Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FRESH MARK, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1961

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FRESH MARK, INC.

1888 SOUTHWAY STREET SW
MASSILLON, OH 44646

2b Employer Identification Number (EIN) 34-0565220

2c Plan Sponsor's telephone number 330-830-3150

2d Business code (see instructions) 311610

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	AARON MCCAMON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	142
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	74
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	69
b	Retired or separated participants receiving benefits	**6b**	47
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	140
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

A Name of plan
FRESH MARK, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FRESH MARK, INC.

D Employer Identification Number (EIN)
34-0565220

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2023

2 Assets:

a Market value	**2a**	52839922
b Actuarial value	**2b**	52839922

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	44	15259368	15259368
b For terminated vested participants	25	2616722	2616722
c For active participants	74	16899792	17115010
d Total	143	34775882	34991100

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.28 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1273053
b Expected plan-related expenses	**6b**	164692
c Target normal cost	**6c**	1437745

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/17/2024
Date

KEITH J. OKRESS
Type or print name of actuary

23-06965
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

216-937-4000
Telephone number (including area code)

1001 LAKESIDE AVENUE
SUITE 1500
CLEVELAND, OH 44114-1172
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	9768647
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	9768647
10	Interest on line 9 using prior year's actual return of -11.20 %	0	-1094088
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3721872
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.46 %		203214
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		3925086
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8674559

Part III Funding Percentages

14	Funding target attainment percentage	14	126.21 %
15	Adjusted funding target attainment percentage	15	151.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	144.81 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/30/2024	175000	0	07/03/2024	175000	0
02/01/2024	175000	0	08/01/2024	175000	0
02/28/2024	175000	0	08/24/2024	175000	0
04/02/2024	175000	0			
04/30/2024	175000	0			
05/30/2024	175000	0			
			Totals ► 18(b)	1575000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1468705

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1437745
b Excess assets, if applicable, but not greater than line 31a	**31b**	1437745

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1468705
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1468705
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
FRESH MARK, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FRESH MARK, INC.

D Employer Identification Number (EIN)
34-0565220

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIFTH THIRD BANK

5050 KINGSLEY DRIVE
MD 1MOBB2
CINCINNATI, OH 45263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50	NONE	17024	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
FRESH MARK, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FRESH MARK, INC.

D Employer Identification Number (EIN)
34-0565220

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4000000	1575000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	34910	57800
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10418448	12988209
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38461475	43899831
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	52914834	58520840
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	52914834	58520840

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1575000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1575000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	594584	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		594584
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1537068	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1537068
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	617368	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	617368	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3901288
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7607940
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1984910	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1984910
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	17024	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		17024
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2001934
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5606006
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 516389.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
FRESH MARK, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FRESH MARK, INC.

D Employer Identification Number (EIN)
34-0565220

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 31-1051736

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 2

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Fresh Mark, Inc. Pension Plan
Years Ended December 31, 2023 and 2022
With Report of Independent Auditors

Ernst & Young LLP

Fresh Mark, Inc. Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2023 and 2022

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Ernst & Young LLP
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Report of Independent Auditors

The Plan Administrator
Fresh Mark, Inc. Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Fresh Mark, Inc. Pension Plan (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 statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the "financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 audits 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 certifications from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying 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.

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- the information in the accompanying 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

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with

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GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 audits 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 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.

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Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2023, and reportable transactions for the year then ended (referred to as the "supplemental schedules"), 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 schedules 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 schedules 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).

Ernst & Young LLP

October 11, 2024

A member firm of Ernst & Young Global Limited

Fresh Mark, Inc. Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2023	**2022**
Assets		
Investments, at fair value	**$ 56,888,040**	$ 48,879,924
Receivables:		
Employer contributions	**1,575,000**	4,000,000
Accrued income	**57,800**	34,910
Total receivables	**1,632,800**	4,034,910
Total assets	**58,520,840**	52,914,834
Liabilities		
Accrued administrative expenses	**–**	–
Net assets available for benefits	**$ 58,520,840**	$ 52,914,834

See accompanying notes.

Fresh Mark, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2023	**2022**
Additions		
Net appreciation (depreciation) in fair value of investments	**$ 3,901,288**	$ (8,048,800)
Interest and dividends	**2,131,652**	1,744,023
Contributions from Fresh Mark, Inc.	**1,575,000**	4,000,000
Total additions, net of investment losses	**7,607,940**	(2,304,777)
Deductions		
Benefits paid directly to participants	**1,984,910**	4,892,269
Administrative expenses	**17,024**	16,767
Total deductions	**2,001,934**	4,909,036
Net increase (decrease)	**5,606,006**	(7,213,813)
Net assets available for benefits:		
Beginning of year	**52,914,834**	60,128,647
End of year	**$ 58,520,840**	$ 52,914,834

See accompanying notes.

Fresh Mark, Inc. Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

1. Description of the Plan

Effective December 31, 2020, Fresh Mark, Inc. merged the Fresh Mark, Inc. Hourly Employees' Pension Plan into the Fresh Mark, Inc. Salaried Employees Pension Plan. In addition, the combined plan was renamed the Fresh Mark, Inc. Pension Plan at the time of the merger. This merger will not affect participant pension benefits, as the benefit provisions for each former plan will remain the same subsequent to the merger.

