

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 07/01/2023 and ending 06/30/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [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: PENSION PLAN FOR EMPLOYEES OF NATIONAL FRUIT PRODUCT COMPANY, INC.
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/30/1955
2a Plan sponsor's name (employer, if for a single-employer plan): NATIONAL FRUIT PRODUCT CO., INC.
Mailing address (include room, apt., suite no. and street, or P.O. Box): P.O. BOX 2040 WINCHESTER, VA 22604-1240
2b Employer Identification Number (EIN): 54-0315385
2c Plan Sponsor's telephone number: 540-662-3401
2d Business code (see instructions): 311400

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  PENSION COMMITTEE  P.O. BOX 2040 WINCHESTER, VA 22604-1240	<b>3b</b> Administrator's EIN 54-1020392  <b>3c</b> Administrator's telephone number 540-662-3401
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	560
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	41
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	39
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	321
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	109
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	469
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	52
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	521
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1B 1I 3H

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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.

<b>A</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF NATIONAL FRUIT PRODUCT COMPANY, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONAL FRUIT PRODUCT CO., INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>54-0315385</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>15922478</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>16092927</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>368</u>	<u>11285207</u>	<u>11285207</u>
<b>b</b> For terminated vested participants .....	<u>152</u>	<u>3276251</u>	<u>3276251</u>
<b>c</b> For active participants .....	<u>41</u>	<u>1687472</u>	<u>1687472</u>
<b>d</b> Total .....	<u>561</u>	<u>16248930</u>	<u>16248930</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>5.18 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>0</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>451000</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>451000</u>

**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.

<b>SIGN HERE</b>			
	Signature of actuary	<u>03/17/2025</u>	Date
	<u>MICHAEL J. WHITTLE, JR.</u>	<u>23-08339</u>	Most recent enrollment number
	<u>CBIZ</u>	<u>800-624-0954</u>	Telephone number (including area code)
	<u>44 BALTIMORE ST CUMBERLAND, MD 21502</u>		
	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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.51</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	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 <u>5.36</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	99.03 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	99.03 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	97.14 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
11/15/2023	92000	0					
02/14/2024	92000	0					
03/15/2024	125	0					
05/15/2024	92000	0					
08/14/2024	92000	0					
03/14/2025	155162	0					
<b>Totals ▶</b>			<b>18(b)</b>	523287	<b>18(c)</b>	0	

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	495520
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>c</b>	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
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 451000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	156003		44520	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 495520
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 495520
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 495520
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>PENSION PLAN FOR EMPLOYEES OF NATIONAL FRUIT PRODUCT COMPANY, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NATIONAL FRUIT PRODUCT CO., INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>54-0315385</b>	

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

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

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

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

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

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

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

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

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

WELLS FARGO ADVISORS

23-2384840

(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?
27 51	NONE	139685	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CBIZ BENEFITS & INSURANCE SERVICES

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	29111	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MATRIX TRUST COMPANY

75-3182674

(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 27 50 62	NONE	9626	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF NATIONAL FRUIT PRODUCT COMPANY, INC.</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL FRUIT PRODUCT CO., INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>54-0315385</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GLOBAL ALLOCATION FUND</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>GREAT GRAY TRUST COMPANY, LLC</u>	
<b>c</b> EIN-PN <u>26-3783885-940</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11032</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>PENSION PLAN FOR EMPLOYEES OF NATIONAL FRUIT PRODUCT COMPANY, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NATIONAL FRUIT PRODUCT CO., INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>54-0315385</b>

**Part I Asset and Liability Statement**

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 0	0
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 134875	247162
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 794112	453934
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b> 15048350	15265407
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b> 36398	11032
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 0	856649
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	16013735	16834184
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	88856	88856
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	88856	88856
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	15924879	16745328

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	523287	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		523287
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	16778	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		16778
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	304453	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		304453
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	3784052	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	3780449	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		3603
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	1467882	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		1467882

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		14034
<b>(7)</b> Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		135820
<b>c</b> Other income .....	<b>2c</b>		-151
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2465706

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1277563	
<b>(2)</b> To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
<b>(3)</b> Other.....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1277563
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
<b>(1)</b> Salaries and allowances.....	<b>2i(1)</b>		
<b>(2)</b> Contract administrator fees.....	<b>2i(2)</b>		
<b>(3)</b> Recordkeeping fees.....	<b>2i(3)</b>		
<b>(4)</b> IQPA audit fees.....	<b>2i(4)</b>		
<b>(5)</b> Investment advisory and investment management fees .....	<b>2i(5)</b>	139685	
<b>(6)</b> Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	9626	
<b>(7)</b> Actuarial fees .....	<b>2i(7)</b>	29111	
<b>(8)</b> Legal fees .....	<b>2i(8)</b>		
<b>(9)</b> Valuation/appraisal fees .....	<b>2i(9)</b>		
<b>(10)</b> Other trustee fees and expenses .....	<b>2i(10)</b>		
<b>(11)</b> Other expenses .....	<b>2i(11)</b>	189272	
<b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		367694
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1645257

