

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                     | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.</u>                                                                                                                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>006</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>09/01/1974</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>04-1215610</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>508-946-1000</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>311400</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>006</u> | <b>1c</b> Effective date of plan<br><u>09/01/1974</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>04-1215610</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>508-946-1000</u> |  | <b>2d</b> Business code (see instructions)<br><u>311400</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                           | <u>006</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>09/01/1974</u>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>04-1215610</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>508-946-1000</u>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>311400</u>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>OCEAN SPRAY CRANBERRIES, INC.</u><br><br><u>ONE OCEAN SPRAY DRIVE</u><br><u>LAKEVILLE-MIDDLEBORO, MA 02349</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/17/2022 | SUSAN FRENCH                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1216 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 724  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 735  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 19   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 501  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1255 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1258 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1248 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 65   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>3D 2E 2F 2G 2J 2K 2T                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                |                                                             |     |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021     |                                                             |     |
| <b>A</b> Name of plan<br>SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.  | <b>B</b> Three-digit plan number (PN) ▶                     | 006 |
|                                                                                                |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>OCEAN SPRAY CRANBERRIES, INC. | <b>D</b> Employer Identification Number (EIN)<br>04-1215610 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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**(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)

NEPC, LLC

26-1429809

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 55892                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MAYER HOFFMAN MCCANN PC

43-1947695

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | ACCOUNTANT                                                                                        | 31500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 18841                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | -57573                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| CHAMPLAIN SM CO INST - DST SYSTEMS<br><br>43-1581814                                         | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| DODGE & COX STOCK - DST ASSET MANA      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                              |                                                                    |  |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.</u>         | <b>B</b> Three-digit plan number (PN) <u>006</u>                   |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>OCEAN SPRAY CRANBERRIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-1215610</u> |  |

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

|                                                                                            |                               |                                                                                                                     |
|--------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM CORE PLUS CL C</u>                  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIAM TRUST COMPANY</u>                |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>20-4659714-052</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11672288</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM BLEND TD 2055 V</u>                 |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIAM TRUST COMPANY</u>                |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>20-4659714-113</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8214326</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM BLEND TD 2035 V</u>                 |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIAM TRUST COMPANY</u>                |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>20-4659714-092</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20009602</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM BLEND TD 2045 V</u>                 |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIAM TRUST COMPANY</u>                |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>20-4659714-094</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17956038</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIP II CL 1</u>                          |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>04-3022712-025</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19576757</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM BLEND TD 2020 V</u>                 |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIAM TRUST COMPANY</u>                |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>20-4659714-089</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8222997</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM BLEND TD INC V</u>                  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIAM TRUST COMPANY</u>                |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>20-4659714-085</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1237948</u>  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2010 V

**b** Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-087 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 946371 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2040 V

**b** Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-093 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17045756 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2030 V

**b** Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-091 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19516770 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2050 V

**b** Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-095 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10893848 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2025 V

**b** Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-090 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13788785 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2060 V

**b** Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-147 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2359029 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2015 V

**b** Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-088 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1304208 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                            |            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                            |            |
| <b>A</b> Name of plan<br><u>SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.</u>     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>006</u> |
|                                                                                                          |                                                                            |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>OCEAN SPRAY CRANBERRIES, INC.</u>    | <b>D</b> Employer Identification Number (EIN)<br><u>04-1215610</u>         |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 227577                | 164907          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 161363                | 233185          |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 2727272               | 2650117         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 141254879             | 152744723       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 156509847             | 181651900       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 300880938             | 337444832       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 300880938 | 337444832 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 8574461    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 7583697    |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 2301313    |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0          | 18459471  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 115384     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 115384    |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 11009437   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 11009437  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 13615355  |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 22499286  |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 65698933  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 29559212   |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 0          |           |
| (3) Other.....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 29559212  |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 71538     |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | -3313     |
| h Interest expense.....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 18841      |           |
| (4) Other.....                                                                                 | 2i(4)  | 29819      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 48660     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 29676097  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 36022836  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            | 541058    |
| (2) From this plan.....                                                                        | 2l(2)  |            | 0         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 159    |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     | X  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |     | X  |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                |                                                             |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.  | <b>B</b> Three-digit plan number (PN) ►<br>006              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>OCEAN SPRAY CRANBERRIES, INC. | <b>D</b> Employer Identification Number (EIN)<br>04-1215610 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> |
| <b>2</b> 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):<br><br>EIN(s): 04-6568107 |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |

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

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

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

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**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**

**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**

- 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) through (c)

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_



**Financial Statements  
and Supplemental Schedules**

**Savings Plan for Salaried Employees of  
Ocean Spray Cranberries, Inc.**

**December 31, 2021 and 2020**



**SAVINGS PLAN FOR SALARIED EMPLOYEES OF  
OCEAN SPRAY CRANBERRIES, INC.**

***Financial Statements  
and Supplemental Schedules***

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***Financial Statements:***

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***Supplemental Schedules (2021 only):***

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Mayer Hoffman McCann P.C.  
500 Boylston Street ■ Boston, MA 02116  
Main: 617.761.0600 ■ Fax: 617.761.0601  
[www.cbiz.com/newengland](http://www.cbiz.com/newengland)

## *Independent Auditors' Report*

The Plan Administrator  
Savings Plan for Salaried Employees of Ocean Spray Cranberries, Inc.  
Lakeville, Massachusetts

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements***

We have performed the audit of the financial statements of the Savings Plan for Salaried Employees of Ocean Spray Cranberries, Inc. (the "Plan") an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion on the 2021 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### ***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the 2021 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2021 financial statements are issued or 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.

### ***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.



In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

#### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 and (2) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2021, 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Other Matter - Auditors' Report on the 2020 Financial Statements***

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institution. In our report dated February 28, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Mayer Hoffman McCann P.C.*

Boston, Massachusetts  
October 13, 2022

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

***Statements of Net Assets Available for Benefits***

|                                          | <b><i>December 31,</i></b>   |                              |
|------------------------------------------|------------------------------|------------------------------|
|                                          | <b><i>2021</i></b>           | <b><i>2020</i></b>           |
| <b>Assets</b>                            |                              |                              |
| Investments at fair value                | \$ 334,396,623               | \$ 297,764,726               |
| Receivables:                             |                              |                              |
| Participants' deferrals                  | 233,185                      | 227,577                      |
| Employer contributions                   | 164,907                      | 161,363                      |
| Notes receivable from participants       | <u>2,650,117</u>             | <u>2,727,272</u>             |
| <b>Total receivables</b>                 | <u><b>3,048,209</b></u>      | <u><b>3,116,212</b></u>      |
| <b>Net assets available for benefits</b> | <u><b>\$ 337,444,832</b></u> | <u><b>\$ 300,880,938</b></u> |

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

***Statement of Changes in Net Assets Available for Benefits***

***Year Ended December 31, 2021***

**Additions to net assets attributed to:**

Investment income:

|                                                |                   |
|------------------------------------------------|-------------------|
| Net appreciation in fair values of investments | \$ 35,893,906     |
| Interest and dividends                         | <u>11,230,172</u> |

|                         |                   |
|-------------------------|-------------------|
| Total investment income | <u>47,124,078</u> |
|-------------------------|-------------------|

|                                                       |                |
|-------------------------------------------------------|----------------|
| Interest income on notes receivable from participants | <u>115,384</u> |
|-------------------------------------------------------|----------------|

|                                  |               |
|----------------------------------|---------------|
| Revenue credit account additions | <u>66,850</u> |
|----------------------------------|---------------|

Contributions:

|                       |                  |
|-----------------------|------------------|
| Participant deferrals | 7,583,697        |
| Participant rollovers | 2,301,313        |
| Employer              | <u>8,574,461</u> |

|                     |                   |
|---------------------|-------------------|
| Total contributions | <u>18,459,471</u> |
|---------------------|-------------------|

|                                      |                          |
|--------------------------------------|--------------------------|
| <b>Total additions to net assets</b> | <b><u>65,765,783</u></b> |
|--------------------------------------|--------------------------|

**Deductions from net assets attributed to:**

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 29,627,437     |
| Administrative fees           | <u>115,510</u> |

|                                         |                          |
|-----------------------------------------|--------------------------|
| <b>Total deductions from net assets</b> | <b><u>29,742,947</u></b> |
|-----------------------------------------|--------------------------|

|                                                                           |                   |
|---------------------------------------------------------------------------|-------------------|
| <b>Net increase in net assets available for benefits before transfers</b> | <b>36,022,836</b> |
|---------------------------------------------------------------------------|-------------------|

|                                                                                         |                |
|-----------------------------------------------------------------------------------------|----------------|
| Transfers in from Savings Plan for Hourly Employees<br>of Ocean Spray Cranberries, Inc. | <u>541,058</u> |
|-----------------------------------------------------------------------------------------|----------------|

|                                                          |                   |
|----------------------------------------------------------|-------------------|
| <b>Net increase in net assets available for benefits</b> | <b>36,563,894</b> |
|----------------------------------------------------------|-------------------|

|                                                      |                    |
|------------------------------------------------------|--------------------|
| Net assets available for benefits, beginning of year | <u>300,880,938</u> |
|------------------------------------------------------|--------------------|

|                                                       |                                     |
|-------------------------------------------------------|-------------------------------------|
| <b>Net assets available for benefits, end of year</b> | <b>\$ <u><u>337,444,832</u></u></b> |
|-------------------------------------------------------|-------------------------------------|

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan***

The following description of the Savings Plan for Salaried Employees of Ocean Spray Cranberries, Inc. (the “Plan”) provides general information only. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

#### ***General***

The Plan is a contributory savings plan, established on September 1, 1974 for the salaried employees of Ocean Spray Cranberries, Inc. (the “Company”). The Plan is subject to the Employee Retirement Income Security Act of 1974 (“ERISA”). Substantially all investments are participant directed.