The Fresh Mark, Inc. Pension Plan is a noncontributory defined benefit plan established for certain employees of Fresh Mark, Inc. (Company and Plan Sponsor). The Plan includes salaried employees who are not covered by a collective bargaining agreement, have attained age 21, and have completed one year of credited service. For the employees described above, effective January 1, 2007, the Plan was amended to preclude any employee hired by the Company on or after that date from participating in the Plan. Effective June 1, 2007, the Plan was further amended to preclude the participation of an employee transferred from a division not previously eligible for participating in the Plan who would have otherwise become eligible upon such transfer.

The Plan also includes certain of the full-time hourly employees who are included within a bargaining unit at the Fresh Mark, Inc. Canton facility hired prior to October 29, 1991, and for retired employees who were included within a bargaining unit at the Superior's Brand Meats facility.

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year's service cost and the initial past service cost, plus interest over a period of 30 years. The Plan has met the Employee Retirement Income Security Act of 1974, as amended (ERISA) minimum funding requirements for 2023 and 2022.

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document.

1. Description of the Plan (continued)

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Information about the plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the Summary Plan Description. Copies of this document are available from the plan administrator.

2. Significant Accounting Policies

Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid. Effective January 1, 2013, the Plan was amended to define the criteria for participants to be eligible to receive a single lump-sum payment option. Participants eligible for normal, early or disability retirement benefit, a participant eligible for a deferred vested pension, or a spouse who is entitled to a benefit under the Plan are eligible to elect a lump-sum payment option upon commencement of benefits. There was approximately $530,000in lump-sum payments paid during 2023 and approximately $3,700,000 paid during 2022.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

At December 31, 2023 and 2022, the investments of the Fresh Mark, Inc. Pension Plan (the Plan) were collectively held in the Fresh Mark, Inc. Salaried Employees' Pension Plan Trust, sponsored by Fifth Third Bank, the trustee. The name of the trust was not changed as a result of the plan merger discussed in Note 1. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' years of credited service. The accumulated plan benefits for active employees are based on their years of credited service to the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The Plan's actuary, Willis Towers Watson, estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

3. Accumulated Plan Benefits

The accumulated plan benefit information as of December 31, 2022, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 13,469,332
Other participants	20,355,727
Total vested benefits	33,825,059
Nonvested benefits	301,817
Actuarial present value of accumulated plan benefits at end of year	$ 34,126,876

The changes in accumulated plan benefits for the year ended December 31, 2022, are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 36,631,800
Increase (decrease) during the year attributed to:	
Change in actuarial assumption	(1,646,484)
Benefits accumulated	1,165,895
Actuarial losses	765,409
Increase for interest due to the decrease in the discount period	2,102,525
Benefits paid	(4,892,269)
Plan merger/amendments	–
Net increase	(2,504,924)
Actuarial present value of accumulated plan benefits at end of year	$ 34,126,876

3. Accumulated Plan Benefits (continued)

The significant assumptions underlying the actuarial computations are as follows:

Retirement ages	Retirement is assumed to occur as follows: (1) 1% per year of participants age 55 to 61, (2) 20% per year of participants age 62 to 64, (3) 50% per year of participants age 65 to 69, (4) 100% per year of participants age 70
Assumed rate of return	5.89% (6.43% in the prior year)
Mortality	Pri-2012 White Collar mortality tables (base year 2012) with contingent survivor mortality and generational projection using Scale MP 2020 in current and prior year

The actuary estimated the accumulated plan benefits as of January 1, 2023. There were no significant changes to the plan that would have changed the valuations had they been performed as of December 31, 2022. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Fair Value Measurements

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

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the Plan at the measurement date for identical assets or liabilities.

- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

4. Fair Value Measurements (continued)

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measurement in its entirety.

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, 2023 and 2022:

Mutual funds – Valued at quoted market prices, which represent the net asset values of the shares held by the Plan on the last business day of the plan year.

Money market fund – Valued at net asset value of units held by the Plan at year-end.

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

	Level 1	Level 2	Level 3	Total
Mutual equity funds	**$ 32,092,196**	**$ –**	**$ –**	**$ 32,092,196**
Mutual bond funds	**11,807,635**	**–**	**–**	**11,807,635**
Money market funds	**12,988,209**	**–**	**–**	**12,988,209**
Total assets at fair value	**$ 56,888,040**	**$ –**	**$ –**	**$ 56,888,040**

4. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Mutual equity funds	$ 23,828,254	$ –	$ –	$ 23,828,254
Mutual bond funds	14,633,221	–	–	14,633,221
Money market funds	10,418,449	–	–	10,418,449
Total assets at fair value	$ 48,879,924	$ –	$ –	$ 48,879,924

5. Investments

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2023 and 2022, and net (depreciation) appreciation in fair value of investments and interest and dividends for the years ended December 31, 2023 and 2022, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee, Fifth Third Bank.