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		820449
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan .....	<b>2l(1)</b>		
<b>(2)</b> From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **YOUNT, HYDE & BARBOUR, P.C.**

(2) EIN: **54-1149263**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 508667.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF NATIONAL FRUIT PRODUCT COMPANY, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL FRUIT PRODUCT CO., INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>54-0315385</u>	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	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): 75-3182674

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	28
--	---	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

**Winchester, Virginia**

**FINANCIAL REPORT**

**June 30, 2024**

## **C O N T E N T S**

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of  
Pension Plan for Employees of  
National Fruit Product Company, Inc.  
Winchester, Virginia

### *Scope and Nature of the ERISA Section 103(a)(3)(c) Audit*

We have performed audits of the financial statements of the Pension Plan for Employees of National Fruit Product Company, Inc. (the Plan), an employee benefit plan subject to 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 June 30, 2024 and 2023 and statements of accumulated plan benefits as of July 1, 2023 and 2022, and the related statements of changes in net assets available for benefits for the year ended June 30, 2024 and 2023 and statement of changes in accumulated plan benefits for the year ended July 1, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 June 30, 2024 and 2023 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.

- 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 the financial statements are issued or available to be issued.

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

### ***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 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 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.

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

The supplemental schedule of assets (held at end of year) as of June 30, 2024 and schedule of reportable transactions for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental 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).

*Yount, Hyde & Barbour, P.C.*

Winchester, Virginia

April 14, 2025

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

**Statements of Net Assets Available for Benefits**  
June 30, 2024 and 2023

<b>Assets</b>	<b>2024</b>	<b>2023</b>
<b>Cash and cash equivalents</b>	\$ 453,934	\$ 794,112
<b>Investments, at fair value</b>	16,133,088	15,084,748
<b>Receivables, employer contribution</b>	<u>247,162</u>	<u>134,875</u>
Total assets	<u>16,834,184</u>	<u>16,013,735</u>
 <b>Liabilities</b>		
Due to Profit Sharing Plan of National Fruit Product Co. Inc.	<u>88,856</u>	<u>88,856</u>
 <b>Net assets available for benefits</b>	<u>\$ 16,745,328</u>	<u>\$ 15,924,879</u>

See Notes to Financial Statements.

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

**Statements of Changes in Net Assets Available for Benefits**  
For the Year Ended June 30, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>Investment income:</b>		
Net appreciation in fair value of investments	\$ 1,621,188	\$ 1,794,260
Dividends	304,453	319,684
Interest	16,778	15,279
	1,942,419	2,129,223
 <b>Contributions, employer</b>	 523,287	 382,440
Total additions	2,465,706	2,511,663
 <b>Deductions:</b>		
Benefits paid directly to participants	1,277,563	1,176,922
Administrative expenses	178,422	256,015
PBGC premiums	189,272	341,320
Total deductions	1,645,257	1,774,257
Net increase	820,449	737,406
 <b>Net assets available for benefits:</b>		
Beginning of year	15,924,879	15,187,473
End of year	\$ 16,745,328	\$ 15,924,879

See Notes to Financial Statements.

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

**Statements of Accumulated Plan Benefits**

July 1, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 9,539,891	\$ 9,871,177
Other vested benefits	<u>3,952,792</u>	<u>3,874,414</u>
	13,492,683	13,745,591
Nonvested benefits	<u>- -</u>	<u>- -</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 13,492,683</u>	<u>\$ 13,745,591</u>

See Notes to Financial Statements.

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

**Statement of Changes in Accumulated Plan Benefits**  
For the Year Ended July 1, 2023

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 13,745,591</u>
Increase (decrease) during the year attributable to:	
Benefits paid	(1,176,922)
Interest due to decrease in the discount period	920,999
Assumption changes	<u>3,015</u>
Net decrease	<u>(252,908)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 13,492,683</u>

See Notes to Financial Statements.

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

**Notes to Financial Statements**

**Note 1. Description of Plan**

The following brief description of the Pension Plan for Employees of National Fruit Company, Inc. (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined benefit plan established on June 30, 1955, providing retirement, disability and death benefits to eligible employees. The Plan sponsor is National Fruit Product Company, Inc. (the Company) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan included all salaried and hourly employees who had reached 21 years of age and completed a minimum of 12 months of service with the Company. Participants could the Plan on the nearest eligibility date coinciding with or following completion of eligibility requirements, and were 100 percent vested after five years of service. A participant was eligible for normal retirement benefits on the first of the month coinciding with or next following the participant's 65<sup>th</sup> birthday. A description of the Plan is included in the Summary Plan Description, which is given to each participant upon entry into the Plan. In addition, benefits are discussed in the annual report, which is available to all participants upon request.