#### ***Plan Administrator***

The Plan is administered by the Pension and Savings Committee, which consists of seven persons appointed by the Board of Directors of the Company.

#### ***Trustee of the Plan***

Fidelity Management Trust Company (“Fidelity”) is the trustee and custodian of the Plan. Fidelity Investments and Fidelity Workplace Services LLC, which are affiliated companies of the trustee and custodian, are the investment manager and record-keeper, respectively.

#### ***Eligibility***

A salaried employee, excluding seasonal or leased employees not represented by a union, may become a participant in the Plan on his or her start date.

#### ***Contributions***

Eligible employees may elect to defer eligible compensation on a pre-tax basis, an after-tax basis (“Roth”), or a combination of both. Participants are eligible to contribute from 1% to 75% of their annual eligible compensation to the Plan. Rollover contributions are allowed. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan thirty-five days after their date of hire, at a rate of 4% within the applicable FIAM Blend Target Date Commingled Pool collective trust fund unless they affirmatively elect a different rate, investment or not to participate in the Plan. The Plan includes an automatic deferral increase of 1%, each year on September 1st, for participants deferring between 1% and 5% annually, until a maximum of 6% of eligible compensation is reached. Participants can elect a Fidelity Portfolio Advisory Services managed account option, whereby a Fidelity investment professional will actively manage the participant’s account for a fee ranging from 0.05% to 0.65% of the participant’s average account balance. Participants whose employee pre-tax contributions are limited by statutory requirements may make additional catch-up contributions starting in the calendar year during which they reach the age of 50.

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Contributions (Continued)***

The Company makes matching contributions to the Plan once a participant has worked 1,000 or more hours during the initial year of employment or in subsequent plan years. The Company matches 50% of the participant's pre-tax contributions and Roth contributions, up to the maximum of 3% of the participant's eligible wages. During 2021, the Company made matching contributions of \$2,039,899, net of \$176,745 of forfeitures utilized. Additionally subsequent to year-end in 2022 the Company made a true-up of \$78,244, fully funded with forfeitures.

In addition to the matching contribution, certain non-grandfathered participants of the Retirement Plan of Ocean Spray Cranberries, Inc., as defined in the Plan Document, receive a Company fixed contribution of 3% of their eligible wages. During 2021, the Company made Company fixed contributions of \$2,024,802, net of \$233,083 of forfeitures utilized.

The Company may also make supplemental matching contributions, which are discretionary. Employees are eligible for the supplemental matching contributions provided they have met the following criteria: (i) completed one year of eligible service as of the last month of a performance period within the current plan year, (ii) either (a) make pre-tax contributions with respect to compensation earned during the last month of a performance period within the current plan year or (b) have contributed the maximum amount of pre-tax contributions before the last month of a performance period within the current plan year, and (iii) are employed on the date such supplemental matching contributions are paid. All contributions are subject to certain limitations. During 2021, the Company made discretionary supplemental matching contributions of \$4,509,759, net of \$170,171 of forfeitures utilized.

#### ***Other Income***

The Company is party to a revenue credit agreement with the trustee, whereby the trustee makes an annual fixed payment to the Plan and to the Savings Plan for Hourly Employees of Ocean Spray Cranberries, Inc. (together, the "Plans"). The payment is funded quarterly and is allocated between the Plans based on each plan's assets as of the end of each quarter. The payment may be used to reimburse the Plans for fees and expenses. Amounts unused for expenses may be allocated to participants in accordance with the revenue credit agreement. For the year ended December 31, 2021, \$66,850 of credits were received by the Plan. The amount of unallocated credits held by the Plan as of December 31, 2021 was \$44,046. These amounts are included within the mutual funds line item in the Statements of Net Assets Available for Benefits.

#### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, Company matching contributions, Company fixed contributions, Company supplemental matching contributions, and allocations of plan earnings or losses. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balances. The Plan allocates amounts held in the revenue credit account after paying Plan expenses to participants based on participant balances.

# SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

## *Notes to Financial Statements*

### **Note 1 - Description of the Plan (Continued)**

#### **Notes Receivable from Participants**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance, reduced by current outstanding loans. Loan terms range from one to five years or up to thirty years for the purchase of a primary residence and bear interest at a fixed rate commensurate with local prevailing rates as determined periodically by the Pension and Savings Committee. Principal and interest are paid ratably in equal installments, generally through payroll deductions. Loans outstanding at December 31, 2021 have interest rates ranging from 3.25% to 7.00%. The loans mature through 2051.

Under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), the available loan limit was increased to \$100,000 or 100% of the participant's vested account balance. The CARES Act also delayed loan payments for a COVID-19 qualified individual for any loan outstanding on or after March 27, 2020 through December 31, 2020 and, if applicable, extends the loan for up to one year. This increased loan limit was allowed to be taken from March 27, 2020 through September 22, 2020.

#### **Investments**

Participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan. The Plan currently offers mutual funds and collective trust funds as investment options for participants.

#### **Vesting**

If a participant's employment is terminated due to retirement, disability, or death, the full amount of the participant's account is vested. If employment is terminated for reasons other than those mentioned above, the participant's account is vested as follows:

- The portion of the participant's account arising from the participant's own contributions will be fully vested upon initial contribution.
- The portion of the participant's account arising from contributions made by the Company will be vested according to the following schedule:

#### **Years of Vesting Service**

#### **Vesting Percentage**

Less than three years  
Three years or more

0 %  
100 %

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Payment of Benefits***

In-service withdrawals from a participant's elective deferral account are permitted only due to financial hardship or upon reaching 59½. Hardship withdrawals may be taken from any account without respect to earnings. The amount of hardship distribution cannot exceed the amount to meet the immediate financial hardship. On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or various annual installment options in accordance with the Plan Document. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

The CARES Act was passed by the U.S. Senate on March 27, 2020. Section 2202 of the CARES Act permits eligible Plan participants to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons include the participant, spouse or dependent diagnosed with COVID-19, adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The special coronavirus-related distributions waive the 10% early withdrawal penalty and were allowed to be made between January 1, 2020 and December 31, 2020.

#### ***Forfeitures***

A participant who leaves the employ of the Employer forfeits any non-vested balance at the earlier of the end of five consecutive one-year breaks in service or if the participant receives a complete distribution of their accounts. Non-vested balances forfeited in accordance with the Plan Document are used to reduce subsequent Employer contributions or pay administrative expenses. At December 31, 2021 and 2020, forfeitures totaled \$775,021 and \$764,767, respectively. For the year ended December 31, 2021, forfeitures totaling \$19,158 and \$579,999 were used to reduce administrative expenses and Employer contributions, respectively. Additionally during 2021, forfeitures of \$60,097 were utilized to offset the 2020 employer true-up. Subsequent to year-end in 2022, \$78,244 was utilized to offset the 2021 employer true-up.

#### ***Transfers***

Along with the Plan, the Company also sponsors a contributory savings plan for hourly employees. If employees change their hourly or salary status during the year, their account balances are transferred to the corresponding plan.

### ***Note 2 - Summary of Significant Accounting Policies***

#### ***Basis of Presentation***

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 2 - Summary of Significant Accounting Policies (Continued)***

#### ***Investments, Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the trustee and custodian.

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

#### ***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

#### ***Payment of Benefits***

Benefits are recorded when paid.

#### ***Expenses***

Administrative expenses are paid by the Plan (see Note 7), except for those expenses that the Company, in its discretion, chooses to pay from time to time. Expenses paid by the Company are excluded from these financial statements. Administrative fees for loans are charged against the participant's account when each loan is extended. Expenses incurred by mutual funds and collective trust funds are included within their net asset value and not separately reported on the Plan's financial statements.

#### ***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

#### ***Unit Values***

Individual participant accounts for the collective trust funds are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the fund, but do have an interest therein represented by units which are valued daily. The fund earns interest and dividends which are automatically reinvested in additional units. Generally contributions to and withdrawals from the funds are converted to units by dividing the amounts of such transactions by the unit value as last determined, and the participant's accounts are charged or credited with the number of units properly attributable to each participant.

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 2 - Summary of Significant Accounting Policies***

#### ***Subsequent Events***

The Employer has evaluated subsequent events through October 13, 2022, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during the evaluation.

### ***Note 3 - Information Certified by the Trustee and Custodian***

Plan investments are held in mutual funds and collective trust funds by the Plan's trustee and custodian, Fidelity Management Trust Company ("Fidelity"). Fidelity certified the fair value of all investments as of December 31, 2021 and 2020 and all investment transactions for the year ended December 31, 2021, including interest and dividends, and net appreciation in fair values. Information included in the supplemental schedule of assets (held at end of year) and notes receivable from participants have also been derived from information certified by Fidelity.

The Plan offers investment choices to allow participants to create a diversified portfolio of assets based on a participant's risk tolerance. Participants may direct contributions to any of the investment options that consist of shares of mutual funds and common/collective trusts sponsored by Fidelity.