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated April 28, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan, as amended and restated, is qualified and the related trust is tax-exempt.

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

7. Transactions With Parties in Interest

Certain of the Plan's assets are invested in funds managed by Fifth Third Bank, the trustee of the Plan. Also, certain legal and accounting fees and certain administrative expenses relating to the maintenance of participant eligibility records were paid by the Company. Fees paid during the year for other services rendered by parties in interest were based on customary and reasonable rates for such services. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

8. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Subsequent Events

Management evaluated subsequent events for the Plan through October 11, 2024, the date the financial statements were available to be issued.

Supplemental Schedules

Fresh Mark, Inc. Pension Plan

EIN #34-0565220 Plan #002

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

December 31, 2023

ASSETS HELD AT YEAR-END — AS OF 12/31/23

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
CASH						
MONEY MARKET INVESTMENTS						
1037,877	GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT INSTITUTIONAL (INCOME INVESTMENT)	$1,037,877.00	$1,037,877.00	$1,037,877.00		$4,619.82
11950,330	GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT INSTITUTIONAL	11,950,330.00	11,950,330.00	11,950,330.00		53,180.05
	TOTAL MONEY MARKET INVESTMENTS	$12,988,207.00	$12,988,207.00	$12,988,207.00	0.00	$57,799.87
BOND FUNDS						
MUTUAL BOND FUNDS						
117.052	BLACKROCK INFL PROT BD - A	1,216.84	1,110.82	1,109.62	$1.20	
89,450.188	DODGE & COX INCOME FD	1,242,029.21	1,128,861.37	1,090,700.96	38,160.41	
74,983.230	DOUBLELINE TOTAL RETURN BOND I	792,613.62	662,851.75	657,450.44	5,401.31	
139,226.214	FEDERATED HERMES CORP BOND IS	1,161,643.67	1,159,754.36	1,116,864.79	42,889.57	
128,642.999	FIDELITY ADVISOR HIGH INCOME ADVANTAGE-CLASS I	1,423,969.47	1,349,465.06	1,265,005.51	84,459.55	
104,608.205	FIDELITY US BOND INDEX INSTL	1,117,248.53	1,091,063.58	1,064,912.50	26,151.08	
388,550.304	FIDELITY SPARTAN HIGH INCOME FD	3,256,196.48	2,968,524.32	2,830,486.88	138,037.44	
64,335.137	JPMORGAN CORE BOND FUND 3720 CLASS I	766,505.65	662,651.91	649,177.61	13,474.30	
169,209.530	MASSMUTUAL PREMIER HIGH YIELD FUND I SHARES - NEW ACCOUNT APPLICATION REQUIRED	1,407,685.98	1,335,063.19	1,262,029.42	73,033.77	
6,674.672	PGIM TOTAL RETURN BOND FUND CL Z	93,739.51	80,429.80	78,294.40	2,135.40	
140,871.180	VANGUARD TOTAL BOND MARKET INDEX ADMIRAL SHS	1,420,313.02	1,367,859.16	1,335,447.50	32,411.66	

ASSETS HELD AT YEAR-END — AS OF 12/31/23

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	TOTAL MUTUAL BOND FUNDS	$12,683,161.98	$11,807,635.32	$11,351,479.63	$456,155.69	0.00
EQUITY FUNDS						
	MUTUAL EQUITY FUNDS					
12,555.483	INVESCO OPPENHEIMER GLOBAL FUND CLASS Y	$1,026,538.16	$1,144,934.49	$961,247.08	$183,687.41	
28,352.569	AMERICAN FDS CAPITAL INCOME BLDR R6 SHARES	1,614,952.51	1,876,656.54	1,802,976.93	73,679.61	
34,919.657	COLUMBIA STRATEGIC INCOME FUND INSTITUTIONAL 3	828,380.25	744,137.89	715,097.79	29,040.10	
46,065.042	FIDELITY ADVISOR STRATEGIC INCOME FUND RETAIL CLASS	568,158.39	525,141.48	501,510.28	23,631.20	
25,076.028	FIDELITY EMERGING MKTS FD	768,010.96	896,969.52	838,935.56	58,033.96	
21,254.179	FIDELITY TOTAL MARKET INDEX	2,126,402.00	2,800,238.08	2,395,956.85	404,281.23	
45,994.163	FIDELITY INTERNATIONAL INDEX FUND	2,110,649.92	2,177,823.62	2,008,648.92	169,174.70	
43,272.950	FIDELITY 500 INDEX FD INST PREMIUM	5,000,421.71	7,161,240.50	5,907,022.35	1,254,218.15	
32,896.777	FIDELITY SMALL CAP STOCK FUND# 340	597,386.58	566,153.53	473,064.75	93,088.78	
32,929.917	FIDELITY ADVISOR VALUE STRATEGIES-CLASS I	1,220,746.88	1,665,265.90	1,477,373.45	187,892.45	
58,544.165	FIDELITY ADVISOR NEW INSIGHTS-CLASS I	1,675,458.54	1,990,501.61	1,659,506.20	330,995.41	
.003	JPMORGAN MID CAP EQUITY A - CLOSED TO NEW INVESTORS 1/3/14	.09	.17	.15	.02	
27,114.642	JPMORGAN SMALL CAP GROWTH FD A	361,837.15	430,038.22	377,706.96	52,331.26	
27,553.833	LORD ABBETT VAL OPPOR FD - A	513,991.62	487,427.31	424,677.47	62,749.84	
127,331.988	MFS CONSERVATIVE ALLOCATION CL I	2,130,193.51	2,102,251.12	1,969,545.99	132,705.13	

