SCHEDULE OF FUNDING STANDARD ACCOUNT BASES

Description of Base	Date of Establishment	Outstanding Balance	Remaining Amortization Period	Amortization Amounts
Charges				
Plan Amendment	9/1/1995	125,089	0.67	125,089
Plan Amendment	12/1/1996	9,457	1.92	5,078
Change In Assumption	1/1/1997	300,367	2	155,260
Plan Amendment	1/1/1998	555,013	3	197,652
Change In Assumption	1/1/1998	577,582	3	205,691
Plan Amendment	1/1/1999	553,658	4	152,763
Plan Amendment	1/1/2000	179,930	5	41,011
Change in Assumption	1/1/2001	1,978,715	6	387,968
Change in Assumption	1/1/2002	2,046,229	7	354,845
2008 Eligible Investment Loss	1/1/2009	9,632,567	13	1,077,145
2008 Eligible Investment Loss	1/1/2010	13,372,847	13	1,495,396
Actuarial Loss	1/1/2011	495,532	1	495,532
Actuarial Loss	1/1/2012	1,007,206	2	520,631
Actuarial Loss	1/1/2013	1,509,643	3	537,620
Plan Amendment	1/1/2013	552,012	3	196,583
Actuarial Loss	1/1/2016	737,691	6	144,639
Assumption Change	1/1/2016	36,056	6	7,069
Actuarial Loss	1/1/2018	13,823	8	2,164
Actuarial Loss	1/1/2019	2,713,646	9	389,259
Assumption Change	1/1/2019	1,505,756	9	215,993
Actuarial Loss	1/1/2020	1,002,212	10	133,358
Actuarial Loss	1/1/2023	771,223	13	86,241
Actuarial Loss	1/1/2024	1,234,842	14	131,961
Actuarial Loss	1/1/2025	1,830,680	15	187,849
Subtotal Charges		42,741,776		7,246,797
Credits				
Plan Amendment	1/1/1997	27,574	2	14,255
Plan Amendment	1/1/2011	999,279	1	999,279
Actuarial Gain	1/1/2014	560,846	4	154,746
Actuarial Gain	1/1/2015	303,268	5	69,125
Actuarial Gain	1/1/2017	506,761	7	87,880
Assumption Change	1/1/2018	4,058,355	8	635,182
Plan Amendment	1/1/2020	1,902,691	10	253,178
Actuarial Gain	1/1/2021	1,316,728	11	164,108
Actuarial Gain	1/1/2022	2,468,173	12	290,419
Subtotal Credits		12,143,675		2,668,172
Net Charges/Credits		30,598,101		4,578,625

Schedule MB (Form 5500) 2025

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 11 – JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

The RPA '94 current liability interest rate was changed from 3.29% to 4.01% in accordance with IRC 412(l)(7)(C)(i). The RPA '94 current liability mortality was updated in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. The operating assumption increased from a flat $1,000,000 payable mid-year to $1,300,000 payable mid-year and 2% yearly increase.

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Summary of Plan Provisions

Plan Type: Qualified defined benefit plan.

Plan Effective Date: April 15, 1973.

Plan Year: January 1 – December 31.

Monthly Normal Retirement Benefit: For each plan year in which at least 500 hours worked: 1.0% of earned Credited Contributions starting January 1, 2020; 2.0% between 2011 and 2019; 5.0% between 1998 and 2010; 7.0% between 1991 and 1997; 9.0% between 1983 and 1990; 11.0% before 1983.

Minimum Pension: Greater of (i) Normal Retirement Pension or (ii) $125.00 for "Qualifying Older Employees."

Normal Form of Benefit: Life Only Annuity for single participants and 50% Joint and Survivor Annuity for married participants.

Normal Retirement Age: (i) Age 65 with 10 years of participation (all service), or (ii) age 65 and fifth anniversary of participation (on or after January 1, 1988).

Early Retirement Age: Age 55 and 5 years of Vesting Credit.

Early Retirement Benefit: Effective January 1, 2020, the accrued benefit is reduced on an actuarially equivalent basis for each year preceding normal retirement age.

Late Retirement Benefit: (i) Actuarially increased normal retirement benefit payable for life; or (ii) retroactive payments in lump sum, plus increased monthly benefits.

Past Service Credit: $5.00 per year of past service credit up to a maximum of 15 years for certain new contributing employers.

Vesting Credit: One year for each plan year during which a participant worked at least 500 hours of service.

Vesting: 5 Years of Vesting Credit.