### ***Note 4 - Fair Value Measurements***

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

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

*Level 2* – Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* – Inputs that are unobservable inputs for the asset or liability.

# SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

## *Notes to Financial Statements*

### **Note 4 - Fair Value Measurements (Continued)**

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Units in Stable Value Common/Collective Trusts:* Valued at the NAV of units of the underlying investments of the common/collective trusts. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of its underlying investments held by the fund less its liabilities. The stable value funds are open-end commingled pools dedicated exclusively to the management of assets of defined contribution plans. The investment objective is to seek preservation of capital and a competitive level of income over time. To achieve its investment objective, the trust funds invest in underlying assets (typically fixed income securities or bond funds and may include derivative instruments such as futures contracts and swap agreements) and enter into "wrapper" contracts issued by a third party. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020.

| <b>Description</b>                                   | <b>Assets at Fair Value as of December 31, 2021</b> |                    |                    |                              |
|------------------------------------------------------|-----------------------------------------------------|--------------------|--------------------|------------------------------|
|                                                      | <b>Level 1</b>                                      | <b>Level 2</b>     | <b>Level 3</b>     | <b>Total</b>                 |
| Mutual funds                                         | \$ <u>181,651,900</u>                               | \$ <u>-</u>        | \$ <u>-</u>        | \$ <u>181,651,900</u>        |
| <b>Total investments in the fair value hierarchy</b> | \$ <u><b>181,651,900</b></u>                        | \$ <u><b>-</b></u> | \$ <u><b>-</b></u> | \$ <u><b>181,651,900</b></u> |
| Investments measured at NAV practical expedient (a)  |                                                     |                    |                    | <u>152,744,723</u>           |
| <b>Total investments at fair value</b>               |                                                     |                    |                    | \$ <u><b>334,396,623</b></u> |

# SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

## Notes to Financial Statements

### Note 4 - Fair Value Measurements (Continued)

| Description                                          | Assets at Fair Value as of December 31, 2020 |             |             |                       |
|------------------------------------------------------|----------------------------------------------|-------------|-------------|-----------------------|
|                                                      | Level 1                                      | Level 2     | Level 3     | Total                 |
| Mutual funds                                         | \$ 156,509,847                               | \$ -        | \$ -        | \$ 156,509,847        |
| <b>Total investments in the fair value hierarchy</b> | <b>\$ 156,509,847</b>                        | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 156,509,847</b> |
| Investments measured at NAV practical expedient (a)  |                                              |             |             | 141,254,879           |
| <b>Total investments at fair value</b>               |                                              |             |             | <b>\$ 297,764,726</b> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

### Note 5 - Fair Value of Investments in Entities that Use NAV Practical Expedient

The following table sets forth a summary of the Plan's investments measured at fair value based on NAV per share as of December 31, 2021 and 2020, respectively:

| Investments                                      | Fair Value<br>12/31/2021 | Fair Value<br>12/31/2020 | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice<br>Period |
|--------------------------------------------------|--------------------------|--------------------------|-------------------------|-------------------------|--------------------------------|
| Fidelity Managed Income Portfolio (a)            | \$ 19,576,755            | \$ 19,817,949            | \$ -                    | daily                   | 1 day                          |
| FIAM Blend Target Date Commingled Pool Funds (a) | 133,167,968              | 121,436,930              | -                       | daily                   | 1 day                          |
| <b>Total</b>                                     | <b>\$ 152,744,723</b>    | <b>\$ 141,254,879</b>    | <b>\$ -</b>             |                         |                                |

(a) See Note 4 for the description of the stable value common/collective trusts.

### Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events such as a pandemic or international conflict that could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect Participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

See Independent Auditors' Report.

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 7 - Related-Party Transactions and Exempt Party-In-Interest Transactions***

Fidelity Management Trust Company, the trustee of the Plan, and its affiliates, manage certain mutual funds and collective trust funds held by the Plan. Transactions with such investments qualify as party-in-interest transactions that are allowable under ERISA. Expenses of \$115,510 related to recordkeeping services, fees paid to the Plan's independent auditor, and loans provided to participants of the Plan also qualify as party-in-interest transactions. As discussed in Note 1 under Other Income, receipts of revenue credits and payments of the credits qualify as party-in-interest transactions.

### ***Note 8 - Plan Termination***

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

### ***Note 9 - Tax Status***

The Internal Revenue Service ("IRS") has determined that the prototype 401(k) profit sharing plan is designed in accordance with applicable sections of the IRC and informed Fidelity of such in a letter dated June 30, 2020. The plan administrative committee/plan administrator has adopted the prototype plan and believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

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

### ***Note 10 - Delinquent Contributions***

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the Employer's general assets. The Employer withheld but did not remit \$159 of participant contributions during the Plan year ended December 31, 2020. The Employer remitted the contributions in 2021 along with lost earnings. These late remittances are reflected in the accompanying Schedule of Delinquent Participant Contributions.

## ***Supplemental Schedules***

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

(E.I.N. 04-1215610 - Plan Number 007)

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

**December 31, 2021**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value     |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-----------------------|
|     | * FIAM Core Plus Commingled Pool                          | Collective Trust Fund                                                                                       |          | \$ 11,672,288         |
|     | * Fidelity Managed Income Portfolio II                    | Collective Trust Fund                                                                                       |          | 19,576,755            |
|     | * FIAM Blend Target Date Income Commingled Pool           | Collective Trust Fund                                                                                       |          | 1,237,948             |
|     | * FIAM Blend Target Date 2010 Commingled Pool             | Collective Trust Fund                                                                                       |          | 946,371               |
|     | * FIAM Blend Target Date 2015 Commingled Pool             | Collective Trust Fund                                                                                       |          | 1,304,208             |
|     | * FIAM Blend Target Date 2020 Commingled Pool             | Collective Trust Fund                                                                                       |          | 8,222,997             |
|     | * FIAM Blend Target Date 2025 Commingled Pool             | Collective Trust Fund                                                                                       |          | 13,788,785            |
|     | * FIAM Blend Target Date 2030 Commingled Pool             | Collective Trust Fund                                                                                       |          | 19,516,770            |
|     | * FIAM Blend Target Date 2035 Commingled Pool             | Collective Trust Fund                                                                                       |          | 20,009,603            |
|     | * FIAM Blend Target Date 2040 Commingled Pool             | Collective Trust Fund                                                                                       |          | 17,045,756            |
|     | * FIAM Blend Target Date 2045 Commingled Pool             | Collective Trust Fund                                                                                       |          | 17,956,039            |
|     | * FIAM Blend Target Date 2050 Commingled Pool             | Collective Trust Fund                                                                                       |          | 10,893,848            |
|     | * FIAM Blend Target Date 2055 Commingled Pool             | Collective Trust Fund                                                                                       |          | 8,214,326             |
|     | * FIAM Blend Target Date 2060 Commingled Pool             | Collective Trust Fund                                                                                       |          | 2,359,029             |
|     | * Fidelity International Index Fund                       | Mutual Fund                                                                                                 |          | 3,367,301             |
|     | * Fidelity Growth Company Fund                            | Mutual Fund                                                                                                 |          | 62,485,185            |
|     | * Fidelity U.S. Bond Index Fund                           | Mutual Fund                                                                                                 |          | 5,283,066             |
|     | * Fidelity 500 Index Fund                                 | Mutual Fund                                                                                                 |          | 50,610,059            |
|     | * Fidelity Extended Market Index Fund                     | Mutual Fund                                                                                                 |          | 4,240,166             |
|     | Dodge & Cox Stock Fund                                    | Mutual Fund                                                                                                 |          | 20,536,119            |
|     | MFS Institutional International Equity Fund               | Mutual Fund                                                                                                 |          | 9,873,293             |
|     | Artisan Mid Cap Fund                                      | Mutual Fund                                                                                                 |          | 16,524,736            |
|     | Champlain Small Company Fund                              | Mutual Fund                                                                                                 |          | 8,731,975             |
|     | * Participant Loans                                       | Loans (3.25% - 7.00%)                                                                                       | 0        | 2,650,117             |
|     |                                                           |                                                                                                             |          | <b>\$ 337,046,740</b> |

\* A party-in-interest as defined by ERISA.

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

*(E.I.N. 04-1215610 - Plan Number 007)*

***Schedule H, Line 4a - Schedule of Delinquent Participant Contributions***

***Year Ended December 31, 2021***

| <b><i>Participant Contributions<br/>Transferred Late to Plan</i></b> | <b><i>Total That Constitutes Nonexempt Prohibited Transactions</i></b> |                                                        |                                                            | <b><i>Total Fully Corrected<br/>Under Voluntary<br/>Fiduciary Correction<br/>Program (VFCP) and<br/>Prohibited Transaction<br/>Exemption 2002-51</i></b> |
|----------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                      | <b><i>Contributions<br/>Not Corrected</i></b>                          | <b><i>Contributions Corrected<br/>Outside VFCP</i></b> | <b><i>Contributions Pending<br/>Correction in VFCP</i></b> |                                                                                                                                                          |
| 2020                                                                 | n/a                                                                    | \$ 159                                                 | n/a                                                        | n/a                                                                                                                                                      |



**Financial Statements  
and Supplemental Schedules**

**Savings Plan for Salaried Employees of  
Ocean Spray Cranberries, Inc.**

**December 31, 2021 and 2020**



**SAVINGS PLAN FOR SALARIED EMPLOYEES OF  
OCEAN SPRAY CRANBERRIES, INC.**

***Financial Statements  
and Supplemental Schedules***

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**Mayer Hoffman McCann P.C.**  
500 Boylston Street ■ Boston, MA 02116  
Main: 617.761.0600 ■ Fax: 617.761.0601  
[www.cbiz.com/newengland](http://www.cbiz.com/newengland)

## *Independent Auditors' Report*

The Plan Administrator  
Savings Plan for Salaried Employees of Ocean Spray Cranberries, Inc.  
Lakeville, Massachusetts

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements***

We have performed the audit of the financial statements of the Savings Plan for Salaried Employees of Ocean Spray Cranberries, Inc. (the "Plan") an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion on the 2021 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### ***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the 2021 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2021 financial statements are issued or 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.