ASSETS HELD AT YEAR-END

AS OF 12/31/23

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
52,340.190	MATTHEWS ASIAN FDS CHINA DIVID FD INV CL	$793,379.76	$560,563.43	$728,796.11	$168,232.68-	
45,996.277	T ROWE PRICE CAPITL APPRECIATION	1,314,271.10	1,559,733.75	1,424,826.45	134,907.30	
105,602.368	TEMPLETON GLOBAL INVT TR EMERGING MKTS SMALL CAP FD	1,324,237.53	1,363,326.57	1,278,474.28	84,852.29	
50,075.633	VANGUARD DIV APPR INDEX FD ADM CL SHS	2,197,245.22	2,314,996.51	2,100,423.26	214,573.25	
28,542.050	VANGUARD WELLESLEY INCOME-AD	1,888,066.35	1,724,796.08	1,690,972.16	33,823.92	
	TOTAL MUTUAL EQUITY FUNDS	$28,060,328.23	$32,092,196.32	$28,736,762.99	$3,355,433.33	0.00
	TOTAL INVESTMENTS	$53,731,697.21	$56,888,038.64	$53,076,449.62	$3,811,589.02	$57,799.87
	TOTAL CASH		$2.02			
	CURRENT PERIOD ACCRUED INCOME		$57,799.87			
	TOTAL ASSETS		$56,945,840.53			

Fresh Mark, Inc. Pension Plan

EIN #34-0565220 Plan #002

Schedule H, Line 4j – Schedule of Reportable Transactions

January 1, 2023 through December 31, 2023

SINGLE TRANSACTION EXCEEDS 5%

01/01/23 THROUGH 12/31/23

VALUATION 48,914,834.61 THRESHOLD 2,445,741.73

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS

N O A C T I V I T Y T H I S P E R I O D

5% REPORT BY ASSET-AGGREGATE 01/01/23 THROUGH 12/31/23

VALUATION 48,914,834.61 THRESHOLD 2,445,741.73

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT INSTITUTIONAL	PUR	01/31/23	5,602.000	5,602.00	.00	.00	5,602.00	.00
	PUR	01/31/23	27,858.000	27,858.00	.00	.00	27,858.00	.00
	PUR	01/31/23	340,658.000	340,658.00	.00	.00	340,658.00	.00
	PUR	02/28/23	5,984.000	5,984.00	.00	.00	5,984.00	.00
	PUR	02/28/23	29,879.000	29,879.00	.00	.00	29,879.00	.00
	SAL	02/28/23	139,481.000	139,481.00	.00	.00	139,481.00	.00
	PUR	03/31/23	5,725.000	5,725.00	.00	.00	5,725.00	.00
	PUR	03/31/23	28,621.000	28,621.00	.00	.00	28,621.00	.00
	PUR	03/31/23	319,520.000	319,520.00	.00	.00	319,520.00	.00
	PUR	04/30/23	6,641.000	6,641.00	.00	.00	6,641.00	.00
	PUR	04/30/23	34,319.000	34,319.00	.00	.00	34,319.00	.00
	PUR	04/30/23	291,288.000	291,288.00	.00	.00	291,288.00	.00
	PUR	05/31/23	6,734.000	6,734.00	.00	.00	6,734.00	.00
	PUR	05/31/23	35,424.000	35,424.00	.00	.00	35,424.00	.00
	PUR	05/31/23	336,537.000	336,537.00	.00	.00	336,537.00	.00
	PUR	06/30/23	7,385.000	7,385.00	.00	.00	7,385.00	.00
	PUR	06/30/23	40,483.000	40,483.00	.00	.00	40,483.00	.00
	PUR	06/30/23	330,677.000	330,677.00	.00	.00	330,677.00	.00
	PUR	07/31/23	7,193.000	7,193.00	.00	.00	7,193.00	.00
	PUR	07/31/23	39,611.000	39,611.00	.00	.00	39,611.00	.00
	PUR	07/31/23	254,616.000	254,616.00	.00	.00	254,616.00	.00
	PUR	08/31/23	7,548.000	7,548.00	.00	.00	7,548.00	.00
	PUR	08/31/23	43,936.000	43,936.00	.00	.00	43,936.00	.00
	PUR	08/31/23	759,162.000	759,162.00	.00	.00	759,162.00	.00
	PUR	09/30/23	7,878.000	7,878.00	.00	.00	7,878.00	.00
	PUR	09/30/23	46,832.000	46,832.00	.00	.00	46,832.00	.00
	SAL	09/30/23	111,027.000	111,027.00	.00	.00	111,027.00	.00
	PUR	10/31/23	7,677.000	7,677.00	.00	.00	7,677.00	.00
	PUR	10/31/23	47,512.000	47,512.00	.00	.00	47,512.00	.00
	SAL	10/31/23	144,601.000	144,601.00	.00	.00	144,601.00	.00
	PUR	11/30/23	8,056.000	8,056.00	.00	.00	8,056.00	.00
	PUR	11/30/23	48,944.000	48,944.00	.00	.00	48,944.00	.00
	SAL	11/30/23	111,027.000	111,027.00	.00	.00	111,027.00	.00
	PUR	12/29/23	7,745.000	7,745.00	.00	.00	7,745.00	.00
	PUR	12/29/23	47,082.000	47,082.00	.00	.00	47,082.00	.00
	SAL	12/29/23	111,232.000	111,232.00	.00	.00	111,232.00	.00
31 PURCHASES FOR			3,187,127.00	5 SALES FOR		617,368.00	ISSUE AGGREGATE TOTAL	3,804,495.00