Break-in-Service: Less than 350 hours in a plan year.

Participation: (i) Earned at least 700 hours of service within any 2 consecutive Plan Years, and (ii) attained age 21.

Permanent Break-in-Service: 5 consecutive 1-year breaks-in-service.

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Summary of Plan Provisions (continued)

Pre-Retirement Death Eligibility: Vested.

Pre-Retirement Death Benefit:

Effective January 1, 2011, the only pre-retirement death benefit is the 50% Joint and Survivor Annuity for married participants.

Post-Retirement Death Benefit: Effective January 1, 2011, there is no death benefit other than the annuity paid to beneficiaries of participants who elected a Joint and Survivor Annuity.

Voluntary Contribution Balances: A participant may elect to contribute into an individual Voluntary Account. This Balance earns 6.5% per annum. At retirement, the participant may elect to receive the accumulated balance in the form of a lump sum, monthly installments or a lifetime annuity.

Optional Forms of Benefit Payment: 75% Joint and Survivor Annuity, with pop-up.

Actuarial Equivalence: Group Annuity Mortality Table and 6.5% interest.

Plan Provisions Excluded from Measurement: None.

Rehabilitation Plan Contribution Increase Schedule:

The following employer contribution increase schedule was adopted as part of the 2023 Rehabilitation Plan:

- Effective January 1, 2020 – 101.2% of 2019 contribution rate
- Effective January 1, 2021 – 202.4% of 2019 contribution rate
- Effective January 1, 2022 – 303.6% of 2019 contribution rate
- Effective January 1, 2023 – 402.4% of 2019 contribution rate

Note these additional contributions made on behalf of the Rehabilitation Plan are not benefit-accruing.

Changes Since Prior Valuation: None.

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions

Actuarial Cost Method: Entry Age Normal Cost Method with Replacement.

Actuarial Assumptions:

Interest Discount Rate:
For funding: 7.00% compounded annually
For current liability: 4.01% compounded annually
For vested benefit liability: December 2024 Yield Curve (approximately 5.27%) compound annually

Investment Yield: 7.00% compounded annually, net of investment expenses

Operational Expenses:
$1,300,000 payable mid-year and 2% yearly increase
($1,256,757 as of beginning of the year)

Mortality:
For funding:
Pre- and Post-Retirement: 1983 Group Annuity Mortality Table. Based on our annual measurement of mortality experience, we are reviewing whether this table incorporates sufficient allowance for future mortality improvement.

For current liability:
2024+ IRS Generational Mortality Table

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions (continued)

Turnover: Special Plan Turnover Table. Sample termination rates:

	Years of Service		
Age	0-4	5-9	10 or more
20	20.5%	0.0%	0.0%
30	19.5	7.2	2.8
40	15.0	6.1	1.5
50	18.8	4.6	0.0
60	23.8	7.0	0.0

Retirement Age:

Age	Retirement Rate
55	20%
56-61	15
62	30
63-64	20
65	50
66-69	30
70	100

Inactive Vested participants are assumed to retire at age 60.

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Method and Assumptions (continued)

Employment:	Future employment is assumed to be at the same hours and contribution rate as the prior year.
Marital Status:	80% of non-retired participants are married. Wife is assumed to be four years younger than the husband.
Form of Payments:	Married participants are assumed to retire with a 50% Joint & Survivor Annuity with pop-up and non-married participants are assumed to retire with a Single Life Annuity.
Unknown Birthdates:	Participants whose birthdates are not reported are assumed to be the average age of similar participants with reported birthdates.
Inactive Vested Participants:	Participants who are over age 80 on the valuation date are excluded.
Data Reserves:	Reserves are held for potential benefit liabilities for unreported participant benefits and adjusted annually at the valuation interest rate as well offset for data corrections incurred. This amount is $735,090 as of January 1, 2025.

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Rationale for Major Assumptions

Interest Rate/Investment Yield: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.

Mortality, Termination and Retirement: Based on recent Plan experience which is monitored and analyzed annually. When a trend emerges with consistent gains or losses for a particular assumption, it is reviewed and updated accordingly. Please see Section 1 - Actuarial Experience for more detail on these assumptions.