### ***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.



In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

#### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 and (2) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2021, 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Other Matter - Auditors' Report on the 2020 Financial Statements***

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institution. In our report dated February 28, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Mayer Hoffman McCann P.C.*

Boston, Massachusetts  
October 13, 2022

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

***Statements of Net Assets Available for Benefits***

|                                          | <b><i>December 31,</i></b>   |                              |
|------------------------------------------|------------------------------|------------------------------|
|                                          | <b><i>2021</i></b>           | <b><i>2020</i></b>           |
| <b>Assets</b>                            |                              |                              |
| Investments at fair value                | \$ <u>334,396,623</u>        | \$ <u>297,764,726</u>        |
| Receivables:                             |                              |                              |
| Participants' deferrals                  | 233,185                      | 227,577                      |
| Employer contributions                   | 164,907                      | 161,363                      |
| Notes receivable from participants       | <u>2,650,117</u>             | <u>2,727,272</u>             |
| <b>Total receivables</b>                 | <u><b>3,048,209</b></u>      | <u><b>3,116,212</b></u>      |
| <b>Net assets available for benefits</b> | <u><b>\$ 337,444,832</b></u> | <u><b>\$ 300,880,938</b></u> |

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

***Statement of Changes in Net Assets Available for Benefits***

***Year Ended December 31, 2021***

**Additions to net assets attributed to:**

Investment income:

|                                                |                   |
|------------------------------------------------|-------------------|
| Net appreciation in fair values of investments | \$ 35,893,906     |
| Interest and dividends                         | <u>11,230,172</u> |

|                         |                   |
|-------------------------|-------------------|
| Total investment income | <u>47,124,078</u> |
|-------------------------|-------------------|

|                                                       |                |
|-------------------------------------------------------|----------------|
| Interest income on notes receivable from participants | <u>115,384</u> |
|-------------------------------------------------------|----------------|

|                                  |               |
|----------------------------------|---------------|
| Revenue credit account additions | <u>66,850</u> |
|----------------------------------|---------------|

Contributions:

|                       |                  |
|-----------------------|------------------|
| Participant deferrals | 7,583,697        |
| Participant rollovers | 2,301,313        |
| Employer              | <u>8,574,461</u> |

|                     |                   |
|---------------------|-------------------|
| Total contributions | <u>18,459,471</u> |
|---------------------|-------------------|

|                                      |                          |
|--------------------------------------|--------------------------|
| <b>Total additions to net assets</b> | <b><u>65,765,783</u></b> |
|--------------------------------------|--------------------------|

**Deductions from net assets attributed to:**

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 29,627,437     |
| Administrative fees           | <u>115,510</u> |

|                                         |                          |
|-----------------------------------------|--------------------------|
| <b>Total deductions from net assets</b> | <b><u>29,742,947</u></b> |
|-----------------------------------------|--------------------------|

|                                                                           |                   |
|---------------------------------------------------------------------------|-------------------|
| <b>Net increase in net assets available for benefits before transfers</b> | <b>36,022,836</b> |
|---------------------------------------------------------------------------|-------------------|

|                                                                                         |                |
|-----------------------------------------------------------------------------------------|----------------|
| Transfers in from Savings Plan for Hourly Employees<br>of Ocean Spray Cranberries, Inc. | <u>541,058</u> |
|-----------------------------------------------------------------------------------------|----------------|

|                                                          |                   |
|----------------------------------------------------------|-------------------|
| <b>Net increase in net assets available for benefits</b> | <b>36,563,894</b> |
|----------------------------------------------------------|-------------------|

|                                                      |                    |
|------------------------------------------------------|--------------------|
| Net assets available for benefits, beginning of year | <u>300,880,938</u> |
|------------------------------------------------------|--------------------|

|                                                       |                                     |
|-------------------------------------------------------|-------------------------------------|
| <b>Net assets available for benefits, end of year</b> | <b>\$ <u><u>337,444,832</u></u></b> |
|-------------------------------------------------------|-------------------------------------|

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan***

The following description of the Savings Plan for Salaried Employees of Ocean Spray Cranberries, Inc. (the “Plan”) provides general information only. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

#### ***General***

The Plan is a contributory savings plan, established on September 1, 1974 for the salaried employees of Ocean Spray Cranberries, Inc. (the “Company”). The Plan is subject to the Employee Retirement Income Security Act of 1974 (“ERISA”). Substantially all investments are participant directed.

#### ***Plan Administrator***

The Plan is administered by the Pension and Savings Committee, which consists of seven persons appointed by the Board of Directors of the Company.

#### ***Trustee of the Plan***

Fidelity Management Trust Company (“Fidelity”) is the trustee and custodian of the Plan. Fidelity Investments and Fidelity Workplace Services LLC, which are affiliated companies of the trustee and custodian, are the investment manager and record-keeper, respectively.

#### ***Eligibility***

A salaried employee, excluding seasonal or leased employees not represented by a union, may become a participant in the Plan on his or her start date.

#### ***Contributions***

Eligible employees may elect to defer eligible compensation on a pre-tax basis, an after-tax basis (“Roth”), or a combination of both. Participants are eligible to contribute from 1% to 75% of their annual eligible compensation to the Plan. Rollover contributions are allowed. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan thirty-five days after their date of hire, at a rate of 4% within the applicable FIAM Blend Target Date Commingled Pool collective trust fund unless they affirmatively elect a different rate, investment or not to participate in the Plan. The Plan includes an automatic deferral increase of 1%, each year on September 1st, for participants deferring between 1% and 5% annually, until a maximum of 6% of eligible compensation is reached. Participants can elect a Fidelity Portfolio Advisory Services managed account option, whereby a Fidelity investment professional will actively manage the participant’s account for a fee ranging from 0.05% to 0.65% of the participant’s average account balance. Participants whose employee pre-tax contributions are limited by statutory requirements may make additional catch-up contributions starting in the calendar year during which they reach the age of 50.

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Contributions (Continued)***

The Company makes matching contributions to the Plan once a participant has worked 1,000 or more hours during the initial year of employment or in subsequent plan years. The Company matches 50% of the participant's pre-tax contributions and Roth contributions, up to the maximum of 3% of the participant's eligible wages. During 2021, the Company made matching contributions of \$2,039,899, net of \$176,745 of forfeitures utilized. Additionally subsequent to year-end in 2022 the Company made a true-up of \$78,244, fully funded with forfeitures.

In addition to the matching contribution, certain non-grandfathered participants of the Retirement Plan of Ocean Spray Cranberries, Inc., as defined in the Plan Document, receive a Company fixed contribution of 3% of their eligible wages. During 2021, the Company made Company fixed contributions of \$2,024,802, net of \$233,083 of forfeitures utilized.

The Company may also make supplemental matching contributions, which are discretionary. Employees are eligible for the supplemental matching contributions provided they have met the following criteria: (i) completed one year of eligible service as of the last month of a performance period within the current plan year, (ii) either (a) make pre-tax contributions with respect to compensation earned during the last month of a performance period within the current plan year or (b) have contributed the maximum amount of pre-tax contributions before the last month of a performance period within the current plan year, and (iii) are employed on the date such supplemental matching contributions are paid. All contributions are subject to certain limitations. During 2021, the Company made discretionary supplemental matching contributions of \$4,509,759, net of \$170,171 of forfeitures utilized.

#### ***Other Income***

The Company is party to a revenue credit agreement with the trustee, whereby the trustee makes an annual fixed payment to the Plan and to the Savings Plan for Hourly Employees of Ocean Spray Cranberries, Inc. (together, the "Plans"). The payment is funded quarterly and is allocated between the Plans based on each plan's assets as of the end of each quarter. The payment may be used to reimburse the Plans for fees and expenses. Amounts unused for expenses may be allocated to participants in accordance with the revenue credit agreement. For the year ended December 31, 2021, \$66,850 of credits were received by the Plan. The amount of unallocated credits held by the Plan as of December 31, 2021 was \$44,046. These amounts are included within the mutual funds line item in the Statements of Net Assets Available for Benefits.

#### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, Company matching contributions, Company fixed contributions, Company supplemental matching contributions, and allocations of plan earnings or losses. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balances. The Plan allocates amounts held in the revenue credit account after paying Plan expenses to participants based on participant balances.

# SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

## *Notes to Financial Statements*

### **Note 1 - Description of the Plan (Continued)**

#### **Notes Receivable from Participants**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance, reduced by current outstanding loans. Loan terms range from one to five years or up to thirty years for the purchase of a primary residence and bear interest at a fixed rate commensurate with local prevailing rates as determined periodically by the Pension and Savings Committee. Principal and interest are paid ratably in equal installments, generally through payroll deductions. Loans outstanding at December 31, 2021 have interest rates ranging from 3.25% to 7.00%. The loans mature through 2051.