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2023

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	2	0	0	0	0	0	2
40-44	0	0	0	0	2	1	0	0	0	0	3
45-49	0	0	0	0	1	5	3	1	0	0	10
50-54	0	0	0	0	8	7	6	3	0	0	24
55-59	0	0	0	0	2	3	5	2	2	0	14
60-64	0	0	0	0	4	3	3	0	2	4	16
65-69	0	0	0	0	0	0	0	0	0	2	2
70 & over	0	0	0	0	0	0	1	1	0	1	3
Total	0	0	0	0	19	19	18	7	4	7	74

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Fresh Mark, Inc. Pension Plan
EIN / PN: 34-0565220/002
Plan Sponsor: Fresh Mark, Inc
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Expected return on plan assets	6.75%
Interest rate basis	
• Applicable month	September
• Yield curve base	Segment Rates

Interest rates	**Reflecting Stabilization (ARPA)**	**Not Reflecting Stabilization (PPA)**
• First segment rate	4.75%	1.41%
• Second segment rate	5.00%	3.09%
• Third segment rate	5.74%	3.58%
• Effective interest rate	5.28%	3.26%

Annual rates of increase	
• 2023 Compensation:	4.00% times 2022 compensation
• Future Social Security wage bases	4.00%
• Statutory limits on compensation	3.50%
Plan-related expenses	$164,692; the prior year administrative expenses

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).

- Disabled

Alternative disabled life mortality table as defined under Revenue Ruling 96-7.

Termination (not due to termination or retirement) rates

Salaried Plan: The following rates are illustrative of the annual probability of withdrawal per 1,000 employees:

Rates (per 1,000 employees)		
Attained Age	Males	Females
20	150	250
30	69	99
40	28	49
50	4	17
55	0	4

Hourly Plan: The following rates are illustrative of the annual probability of withdrawal per 1,000 employees:

Rates (per 1,000 employees)		
Attained Age	Males	Females
40	28	49
50	4	17
55	0	4

SCHEDULE SB ATTACHMENTS

Disability

Salaried Plan: Wyatt 1985 Disability Study Class 1 male and female rates. Below is a sampling of assumed rates of disablement at selected age

Rates (per 1,000 employees)		
Attained Age	Males	Females
20	0.29	0.30
30	0.48	0.80
40	1.17	2.11
50	3.58	5.33
55	7.22	9.52

Hourly Plan: Wyatt 1985 Disability Study Class 2 male and female rates. Below is a sampling of assumed rates of disablement at selected age

Rates (per 1,000 employees)		
Attained Age	Males	Females
40	3.29	3.29
50	8.38	8.38
55	14.98	14.98

Retirement

Salaried Plan: Rates at which participants are assumed to retire by age are shown below.

Percentage assumed to retire during the year	
Age	Percentage
55 – 61	1% per year
62 – 64	20% per year
65 – 69	50% per year
70	100%

Hourly Plan: Retirement is assumed to occur at the earliest of (1) age 58 with 30 years of service, (2) age 62 with 10 years of service, or (3) age 65 with 5 years of service. Participants currently over such assumed retirement age are assumed to retire immediately.

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

• Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
• Deferred vested benefit	For the annuity, the later of age 65 or termination of employment
• Disability benefit	Upon disablement
• Retirement benefit	Upon termination of employment

Form of payment	80% of current employees with projected lump sum values less than the applicable limit are assumed to elect a lump sum at termination/retirement. All other participants are assumed to elect a straight life annuity.
Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of eligible male participants are assumed to be married and 50% of eligible female participants are assumed to be married
Spouse age	Wife 3 years younger than husband.
Covered pay	Compensation assumed paid in the current year beginning on the valuation date equals the actual plan compensation paid in the prior year increased according to the compensation increase assumption.
Lump sum conversion mortality	The applicable mortality table for plan years beginning in 2023.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	The employee contributions in the Plan have been excluded from the valuation.