Sch h Line 4i

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JDLC FARM WORKERS CONSOLIDATED ACCT
ACCOUNT 6746000399

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
First Am Govt Ob Fd Cl Z 31846V567 Asset Minor Code 1 *ACCOUNT 6746000312*	1.490	1.49 1.0000	1.49	.00 .00	1.49 .00	.00 3.36
First Am Govt Ob Fd Cl Z 31846V567 Asset Minor Code 1 *ACCOUNT 6746000313*	83,811.810	83,811.81 1.0000	83,811.81	.00 .00	83,811.81 .00	266.37 3.57
Total First Am Govt Ob Fd Cl Z	**90,011.700**	**90,011.70**	**90,011.70**	**.00** **.00**	**90,011.70** **.00**	**285.72** **3.56**
Total Money Markets	**90,011.700**	**90,011.70**	**90,011.70**	**.00** **.00**	**90,011.70** **.00**	**285.72** **3.56**
Total Cash And Equivalents	**90,011.700**	**90,011.70**	**90,011.70**	**.00** **.00**	**90,011.70** **.00**	**285.72** **3.56**
Domestic Common Stocks						
Advanced Drainage Systems In 00790R104 Asset Minor Code 42 *ACCOUNT 6746000313*	104.000	15,062.32 144.8300	11,679.84	3,382.48 3,039.92	12,022.40 3,039.92	.00 0.50
Affiliated Managers Group Inc 008252108 Asset Minor Code 42 *ACCOUNT 6746000313*	243.000	70,052.04 288.2800	25,977.59	44,074.45 24,740.06	44,395.26 25,656.78	.00 0.01
Aptar Group Inc 038336103 Asset Minor Code 42 *ACCOUNT 6746000313*	373.000	45,491.08 121.9600	25,540.38	19,950.70 - 13,107.22	58,598.30 - 13,107.22	.00 1.57

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Aramark 03852U106 Asset Minor Code 42 *ACCOUNT 6746000313*	1,521.000	56,064.06 36.8600	39,640.87	16,423.19 - 647.18	56,163.65	.00
Avery Dennison Corp 053611109 Asset Minor Code 42 *ACCOUNT 6746000313*	364.000	66,204.32 181.8800	66,418.55	- 214.23 - 423.12	66,627.44 - 423.12	.00 2.07
Ball Corp 058498106 Asset Minor Code 42 *ACCOUNT 6746000313*	207.000	10,964.79 52.9700	9,669.43	1,295.36 - 447.12	11,411.91	.00
Bentley Sys Inc Com 08265T208 Asset Minor Code 42 *ACCOUNT 6746000313*	517.000	19,731.31 38.1650	22,546.36	- 2,815.05 - 2,815.05	22,546.36 - 2,815.05	.00 0.73
WR Berkley Corp 084423102 Asset Minor Code 42 *ACCOUNT 6746000313*	963.000	67,525.56 70.1200	24,780.88	42,744.68 - 20,993.22	56,354.76 11,170.80	.00 0.51
Bio Techne Corp 09073M104 Asset Minor Code 42 *ACCOUNT 6746000313*	666.000	39,167.46 58.8100	28,506.07	10,661.39 - 5,448.76	43,503.85 - 4,336.39	.00 0.54
Blackbaud Inc 09227Q100 Asset Minor Code 42 *ACCOUNT 6746000313*	418.000	26,467.76 63.3200	19,295.78	7,171.98 - 5,624.39	30,898.56	.00
Booz Allen Hamilton Holding 099502106 Asset Minor Code 42 *ACCOUNT 6746000313*	550.000	46,398.00 84.3600	49,190.42	- 2,792.42 - 26,373.97	69,433.36 - 23,035.36	.00 2.61
Broadridge Financial Solutions Inc 11133T103 Asset Minor Code 42 *ACCOUNT 6746000313*	.000	.00 223.1700	.00	.00 - 14,957.43	.00 .00	.00 0.00