Under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), the available loan limit was increased to \$100,000 or 100% of the participant's vested account balance. The CARES Act also delayed loan payments for a COVID-19 qualified individual for any loan outstanding on or after March 27, 2020 through December 31, 2020 and, if applicable, extends the loan for up to one year. This increased loan limit was allowed to be taken from March 27, 2020 through September 22, 2020.

#### **Investments**

Participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan. The Plan currently offers mutual funds and collective trust funds as investment options for participants.

#### **Vesting**

If a participant's employment is terminated due to retirement, disability, or death, the full amount of the participant's account is vested. If employment is terminated for reasons other than those mentioned above, the participant's account is vested as follows:

- The portion of the participant's account arising from the participant's own contributions will be fully vested upon initial contribution.
- The portion of the participant's account arising from contributions made by the Company will be vested according to the following schedule:

#### **Years of Vesting Service**

#### **Vesting Percentage**

Less than three years  
Three years or more

0 %  
100 %

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Payment of Benefits***

In-service withdrawals from a participant's elective deferral account are permitted only due to financial hardship or upon reaching 59½. Hardship withdrawals may be taken from any account without respect to earnings. The amount of hardship distribution cannot exceed the amount to meet the immediate financial hardship. On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or various annual installment options in accordance with the Plan Document. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

The CARES Act was passed by the U.S. Senate on March 27, 2020. Section 2202 of the CARES Act permits eligible Plan participants to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons include the participant, spouse or dependent diagnosed with COVID-19, adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The special coronavirus-related distributions waive the 10% early withdrawal penalty and were allowed to be made between January 1, 2020 and December 31, 2020.

#### ***Forfeitures***

A participant who leaves the employ of the Employer forfeits any non-vested balance at the earlier of the end of five consecutive one-year breaks in service or if the participant receives a complete distribution of their accounts. Non-vested balances forfeited in accordance with the Plan Document are used to reduce subsequent Employer contributions or pay administrative expenses. At December 31, 2021 and 2020, forfeitures totaled \$775,021 and \$764,767, respectively. For the year ended December 31, 2021, forfeitures totaling \$19,158 and \$579,999 were used to reduce administrative expenses and Employer contributions, respectively. Additionally during 2021, forfeitures of \$60,097 were utilized to offset the 2020 employer true-up. Subsequent to year-end in 2022, \$78,244 was utilized to offset the 2021 employer true-up.

#### ***Transfers***

Along with the Plan, the Company also sponsors a contributory savings plan for hourly employees. If employees change their hourly or salary status during the year, their account balances are transferred to the corresponding plan.

### ***Note 2 - Summary of Significant Accounting Policies***

#### ***Basis of Presentation***

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 2 - Summary of Significant Accounting Policies (Continued)***

#### ***Investments, Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the trustee and custodian.

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

#### ***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

#### ***Payment of Benefits***

Benefits are recorded when paid.

#### ***Expenses***

Administrative expenses are paid by the Plan (see Note 7), except for those expenses that the Company, in its discretion, chooses to pay from time to time. Expenses paid by the Company are excluded from these financial statements. Administrative fees for loans are charged against the participant's account when each loan is extended. Expenses incurred by mutual funds and collective trust funds are included within their net asset value and not separately reported on the Plan's financial statements.

#### ***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

#### ***Unit Values***

Individual participant accounts for the collective trust funds are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the fund, but do have an interest therein represented by units which are valued daily. The fund earns interest and dividends which are automatically reinvested in additional units. Generally contributions to and withdrawals from the funds are converted to units by dividing the amounts of such transactions by the unit value as last determined, and the participant's accounts are charged or credited with the number of units properly attributable to each participant.

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 2 - Summary of Significant Accounting Policies***

#### ***Subsequent Events***

The Employer has evaluated subsequent events through October 13, 2022, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during the evaluation.

### ***Note 3 - Information Certified by the Trustee and Custodian***

Plan investments are held in mutual funds and collective trust funds by the Plan's trustee and custodian, Fidelity Management Trust Company ("Fidelity"). Fidelity certified the fair value of all investments as of December 31, 2021 and 2020 and all investment transactions for the year ended December 31, 2021, including interest and dividends, and net appreciation in fair values. Information included in the supplemental schedule of assets (held at end of year) and notes receivable from participants have also been derived from information certified by Fidelity.

The Plan offers investment choices to allow participants to create a diversified portfolio of assets based on a participant's risk tolerance. Participants may direct contributions to any of the investment options that consist of shares of mutual funds and common/collective trusts sponsored by Fidelity.

### ***Note 4 - Fair Value Measurements***

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

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

*Level 2* – Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* – Inputs that are unobservable inputs for the asset or liability.

# SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

## *Notes to Financial Statements*

### **Note 4 - Fair Value Measurements (Continued)**

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Units in Stable Value Common/Collective Trusts:* Valued at the NAV of units of the underlying investments of the common/collective trusts. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of its underlying investments held by the fund less its liabilities. The stable value funds are open-end commingled pools dedicated exclusively to the management of assets of defined contribution plans. The investment objective is to seek preservation of capital and a competitive level of income over time. To achieve its investment objective, the trust funds invest in underlying assets (typically fixed income securities or bond funds and may include derivative instruments such as futures contracts and swap agreements) and enter into "wrapper" contracts issued by a third party. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020.

| <b>Description</b>                                   | <b>Assets at Fair Value as of December 31, 2021</b> |                    |                    |                              |
|------------------------------------------------------|-----------------------------------------------------|--------------------|--------------------|------------------------------|
|                                                      | <b>Level 1</b>                                      | <b>Level 2</b>     | <b>Level 3</b>     | <b>Total</b>                 |
| Mutual funds                                         | \$ <u>181,651,900</u>                               | \$ <u>-</u>        | \$ <u>-</u>        | \$ <u>181,651,900</u>        |
| <b>Total investments in the fair value hierarchy</b> | \$ <u><b>181,651,900</b></u>                        | \$ <u><b>-</b></u> | \$ <u><b>-</b></u> | \$ <u><b>181,651,900</b></u> |
| Investments measured at NAV practical expedient (a)  |                                                     |                    |                    | <u>152,744,723</u>           |
| <b>Total investments at fair value</b>               |                                                     |                    |                    | \$ <u><b>334,396,623</b></u> |

# SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

## Notes to Financial Statements

### Note 4 - Fair Value Measurements (Continued)

| Description                                          | Assets at Fair Value as of December 31, 2020 |             |             |                       |
|------------------------------------------------------|----------------------------------------------|-------------|-------------|-----------------------|
|                                                      | Level 1                                      | Level 2     | Level 3     | Total                 |
| Mutual funds                                         | \$ 156,509,847                               | \$ -        | \$ -        | \$ 156,509,847        |
| <b>Total investments in the fair value hierarchy</b> | <b>\$ 156,509,847</b>                        | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 156,509,847</b> |
| Investments measured at NAV practical expedient (a)  |                                              |             |             | 141,254,879           |
| <b>Total investments at fair value</b>               |                                              |             |             | <b>\$ 297,764,726</b> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

### Note 5 - Fair Value of Investments in Entities that Use NAV Practical Expedient

The following table sets forth a summary of the Plan's investments measured at fair value based on NAV per share as of December 31, 2021 and 2020, respectively:

| Investments                                      | Fair Value<br>12/31/2021 | Fair Value<br>12/31/2020 | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice<br>Period |
|--------------------------------------------------|--------------------------|--------------------------|-------------------------|-------------------------|--------------------------------|
| Fidelity Managed Income Portfolio (a)            | \$ 19,576,755            | \$ 19,817,949            | \$ -                    | daily                   | 1 day                          |
| FIAM Blend Target Date Commingled Pool Funds (a) | 133,167,968              | 121,436,930              | -                       | daily                   | 1 day                          |
| <b>Total</b>                                     | <b>\$ 152,744,723</b>    | <b>\$ 141,254,879</b>    | <b>\$ -</b>             |                         |                                |

(a) See Note 4 for the description of the stable value common/collective trusts.

### Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events such as a pandemic or international conflict that could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect Participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

See Independent Auditors' Report.

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 7 - Related-Party Transactions and Exempt Party-In-Interest Transactions***

Fidelity Management Trust Company, the trustee of the Plan, and its affiliates, manage certain mutual funds and collective trust funds held by the Plan. Transactions with such investments qualify as party-in-interest transactions that are allowable under ERISA. Expenses of \$115,510 related to recordkeeping services, fees paid to the Plan's independent auditor, and loans provided to participants of the Plan also qualify as party-in-interest transactions. As discussed in Note 1 under Other Income, receipts of revenue credits and payments of the credits qualify as party-in-interest transactions.

### ***Note 8 - Plan Termination***

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

### ***Note 9 - Tax Status***

The Internal Revenue Service ("IRS") has determined that the prototype 401(k) profit sharing plan is designed in accordance with applicable sections of the IRC and informed Fidelity of such in a letter dated June 30, 2020. The plan administrative committee/plan administrator has adopted the prototype plan and believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

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

### ***Note 10 - Delinquent Contributions***

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the Employer's general assets. The Employer withheld but did not remit \$159 of participant contributions during the Plan year ended December 31, 2020. The Employer remitted the contributions in 2021 along with lost earnings. These late remittances are reflected in the accompanying Schedule of Delinquent Participant Contributions.