Sources of Data and Other Information

WTW used asset data supplied by the trustee. Fresh Mark furnished participant data as of the valuation date. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the company, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. No data adjustments were made and we are unaware of any data adjustments made by the data provider.

Assumptions Rationale – Significant Economic Assumptions

Interest rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	For funding purposes, lump sums were valued using the substitution of annuity form under IRS Regulation 1.430(d)-1(f)(4) without application of generational mortality.
Rates of increase in compensation, National Average Wages (NAW) CPI	Assumed increases were chosen by the plan sponsor and, as required by U.S. GAAP they represent an estimate of future experience.

SCHEDULE SB ATTACHMENTS

Plan-related expenses	As required by regulations, plan-related expenses are estimated by determining the actual expenses paid from the trust the preceding year.

Assumptions Rationale – Significant Demographic Assumptions

Healthy and Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Assumed termination rates differ by age and gender because of observed and expected differences in termination rates by gender.
Disability	Assumed disability rates differ by gender because of observed and expected differences in disability rates by gender.
Retirement	Assumed retirement rates differ by age because of observed and expected differences in retirement rates by age.
Benefit commencement date for deferred benefits:	
• Preretirement death benefit	Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
• Deferred vested benefit	Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2012-2017.
Marital Assumptions:	
• Percent married	The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

• Spouse age	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Changes in assumptions and methods since prior valuation	• The segment interest rates used to calculate the funding target and target normal cost were changed from the September 2021 three-segment yield curve to the September 2022 three-segment yield curve. • The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2020 to Scale MP-2021, as required by IRC §430.

See

Audited Financial

Statements

For

Schedule of Reportable Transactions

(Schedule H 4j)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

A Name of plan
Fresh Mark, Inc. Pension Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Fresh Mark, Inc.

D Employer Identification Number (EIN)
34-0565220

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2023

2 Assets:

a Market value	**2a**	52,839,922
b Actuarial value	**2b**	52,839,922

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	44	15,259,368	15,259,368
b For terminated vested participants	25	2,616,722	2,616,722
c For active participants	74	16,899,792	17,115,010
d Total	143	34,775,882	34,991,100

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.28 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,273,053
b Expected plan-related expenses	**6b**	164,692
c Target normal cost	**6c**	1,437,745

Statement by Enrolled Actuary

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

SIGN HERE Keith J. Okress KJO — Signature of actuary

September 17, 2024 — Date

Keith J. Okress — Type or print name of actuary

2306965 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

216-937-4000 — Telephone number (including area code)

1001 Lakeside Avenue
Suite 1500
Cleveland OH 44114-1172
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	9,768,647
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	9,768,647
10	Interest on line 9 using prior year's actual return of -11.20 %	0	-1,094,088
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3,721,872
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.46 %		203,214
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		3,925,086
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8,674,559

Part III Funding Percentages

14	Funding target attainment percentage	14	126.21 %
15	Adjusted funding target attainment percentage	15	151.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	144.81 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/30/2024	175,000	0			
02/01/2024	175,000	0			
02/28/2024	175,000	0			
04/02/2024	175,000	0			
04/30/2024	175,000	0			
05/30/2024	175,000	0			
07/03/2024	175,000	0			
08/01/2024	175,000	0			
08/24/2024	175,000	0			
			Totals ► 18(b)	1,575,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1,468,705

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1,437,745
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,437,745

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,468,705

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1,468,705
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Fresh Mark, Inc
EIN/PN	34-0565220/002
Plan Name	Fresh Mark, Inc. Pension Plan
Valuation Date	January 1, 2023
Enrolled Actuary	Keith J. Okress
Enrollment Number	23-06965

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2023

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Age of Retirement (A)	Rates of Retirement (B)	% Retiring (C)	Weighted Ages (A) * (C)
55	1%	1.00%	0.5500
56	1%	0.99%	0.5544
57	1%	0.98%	0.5587
58	1%	0.97%	0.5628
59	1%	0.96%	0.5668
60	1%	0.95%	0.5706
61	1%	0.94%	0.5743
62	20%	18.64%	11.5576
63	20%	14.91%	9.3952
64	20%	11.93%	7.6355
65	50%	23.86%	15.5096
66	50%	11.93%	7.8741
67	50%	5.97%	3.9967
68	50%	2.98%	2.0282
69	50%	1.49%	1.0290
70	100%	1.49%	1.0439

Average Retirement Age 64

Plan Name: Fresh Mark, Inc. Pension Plan
EIN / PN: 34-0565220/002
Plan Sponsor: Fresh Mark, Inc
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions - Salaried

Plan Sponsor

Fresh Mark, Inc.

Plan

Fresh Mark, Inc. Salaried Employees' Pension Plan

Effective Date and Most Recent Amendment

August 1, 1988 as merger of Superior's Brand Meats, Inc. Salaried Plan (originally effective date January 1, 1971) and Sugardale Foods Inc. Salaried Plan (originally effective January 1, 1961), and Amended and Restated effective January 1, 2010, Amended and Restated effective January 1, 2017; and most recently amended effective January 1, 2021.