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Brown Brown Inc 115236101 Asset Minor Code 42 *ACCOUNT 6746000313*	68.000	5,419.60 79.7000	3,410.19	2,009.41 - 33,291.56	6,992.25 - 1,572.65	.00 0.83
Burlington Stores Inc 122017106 Asset Minor Code 42 *ACCOUNT 6746000313*	262.000	75,678.70 288.8500	48,026.11	27,652.59 2,041.78	71,555.15 4,123.55	.00 0.00
Caci Intl Inc 127190304 Asset Minor Code 42 *ACCOUNT 6746000313*	158.000	84,183.98 532.8100	44,213.18	39,970.80 14,782.75	63,371.43	.00
Carlisle Cos Inc 142339100 Asset Minor Code 42 *ACCOUNT 6746000313*	266.000	85,082.76 319.8600	48,614.65	36,468.11 - 25,486.38	97,563.06 - 12,480.30	.00 1.38
Caseys Gen Stores Inc 147528103 Asset Minor Code 42 *ACCOUNT 6746000313*	127.000	70,194.17 552.7100	27,337.86	42,856.31 16,434.51	50,321.21 19,872.96	.00 0.41
Choice Hotels Intl Inc 169905106 Asset Minor Code 42 *ACCOUNT 6746000313*	393.000	37,437.18 95.2600	34,830.45	2,606.73 - 18,622.43	55,383.88 - 17,946.70	.00 1.21
Columbia Bkg Sys Inc 197236102 Asset Minor Code 42 *ACCOUNT 6746000313*	504.000	14,086.80 27.9500	11,260.96	2,825.84 515.52	13,160.86 925.94	.00 5.30
Columbia Sportswear Co 198516106 Asset Minor Code 42 *ACCOUNT 6746000313*	375.000	20,658.75 55.0900	21,818.97	- 1,160.22 - 14,036.06	30,672.74 - 10,013.99	.00 2.18

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Dolby Laboratories Inc Cl A 25659T107 Asset Minor Code 42 *ACCOUNT 6746000313*	756.000	48,550.32 64.2200	63,085.41	- 14,535.09 - 10,306.19	59,128.66 - 10,578.34	.00 2.24
Envista Holdings Corporation Com 29415F104 Asset Minor Code 42 *ACCOUNT 6746000313*	1,212.000	26,312.52 21.7100	27,947.44	- 1,634.92 8,864.61	22,275.43 4,037.09	.00 0.00
Fti Consulting Inc 302941109 Asset Minor Code 42 *ACCOUNT 6746000313*	142.000	24,257.86 170.8300	24,116.14	141.72 - 2,882.60	27,140.46 - 2,882.60	.00 0.00
Factset Research Systems Inc 303075105 Asset Minor Code 42 *ACCOUNT 6746000313*	48.000	13,929.12 290.1900	4,804.03	9,125.09 - 9,124.32	23,053.44 - 9,124.32	.00 1.52
Godaddy Inc Cl A 380237107 Asset Minor Code 42 *ACCOUNT 6746000313*	554.000	68,740.32 124.0800	56,206.57	12,533.75 - 37,965.07	104,300.69 - 35,560.37	.00 0.00
Graco Inc 384109104 Asset Minor Code 42 *ACCOUNT 6746000313*	275.000	22,541.75 81.9700	5,607.49	16,934.26 - 2,299.38	23,179.75	.00
Jack Henry Associates Inc 426281101 Asset Minor Code 42 *ACCOUNT 6746000313*	170.000	31,021.60 182.4800	13,334.54	17,687.06 1,318.38	29,703.22 1,318.38	.00 1.27
Hunt J B Trans Svcs Inc 445658107 Asset Minor Code 42 *ACCOUNT 6746000313*	143.000	27,790.62 194.3400	11,098.18	16,692.44 - 6,390.88	23,609.88 4,180.74	.00 0.91

2025 Schedule MB (Form 5500), Line 4b

Plan Name: Juan De La Cruz Farm Workers Pension Plan
Employer ID: 95-6454441
Plan Number: 001

SCHEDULE MB, LINE 4B - ILLUSTRATION SUPPORTING ACTUARIAL CERTIFICATION OF STATUS

In accordance with Section 432(b)(3) of the Internal Revenue Code, beginning January 1, 2025, the plan is considered to be in critical status because the plan was in critical status last year and is projected by the plan actuary to have funding or liquidity problems, or both within the next 9 plan years. More specifically, the plan is projected to have an accumulated funding deficiency in 2029.

Credit Balance

Year	Beginning Balance	Normal Cost	Net Amortization Charge	Interest	Contributions	Interest	**Ending Balance**
2025	15,569,750	1,078,887	4,677,501	686,935	1,994,365	68,622	**12,563,284**
2026	12,563,284	1,083,830	5,355,240	428,695	1,994,365	68,622	**8,615,895**
2027	8,615,895	1,109,221	5,058,127	171,398	1,994,365	68,622	**4,682,932**
2028	4,682,932	1,135,248	3,894,623	(24,286)	1,994,365	68,622	**1,691,762**
2029	1,691,762	1,161,926	3,890,215	(235,226)	1,994,365	68,622	**(1,532,618)**
2030	(1,532,618)	1,189,270	3,918,328	(464,815)	1,994,365	68,622	**(5,042,044)**

The assumptions used are the same as those used in the attached actuarial certification.