## ***Supplemental Schedules***

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

(E.I.N. 04-1215610 - Plan Number 007)

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

December 31, 2021

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value     |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-----------------------|
|     | * FIAM Core Plus Commingled Pool                          | Collective Trust Fund                                                                                       |          | \$ 11,672,288         |
|     | * Fidelity Managed Income Portfolio II                    | Collective Trust Fund                                                                                       |          | 19,576,755            |
|     | * FIAM Blend Target Date Income Commingled Pool           | Collective Trust Fund                                                                                       |          | 1,237,948             |
|     | * FIAM Blend Target Date 2010 Commingled Pool             | Collective Trust Fund                                                                                       |          | 946,371               |
|     | * FIAM Blend Target Date 2015 Commingled Pool             | Collective Trust Fund                                                                                       |          | 1,304,208             |
|     | * FIAM Blend Target Date 2020 Commingled Pool             | Collective Trust Fund                                                                                       |          | 8,222,997             |
|     | * FIAM Blend Target Date 2025 Commingled Pool             | Collective Trust Fund                                                                                       |          | 13,788,785            |
|     | * FIAM Blend Target Date 2030 Commingled Pool             | Collective Trust Fund                                                                                       |          | 19,516,770            |
|     | * FIAM Blend Target Date 2035 Commingled Pool             | Collective Trust Fund                                                                                       |          | 20,009,603            |
|     | * FIAM Blend Target Date 2040 Commingled Pool             | Collective Trust Fund                                                                                       |          | 17,045,756            |
|     | * FIAM Blend Target Date 2045 Commingled Pool             | Collective Trust Fund                                                                                       |          | 17,956,039            |
|     | * FIAM Blend Target Date 2050 Commingled Pool             | Collective Trust Fund                                                                                       |          | 10,893,848            |
|     | * FIAM Blend Target Date 2055 Commingled Pool             | Collective Trust Fund                                                                                       |          | 8,214,326             |
|     | * FIAM Blend Target Date 2060 Commingled Pool             | Collective Trust Fund                                                                                       |          | 2,359,029             |
|     | * Fidelity International Index Fund                       | Mutual Fund                                                                                                 |          | 3,367,301             |
|     | * Fidelity Growth Company Fund                            | Mutual Fund                                                                                                 |          | 62,485,185            |
|     | * Fidelity U.S. Bond Index Fund                           | Mutual Fund                                                                                                 |          | 5,283,066             |
|     | * Fidelity 500 Index Fund                                 | Mutual Fund                                                                                                 |          | 50,610,059            |
|     | * Fidelity Extended Market Index Fund                     | Mutual Fund                                                                                                 |          | 4,240,166             |
|     | Dodge & Cox Stock Fund                                    | Mutual Fund                                                                                                 |          | 20,536,119            |
|     | MFS Institutional International Equity Fund               | Mutual Fund                                                                                                 |          | 9,873,293             |
|     | Artisan Mid Cap Fund                                      | Mutual Fund                                                                                                 |          | 16,524,736            |
|     | Champlain Small Company Fund                              | Mutual Fund                                                                                                 |          | 8,731,975             |
|     | * Participant Loans                                       | Loans (3.25% - 7.00%)                                                                                       | 0        | 2,650,117             |
|     |                                                           |                                                                                                             |          | <b>\$ 337,046,740</b> |

\* A party-in-interest as defined by ERISA.

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

*(E.I.N. 04-1215610 - Plan Number 007)*

***Schedule H, Line 4a - Schedule of Delinquent Participant Contributions***

***Year Ended December 31, 2021***

| <b><i>Participant Contributions<br/>Transferred Late to Plan</i></b> | <b><i>Total That Constitutes Nonexempt Prohibited Transactions</i></b> |                                                        |                                                            | <b><i>Total Fully Corrected<br/>Under Voluntary<br/>Fiduciary Correction<br/>Program (VFCP) and<br/>Prohibited Transaction<br/>Exemption 2002-51</i></b> |
|----------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                      | <b><i>Contributions<br/>Not Corrected</i></b>                          | <b><i>Contributions Corrected<br/>Outside VFCP</i></b> | <b><i>Contributions Pending<br/>Correction in VFCP</i></b> |                                                                                                                                                          |
| 2020                                                                 | n/a                                                                    | \$ 159                                                 | n/a                                                        | n/a                                                                                                                                                      |



**Financial Statements  
and Supplemental Schedules**

**Savings Plan for Salaried Employees of  
Ocean Spray Cranberries, Inc.**

**December 31, 2021 and 2020**



**SAVINGS PLAN FOR SALARIED EMPLOYEES OF  
OCEAN SPRAY CRANBERRIES, INC.**

***Financial Statements  
and Supplemental Schedules***

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**Mayer Hoffman McCann P.C.**  
500 Boylston Street ■ Boston, MA 02116  
Main: 617.761.0600 ■ Fax: 617.761.0601  
[www.cbiz.com/newengland](http://www.cbiz.com/newengland)

## *Independent Auditors' Report*

The Plan Administrator  
Savings Plan for Salaried Employees of Ocean Spray Cranberries, Inc.  
Lakeville, Massachusetts

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements***

We have performed the audit of the financial statements of the Savings Plan for Salaried Employees of Ocean Spray Cranberries, Inc. (the "Plan") an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion on the 2021 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### ***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the 2021 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2021 financial statements are issued or 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.

### ***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.



In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

#### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 and (2) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2021, 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Other Matter - Auditors' Report on the 2020 Financial Statements***

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institution. In our report dated February 28, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Mayer Hoffman McCann P.C.*

Boston, Massachusetts  
October 13, 2022

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

***Statements of Net Assets Available for Benefits***

|                                          | <b><i>December 31,</i></b>   |                              |
|------------------------------------------|------------------------------|------------------------------|
|                                          | <b><i>2021</i></b>           | <b><i>2020</i></b>           |
| <b>Assets</b>                            |                              |                              |
| Investments at fair value                | \$ <u>334,396,623</u>        | \$ <u>297,764,726</u>        |
| Receivables:                             |                              |                              |
| Participants' deferrals                  | 233,185                      | 227,577                      |
| Employer contributions                   | 164,907                      | 161,363                      |
| Notes receivable from participants       | <u>2,650,117</u>             | <u>2,727,272</u>             |
| <b>Total receivables</b>                 | <u><b>3,048,209</b></u>      | <u><b>3,116,212</b></u>      |
| <b>Net assets available for benefits</b> | <u><b>\$ 337,444,832</b></u> | <u><b>\$ 300,880,938</b></u> |

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

***Statement of Changes in Net Assets Available for Benefits***

***Year Ended December 31, 2021***

**Additions to net assets attributed to:**

Investment income:

|                                                |                   |
|------------------------------------------------|-------------------|
| Net appreciation in fair values of investments | \$ 35,893,906     |
| Interest and dividends                         | <u>11,230,172</u> |

|                         |                   |
|-------------------------|-------------------|
| Total investment income | <u>47,124,078</u> |
|-------------------------|-------------------|

|                                                       |                |
|-------------------------------------------------------|----------------|
| Interest income on notes receivable from participants | <u>115,384</u> |
|-------------------------------------------------------|----------------|

|                                  |               |
|----------------------------------|---------------|
| Revenue credit account additions | <u>66,850</u> |
|----------------------------------|---------------|

Contributions:

|                       |                  |
|-----------------------|------------------|
| Participant deferrals | 7,583,697        |
| Participant rollovers | 2,301,313        |
| Employer              | <u>8,574,461</u> |

|                     |                   |
|---------------------|-------------------|
| Total contributions | <u>18,459,471</u> |
|---------------------|-------------------|

|                                      |                          |
|--------------------------------------|--------------------------|
| <b>Total additions to net assets</b> | <b><u>65,765,783</u></b> |
|--------------------------------------|--------------------------|

**Deductions from net assets attributed to:**

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 29,627,437     |
| Administrative fees           | <u>115,510</u> |

|                                         |                          |
|-----------------------------------------|--------------------------|
| <b>Total deductions from net assets</b> | <b><u>29,742,947</u></b> |
|-----------------------------------------|--------------------------|

|                                                                           |                   |
|---------------------------------------------------------------------------|-------------------|
| <b>Net increase in net assets available for benefits before transfers</b> | <b>36,022,836</b> |
|---------------------------------------------------------------------------|-------------------|

|                                                                                         |                |
|-----------------------------------------------------------------------------------------|----------------|
| Transfers in from Savings Plan for Hourly Employees<br>of Ocean Spray Cranberries, Inc. | <u>541,058</u> |
|-----------------------------------------------------------------------------------------|----------------|

|                                                          |                   |
|----------------------------------------------------------|-------------------|
| <b>Net increase in net assets available for benefits</b> | <b>36,563,894</b> |
|----------------------------------------------------------|-------------------|

|                                                      |                    |
|------------------------------------------------------|--------------------|
| Net assets available for benefits, beginning of year | <u>300,880,938</u> |
|------------------------------------------------------|--------------------|

|                                                       |                                     |
|-------------------------------------------------------|-------------------------------------|
| <b>Net assets available for benefits, end of year</b> | <b>\$ <u><u>337,444,832</u></u></b> |
|-------------------------------------------------------|-------------------------------------|

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan***

The following description of the Savings Plan for Salaried Employees of Ocean Spray Cranberries, Inc. (the “Plan”) provides general information only. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

#### ***General***

The Plan is a contributory savings plan, established on September 1, 1974 for the salaried employees of Ocean Spray Cranberries, Inc. (the “Company”). The Plan is subject to the Employee Retirement Income Security Act of 1974 (“ERISA”). Substantially all investments are participant directed.