The Plan was amended as of January 1, 2021 to merge the Fresh Mark, Inc. Hourly Employees' Pension Plan (Hourly Plan) into the Fresh Mark, Inc. Pension Plan (Salaried plan) as of December 31, 2020.

Plan Year

The twelve-month period ending December 31st.

Coverage and Participation

Each salaried employee and hourly-paid employee hired prior to January 1, 2007, and not represented by a union, working or expected to work 1,000 or more hours a year, becomes a participant on the first January 1 or July 1 following attainment of age 21 and one year of service. Effective December 30, 1993, certain designated active Carriage Hill employees were no longer covered under this Plan.

Credited Service

One year is credited for each year of employment after January 1, 1976 computed on an elapsed time basis; service prior to January 1, 1976 is computed based upon the provisions of the Plan then in effect.

SCHEDULE SB ATTACHMENTS

Final Average Compensation/Salary

1/60th of the average of the highest 5 consecutive calendar years of aggregate compensation received during the 10 years prior to retirement or termination. Compensation is total compensation for services inclusive of any bonuses, commissions, overtime pay, and premiums for insurance protection which are treated as taxable income to the Participant for the year. Compensation is limited to $280,000 effective January 1, 2019, and is subject to future indexing.

Normal Retirement Benefit

Eligible at age 65.

The normal retirement benefit, if paid on a straight-life basis, is equal to 45% of Final Average Monthly Compensation less 50% of the Primary Insurance Amount, with such difference proportionately reduced for less than 30 years of Credited Service.

Primary Insurance Amount

The monthly benefit under the Federal Social Security Act in effect at retirement or termination (but not beyond the Normal Retirement Date) assuming the Participant continues to earn compensation at the rate in effect at the time of his termination for the period between his date of retirement or termination and his attainment of age 65.

Accrued Benefits

The accrued pension is calculated on the basis of Credited Service projected to the Participant's normal retirement date and Final Average Compensation at the date of determination (such as early retirement or termination) and then multiplying by a ratio of Credited Service at termination to Credited Service at the normal retirement date.

Early Retirement Benefit

Eligible at age 55 with 10 years of Credited Service.

The early retirement benefit is the Accrued Benefit payable at age 65 or, alternatively, a reduced pension payable immediately. Below is an excerpt of the factors:

Age at Benefit Commencement	Factor
55	0.50
60	0.70
62	0.82

SCHEDULE SB ATTACHMENTS

Disability Benefit

Eligible upon total and permanent disability after 10 years of Credited Service.

After a 26-week waiting period, the disability retirement benefit is the Accrued Benefit at disability without actuarial reduction for early commencement of benefits. Payments made prior to age 65 are reduced for benefits receivable under Workmen's Compensation, Company provided group insurance plans or any other Federal, state or local legislation (excluding Social Security).

Vested Benefits Upon Termination of Service

Eligible at any age and 5 years of Credited Service.

The deferred vested termination is the Accrued Benefit payable at age 65 or, alternatively, if the employee has at least 10 years of Credited Service, an actuarially reduced pension payable as early as age 55.

Pre-Retirement Spouse’s Benefit

Eligible upon death of an active or terminated vested Participant after completion of 5 years of Credited Service.

The surviving spouse will receive the benefit which would have been paid if the Participant had retired on the day prior to his death and had elected a 50% Joint and Survivor Annuity. If the employee dies prior to meeting the eligibility requirements for Normal or Early Retirement, benefits to the spouse will be deferred until the earliest date the decedent would have been so eligible.

One-Time Lump Sum Window

Former employees were given the option through a one-time window to receive their accrued benefit as a single lump sum payment with a payout date of November 1, 2012. The value of their benefit had to be $250,000 or less.

Optional Forms of Retirement Income in Lieu of Normal Form

The amount of pension as determined according to the applicable formula for retirement benefits is payable on a straight-life annuity basis. A Participant retiring under the provisions for Normal or Early Retirement may elect to receive his benefit on a straight-life basis or on an actuarially equivalent 50% Joint and Survivor basis, 75%, 100% Joint and Survivor basis or 10 or 20 year certain and life basis. For participants whose benefit has a present value of $500,000 or less, the benefit may be payable as a lump sum.

Unless otherwise elected, any benefit payable under the Plan shall be paid:

(1) on a reduced 50% Joint and Survivor annuity basis, if the Participant has been married at least one year; or

(2) on a straight-life annuity basis otherwise.

Future Plan Changes

No future plan changes were recognized in determining pension cost.

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Plan Provisions - Hourly

Plan Sponsor

Fresh Mark, Inc.

Plan

Fresh Mark, Inc. Hourly Employees' Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1960; it was Amended and Restated January 2021; and most recently amended effective January 1, 2021.

The Plan was amended as of January 1, 2021 to merge the Fresh Mark, Inc. Hourly Employees' Pension Plan (Hourly Plan) into the Fresh Mark, Inc. Pension Plan (Salaried plan) as of December 31, 2020.