#### ***Plan Administrator***

The Plan is administered by the Pension and Savings Committee, which consists of seven persons appointed by the Board of Directors of the Company.

#### ***Trustee of the Plan***

Fidelity Management Trust Company (“Fidelity”) is the trustee and custodian of the Plan. Fidelity Investments and Fidelity Workplace Services LLC, which are affiliated companies of the trustee and custodian, are the investment manager and record-keeper, respectively.

#### ***Eligibility***

A salaried employee, excluding seasonal or leased employees not represented by a union, may become a participant in the Plan on his or her start date.

#### ***Contributions***

Eligible employees may elect to defer eligible compensation on a pre-tax basis, an after-tax basis (“Roth”), or a combination of both. Participants are eligible to contribute from 1% to 75% of their annual eligible compensation to the Plan. Rollover contributions are allowed. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan thirty-five days after their date of hire, at a rate of 4% within the applicable FIAM Blend Target Date Commingled Pool collective trust fund unless they affirmatively elect a different rate, investment or not to participate in the Plan. The Plan includes an automatic deferral increase of 1%, each year on September 1st, for participants deferring between 1% and 5% annually, until a maximum of 6% of eligible compensation is reached. Participants can elect a Fidelity Portfolio Advisory Services managed account option, whereby a Fidelity investment professional will actively manage the participant’s account for a fee ranging from 0.05% to 0.65% of the participant’s average account balance. Participants whose employee pre-tax contributions are limited by statutory requirements may make additional catch-up contributions starting in the calendar year during which they reach the age of 50.

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Contributions (Continued)***

The Company makes matching contributions to the Plan once a participant has worked 1,000 or more hours during the initial year of employment or in subsequent plan years. The Company matches 50% of the participant's pre-tax contributions and Roth contributions, up to the maximum of 3% of the participant's eligible wages. During 2021, the Company made matching contributions of \$2,039,899, net of \$176,745 of forfeitures utilized. Additionally subsequent to year-end in 2022 the Company made a true-up of \$78,244, fully funded with forfeitures.

In addition to the matching contribution, certain non-grandfathered participants of the Retirement Plan of Ocean Spray Cranberries, Inc., as defined in the Plan Document, receive a Company fixed contribution of 3% of their eligible wages. During 2021, the Company made Company fixed contributions of \$2,024,802, net of \$233,083 of forfeitures utilized.

The Company may also make supplemental matching contributions, which are discretionary. Employees are eligible for the supplemental matching contributions provided they have met the following criteria: (i) completed one year of eligible service as of the last month of a performance period within the current plan year, (ii) either (a) make pre-tax contributions with respect to compensation earned during the last month of a performance period within the current plan year or (b) have contributed the maximum amount of pre-tax contributions before the last month of a performance period within the current plan year, and (iii) are employed on the date such supplemental matching contributions are paid. All contributions are subject to certain limitations. During 2021, the Company made discretionary supplemental matching contributions of \$4,509,759, net of \$170,171 of forfeitures utilized.

#### ***Other Income***

The Company is party to a revenue credit agreement with the trustee, whereby the trustee makes an annual fixed payment to the Plan and to the Savings Plan for Hourly Employees of Ocean Spray Cranberries, Inc. (together, the "Plans"). The payment is funded quarterly and is allocated between the Plans based on each plan's assets as of the end of each quarter. The payment may be used to reimburse the Plans for fees and expenses. Amounts unused for expenses may be allocated to participants in accordance with the revenue credit agreement. For the year ended December 31, 2021, \$66,850 of credits were received by the Plan. The amount of unallocated credits held by the Plan as of December 31, 2021 was \$44,046. These amounts are included within the mutual funds line item in the Statements of Net Assets Available for Benefits.

#### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, Company matching contributions, Company fixed contributions, Company supplemental matching contributions, and allocations of plan earnings or losses. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balances. The Plan allocates amounts held in the revenue credit account after paying Plan expenses to participants based on participant balances.

# SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

## *Notes to Financial Statements*

### *Note 1 - Description of the Plan (Continued)*

#### *Notes Receivable from Participants*

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance, reduced by current outstanding loans. Loan terms range from one to five years or up to thirty years for the purchase of a primary residence and bear interest at a fixed rate commensurate with local prevailing rates as determined periodically by the Pension and Savings Committee. Principal and interest are paid ratably in equal installments, generally through payroll deductions. Loans outstanding at December 31, 2021 have interest rates ranging from 3.25% to 7.00%. The loans mature through 2051.

Under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), the available loan limit was increased to \$100,000 or 100% of the participant's vested account balance. The CARES Act also delayed loan payments for a COVID-19 qualified individual for any loan outstanding on or after March 27, 2020 through December 31, 2020 and, if applicable, extends the loan for up to one year. This increased loan limit was allowed to be taken from March 27, 2020 through September 22, 2020.

#### *Investments*

Participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan. The Plan currently offers mutual funds and collective trust funds as investment options for participants.

#### *Vesting*

If a participant's employment is terminated due to retirement, disability, or death, the full amount of the participant's account is vested. If employment is terminated for reasons other than those mentioned above, the participant's account is vested as follows:

- The portion of the participant's account arising from the participant's own contributions will be fully vested upon initial contribution.
- The portion of the participant's account arising from contributions made by the Company will be vested according to the following schedule:

#### *Years of Vesting Service*

#### *Vesting Percentage*

Less than three years  
Three years or more

0 %  
100 %

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Payment of Benefits***

In-service withdrawals from a participant's elective deferral account are permitted only due to financial hardship or upon reaching 59½. Hardship withdrawals may be taken from any account without respect to earnings. The amount of hardship distribution cannot exceed the amount to meet the immediate financial hardship. On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or various annual installment options in accordance with the Plan Document. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

The CARES Act was passed by the U.S. Senate on March 27, 2020. Section 2202 of the CARES Act permits eligible Plan participants to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons include the participant, spouse or dependent diagnosed with COVID-19, adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The special coronavirus-related distributions waive the 10% early withdrawal penalty and were allowed to be made between January 1, 2020 and December 31, 2020.

#### ***Forfeitures***

A participant who leaves the employ of the Employer forfeits any non-vested balance at the earlier of the end of five consecutive one-year breaks in service or if the participant receives a complete distribution of their accounts. Non-vested balances forfeited in accordance with the Plan Document are used to reduce subsequent Employer contributions or pay administrative expenses. At December 31, 2021 and 2020, forfeitures totaled \$775,021 and \$764,767, respectively. For the year ended December 31, 2021, forfeitures totaling \$19,158 and \$579,999 were used to reduce administrative expenses and Employer contributions, respectively. Additionally during 2021, forfeitures of \$60,097 were utilized to offset the 2020 employer true-up. Subsequent to year-end in 2022, \$78,244 was utilized to offset the 2021 employer true-up.

#### ***Transfers***

Along with the Plan, the Company also sponsors a contributory savings plan for hourly employees. If employees change their hourly or salary status during the year, their account balances are transferred to the corresponding plan.

### ***Note 2 - Summary of Significant Accounting Policies***

#### ***Basis of Presentation***

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 2 - Summary of Significant Accounting Policies (Continued)***

#### ***Investments, Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the trustee and custodian.

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

#### ***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

#### ***Payment of Benefits***

Benefits are recorded when paid.

#### ***Expenses***

Administrative expenses are paid by the Plan (see Note 7), except for those expenses that the Company, in its discretion, chooses to pay from time to time. Expenses paid by the Company are excluded from these financial statements. Administrative fees for loans are charged against the participant's account when each loan is extended. Expenses incurred by mutual funds and collective trust funds are included within their net asset value and not separately reported on the Plan's financial statements.

#### ***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

#### ***Unit Values***

Individual participant accounts for the collective trust funds are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the fund, but do have an interest therein represented by units which are valued daily. The fund earns interest and dividends which are automatically reinvested in additional units. Generally contributions to and withdrawals from the funds are converted to units by dividing the amounts of such transactions by the unit value as last determined, and the participant's accounts are charged or credited with the number of units properly attributable to each participant.

# SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

## *Notes to Financial Statements*

### **Note 2 - Summary of Significant Accounting Policies**

#### ***Subsequent Events***

The Employer has evaluated subsequent events through October 13, 2022, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during the evaluation.

### **Note 3 - Information Certified by the Trustee and Custodian**

Plan investments are held in mutual funds and collective trust funds by the Plan's trustee and custodian, Fidelity Management Trust Company ("Fidelity"). Fidelity certified the fair value of all investments as of December 31, 2021 and 2020 and all investment transactions for the year ended December 31, 2021, including interest and dividends, and net appreciation in fair values. Information included in the supplemental schedule of assets (held at end of year) and notes receivable from participants have also been derived from information certified by Fidelity.

The Plan offers investment choices to allow participants to create a diversified portfolio of assets based on a participant's risk tolerance. Participants may direct contributions to any of the investment options that consist of shares of mutual funds and common/collective trusts sponsored by Fidelity.

### **Note 4 - Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

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

*Level 2* – Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* – Inputs that are unobservable inputs for the asset or liability.

# SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

## *Notes to Financial Statements*

### **Note 4 - Fair Value Measurements (Continued)**

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Units in Stable Value Common/Collective Trusts:* Valued at the NAV of units of the underlying investments of the common/collective trusts. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of its underlying investments held by the fund less its liabilities. The stable value funds are open-end commingled pools dedicated exclusively to the management of assets of defined contribution plans. The investment objective is to seek preservation of capital and a competitive level of income over time. To achieve its investment objective, the trust funds invest in underlying assets (typically fixed income securities or bond funds and may include derivative instruments such as futures contracts and swap agreements) and enter into "wrapper" contracts issued by a third party. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020.

| <b>Description</b>                                   | <b>Assets at Fair Value as of December 31, 2021</b> |                    |                    |                              |
|------------------------------------------------------|-----------------------------------------------------|--------------------|--------------------|------------------------------|
|                                                      | <b>Level 1</b>                                      | <b>Level 2</b>     | <b>Level 3</b>     | <b>Total</b>                 |
| Mutual funds                                         | \$ <u>181,651,900</u>                               | \$ <u>-</u>        | \$ <u>-</u>        | \$ <u>181,651,900</u>        |
| <b>Total investments in the fair value hierarchy</b> | \$ <u><b>181,651,900</b></u>                        | \$ <u><b>-</b></u> | \$ <u><b>-</b></u> | \$ <u><b>181,651,900</b></u> |
| Investments measured at NAV practical expedient (a)  |                                                     |                    |                    | <u>152,744,723</u>           |
| <b>Total investments at fair value</b>               |                                                     |                    |                    | \$ <u><b>334,396,623</b></u> |

# SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

## Notes to Financial Statements

### Note 4 - Fair Value Measurements (Continued)

| Description                                          | Assets at Fair Value as of December 31, 2020 |             |             |                       |
|------------------------------------------------------|----------------------------------------------|-------------|-------------|-----------------------|
|                                                      | Level 1                                      | Level 2     | Level 3     | Total                 |
| Mutual funds                                         | \$ 156,509,847                               | \$ -        | \$ -        | \$ 156,509,847        |
| <b>Total investments in the fair value hierarchy</b> | <b>\$ 156,509,847</b>                        | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 156,509,847</b> |
| Investments measured at NAV practical expedient (a)  |                                              |             |             | 141,254,879           |
| <b>Total investments at fair value</b>               |                                              |             |             | <b>\$ 297,764,726</b> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

### Note 5 - Fair Value of Investments in Entities that Use NAV Practical Expedient

The following table sets forth a summary of the Plan's investments measured at fair value based on NAV per share as of December 31, 2021 and 2020, respectively:

| Investments                                      | Fair Value<br>12/31/2021 | Fair Value<br>12/31/2020 | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice<br>Period |
|--------------------------------------------------|--------------------------|--------------------------|-------------------------|-------------------------|--------------------------------|
| Fidelity Managed Income Portfolio (a)            | \$ 19,576,755            | \$ 19,817,949            | \$ -                    | daily                   | 1 day                          |
| FIAM Blend Target Date Commingled Pool Funds (a) | 133,167,968              | 121,436,930              | -                       | daily                   | 1 day                          |
| <b>Total</b>                                     | <b>\$ 152,744,723</b>    | <b>\$ 141,254,879</b>    | <b>\$ -</b>             |                         |                                |

(a) See Note 4 for the description of the stable value common/collective trusts.

### Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events such as a pandemic or international conflict that could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect Participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

See Independent Auditors' Report.

# **SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.**

## ***Notes to Financial Statements***

### ***Note 7 - Related-Party Transactions and Exempt Party-In-Interest Transactions***

Fidelity Management Trust Company, the trustee of the Plan, and its affiliates, manage certain mutual funds and collective trust funds held by the Plan. Transactions with such investments qualify as party-in-interest transactions that are allowable under ERISA. Expenses of \$115,510 related to recordkeeping services, fees paid to the Plan's independent auditor, and loans provided to participants of the Plan also qualify as party-in-interest transactions. As discussed in Note 1 under Other Income, receipts of revenue credits and payments of the credits qualify as party-in-interest transactions.

### ***Note 8 - Plan Termination***

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

### ***Note 9 - Tax Status***

The Internal Revenue Service ("IRS") has determined that the prototype 401(k) profit sharing plan is designed in accordance with applicable sections of the IRC and informed Fidelity of such in a letter dated June 30, 2020. The plan administrative committee/plan administrator has adopted the prototype plan and believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

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

### ***Note 10 - Delinquent Contributions***

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the Employer's general assets. The Employer withheld but did not remit \$159 of participant contributions during the Plan year ended December 31, 2020. The Employer remitted the contributions in 2021 along with lost earnings. These late remittances are reflected in the accompanying Schedule of Delinquent Participant Contributions.

## ***Supplemental Schedules***

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

(E.I.N. 04-1215610 - Plan Number 007)

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

December 31, 2021

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value     |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-----------------------|
|     | * FIAM Core Plus Commingled Pool                          | Collective Trust Fund                                                                                       |          | \$ 11,672,288         |
|     | * Fidelity Managed Income Portfolio II                    | Collective Trust Fund                                                                                       |          | 19,576,755            |
|     | * FIAM Blend Target Date Income Commingled Pool           | Collective Trust Fund                                                                                       |          | 1,237,948             |
|     | * FIAM Blend Target Date 2010 Commingled Pool             | Collective Trust Fund                                                                                       |          | 946,371               |
|     | * FIAM Blend Target Date 2015 Commingled Pool             | Collective Trust Fund                                                                                       |          | 1,304,208             |
|     | * FIAM Blend Target Date 2020 Commingled Pool             | Collective Trust Fund                                                                                       |          | 8,222,997             |
|     | * FIAM Blend Target Date 2025 Commingled Pool             | Collective Trust Fund                                                                                       |          | 13,788,785            |
|     | * FIAM Blend Target Date 2030 Commingled Pool             | Collective Trust Fund                                                                                       |          | 19,516,770            |
|     | * FIAM Blend Target Date 2035 Commingled Pool             | Collective Trust Fund                                                                                       |          | 20,009,603            |
|     | * FIAM Blend Target Date 2040 Commingled Pool             | Collective Trust Fund                                                                                       |          | 17,045,756            |
|     | * FIAM Blend Target Date 2045 Commingled Pool             | Collective Trust Fund                                                                                       |          | 17,956,039            |
|     | * FIAM Blend Target Date 2050 Commingled Pool             | Collective Trust Fund                                                                                       |          | 10,893,848            |
|     | * FIAM Blend Target Date 2055 Commingled Pool             | Collective Trust Fund                                                                                       |          | 8,214,326             |
|     | * FIAM Blend Target Date 2060 Commingled Pool             | Collective Trust Fund                                                                                       |          | 2,359,029             |
|     | * Fidelity International Index Fund                       | Mutual Fund                                                                                                 |          | 3,367,301             |
|     | * Fidelity Growth Company Fund                            | Mutual Fund                                                                                                 |          | 62,485,185            |
|     | * Fidelity U.S. Bond Index Fund                           | Mutual Fund                                                                                                 |          | 5,283,066             |
|     | * Fidelity 500 Index Fund                                 | Mutual Fund                                                                                                 |          | 50,610,059            |
|     | * Fidelity Extended Market Index Fund                     | Mutual Fund                                                                                                 |          | 4,240,166             |
|     | Dodge & Cox Stock Fund                                    | Mutual Fund                                                                                                 |          | 20,536,119            |
|     | MFS Institutional International Equity Fund               | Mutual Fund                                                                                                 |          | 9,873,293             |
|     | Artisan Mid Cap Fund                                      | Mutual Fund                                                                                                 |          | 16,524,736            |
|     | Champlain Small Company Fund                              | Mutual Fund                                                                                                 |          | 8,731,975             |
|     | * Participant Loans                                       | Loans (3.25% - 7.00%)                                                                                       | 0        | 2,650,117             |
|     |                                                           |                                                                                                             |          | <b>\$ 337,046,740</b> |

\* A party-in-interest as defined by ERISA.

**SAVINGS PLAN FOR SALARIED EMPLOYEES  
OF OCEAN SPRAY CRANBERRIES, INC.**

*(E.I.N. 04-1215610 - Plan Number 007)*

***Schedule H, Line 4a - Schedule of Delinquent Participant Contributions***

***Year Ended December 31, 2021***

| <b><i>Participant Contributions<br/>Transferred Late to Plan</i></b> | <b><i>Total That Constitutes Nonexempt Prohibited Transactions</i></b> |                                                        |                                                            | <b><i>Total Fully Corrected<br/>Under Voluntary<br/>Fiduciary Correction<br/>Program (VFCP) and<br/>Prohibited Transaction<br/>Exemption 2002-51</i></b> |
|----------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                      | <b><i>Contributions<br/>Not Corrected</i></b>                          | <b><i>Contributions Corrected<br/>Outside VFCP</i></b> | <b><i>Contributions Pending<br/>Correction in VFCP</i></b> |                                                                                                                                                          |
| 2020                                                                 | n/a                                                                    | \$ 159                                                 | n/a                                                        | n/a                                                                                                                                                      |