Coverage and Participation

Each person regularly employed, hired prior to October 29, 1991 and represented by a union having a collective bargaining agreement providing for Plan participation participates immediately in the Plan. The current participating employees are represented by the United Food and Commercial Workers Union.

Vesting Service

One year is credited for each Plan Year after January 1, 1976 in which at least 1,000 hours of service are completed, with fractional service credited to the nearest 1/10th for each full 180 hours of service; service prior to January 1, 1976 is computed based upon the provisions of the Plan then in effect.

Benefit Service

One year is credited for each Plan Year after January 1, 1976 in which at least 1,800 hours of service are completed, with fractional service credited to the nearest 1/10th for each full 180 hours of service; service prior to January 1, 1976 is computed based upon the provisions of the Plan then in effect. All employees hired on or after October 31, 1985 have their benefit service frozen as of January 1, 1999 for purposes of benefit amount but not eligibility.

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Age 65 and 5 years since participation commenced

The normal retirement benefit is a monthly benefit, if payable on a straight-life basis, equal to years of Benefit Service multiplied by the appropriate benefit unit as indicated in the following table:

Termination Date	Hired before 10/31/1985	Hired on or after 10/31/1985
10/1/1985 - 9/30/1987	$17.00	$10.50
10/1/1987 - 9/30/1992	17.50	10.50
10/1/1992 - 9/30/1993	18.00	11.00
10/1/1993 - 9/30/1997	18.50	11.50
10/1/1997 - 9/30/2002	19.00 [1]	11.50
10/1/2002 - 9/30/2009	20.00 [2]	11.50
10/1/2009 & Thereafter	21.00	11.50

[1] Effective for retirements between October 1, 1998 and October 1, 2002, an additional monthly benefit equal to $1 multiplied by the Participant's Years of Benefit Service was added to the pension following age 62.

[2] Effective for retirements on or after October 1, 2007, the benefit unit was increased to $21, starting with October 1, 2009 payments.

30 & Out Pension

30 years of Benefit Service.

The 30 & Out pension is the accrued normal retirement benefit commencing immediately without reduction, plus an additional payment of $100 per month until age 62.

Early Retirement Benefit

Age 55 and 10 years of Benefit Service.

The early retirement benefit is the accrued normal retirement pension payable at age 60 or, alternatively, a pension payable immediately reduced 0.5% for each month prior to age 60.

Disability Benefit

On total and permanent disability after 10 years of Benefit Service.

The disability retirement benefit is the accrued normal retirement pension commencing after a six-month waiting period. For the period during which the disabled participant is not eligible for disability benefits under the Federal Social Security Act, the pension is increased to two times the accrued normal retirement amount.

Vested Benefits Upon Termination of Service

Any age and 5 years of Vesting Service.

The deferred vested termination benefit is the accrued normal retirement pension payable at age 65 or,

alternatively, a pension payable as early as age 55, if the participant has at least 10 years of Benefit Service, reduced 0.5% for each month that commencement of benefits precedes age 65.

Survivor Benefits

Beneficiaries of participants having 10 or more years of Benefit Service at time of death may be entitled to “Survivor’s” or “Orphan’s” benefits, whichever is applicable.

Survivor’s benefits shall be paid to the spouse of a participant who dies in active employment, the amount of such benefit being equal to one-half of the accrued normal retirement pension adjusted for the assumed election at age 65 of a 50% joint and survivor annuity. Survivor’s benefits are payable monthly for the life of the spouse as long as the spouse does not remarry.

The Orphan’s benefits shall be payable to the participant’s dependent children (but not if a Survivor’s benefit is payable) and the total monthly amount of any Orphan’s benefits shall be equal to 42-1/2% of the amount of normal pension accrued to the date of the participant’s death. Orphan’s benefits are paid monthly until all surviving children have either married or attained 18 years of age.

Alternative Pre-Retirement Spouse’s Benefit

On death of an active or terminated vested participant, provided the participant has been married to his current spouse for at least one year.

The surviving spouse will receive the benefit which would have been paid if the participant had retired on the day prior to his death and elected a 50% Joint and Survivor Option. If death occurs prior to eligibility for retirement, benefits to the spouse are deferred until the earliest age the decedent would have been able to commence benefits. This benefit is not available as long as Survivor’s benefits are payable.

One-Time Lump Sum Widow

Former employees terminated prior to July 1, 2012 were given the option through a one-time window to receive their accrued benefit as a single lump sum payment with a payout date of November 1,2012.

Optional Forms of Retirement Income in Lieu of Normal Form

The amount of pension as determined according to the applicable formula for retirement benefits is payable on a straight-life annuity basis. Unless otherwise elected, any benefit payable under the Plan shall be paid on a reduced 50% Joint and Survivor Annuity basis, if the participant has been married to his current spouse for at least one year; or on either a straight-life annuity basis or 75% Joint & Survivor basis.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name:	Fresh Mark, Inc. Pension Plan
EIN / PN:	34-0565220/002
Plan Sponsor:	Fresh Mark, Inc
Valuation Date:	January 1, 2023

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)