Effective June 30, 2007, the Board of directors of the Company elected to "freeze" the Plan. After that date, no new employees will enter the Plan.

Effective August 1, 2007, the Board of Directors elected to "freeze" the benefit accruals of salaried employees. Effective February 11, 2008, the Board of Directors also elected to "freeze" benefit accruals of hourly employees. After these dates, no additional benefits will be earned (or accrued) by current plan participants.

**Pension Benefits**

Employees are entitled to annual pension benefits beginning at the normal retirement age (65). The benefit amount is based on length of service and compensation. The Plan permits early retirement at age 55 with ten years of vesting service. Benefit payments may be paid in the form of an annuity payable monthly or a lump sum payment. Prior to January 1, 2024, participants were paid out in a lump sum if benefits were \$5,000 or less. Effective January 1, 2024, the Plan was amended to increase the amount to \$7,000. The types of annuities offered include single, joint and survivor.

**Death and Disability Benefits**

If a vested participant who is married dies after the earliest retirement age but before his or her annuity starting date, the participant's surviving spouse will receive the same benefit that would have been payable if the participant had retired with an immediate joint and survivor spouse annuity on the day before his or her death.

## Notes to Financial Statements

If a vested participant who is married dies on or before the earliest retirement age, but before his or her annuity starting date, the participant's surviving spouse will receive the same benefit that would have been payable if the participant has survived to his or her earliest retirement age.

If the participant dies before distribution of his or her interest commences, any benefits payable because of the participant's death will be distributed to the participant's surviving spouse under the form in which the participant's benefits were being paid. If the participant's spouse is not the beneficiary, the method of distribution must satisfy the incidental death benefit requirements.

Active hourly employees with ten or more years of continuous service who become disabled by reason of bodily injury or disease and are unable to meet the requirements of their position with the employer for at least six months, are eligible to receive retirement benefits based on credited service as of normal retirement date. The participants will continue to be credited with hours of service and years of benefit until their normal retirement date and final average compensation will continue to be the same as at the date they become disabled.

### **Note 2. Summary of Accounting Policies**

#### **Basis of Accounting**

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

#### **Use of Estimates**

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

#### **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Management determines the Plan's valuation policies utilizing information provided by the investment advisors and trustees. See Note 6 for discussion of fair value measurements.

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

## **Notes to Financial Statements**

### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Under the Plan, benefits for salaried employees are based on an employee's average of the five consecutive years of earnings, which produce the highest average. Benefits for hourly employees are based on years of credited service multiplied by amounts ranging from \$10.50 to \$16.75 based on the date of termination. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of July 1, 2023 and 2022 were: (a) life expectancy of participants based on the Pre-2012 Blue Collar Mortality Table with generational improvement at scale MP-2021, (b) retirement age assumptions (the average retirement age of 62 was used), (c) investment returns of 7.0%. The interest rates used to discount the obligation for 2024 and 2023 were 7.00%.

The foregoing 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.

### **Contributions Receivable**

Contributions from the Company are accrued based upon amounts required to be funded under the provisions of ERISA for the Plan year. Contribution receivable for the years ended June 30, 2024 and 2023 were \$247,162 and \$134,875, respectively.

### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

### **Expenses**

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

## Notes to Financial Statements

### Note 3. Funding Policy

The Plan's funding policy is for the Company to contribute amounts necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The contributions of the Company are designed to fund the Plan's current service costs on a current basis and to fund over 10 years and unfunded past service costs or the net actuarial deficiency. The yield on investments of the Plan serves to reduce the future defined level of benefits under the Plan.

Due to the shortfall in funds, the Plan pays certain insurance premiums to the Pension Benefit Guaranty Corporation (PBGC). These amounts were \$189,272 and \$341,320 for the years ended June 30, 2024 and 2023, respectively.

### Note 4. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (a U.S. Government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC when the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

## Notes to Financial Statements

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

### Note 5. Information Certified and Provided by Matrix Trust Company

Certain information related to cash, cash equivalents, and investments disclosed in the accompanying financial statements and supplemental schedules, including cash, cash equivalents, and investments held at June 30, 2024 and 2023 and net appreciation in fair value of the investments, dividends, and interest for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Matrix Trust Company, the trustee of the Plan.

### Note 6. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

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Level 2                      Inputs to the valuation methodology include:

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

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

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Level 3                      Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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## Notes to Financial Statements

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The 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 June 30, 2024 and 2023.

*Common Stock and Exchange Traded Funds:* Valued at the closing price reported in the active market in which the individual security is traded.

*Collective Trust:* Valued at net asset value (NAV). The NAV as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023, respectively:

	Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Common stock	\$ 15,265,407	\$ --	\$ --	\$ 15,265,407
Exchange traded funds	856,649	-	-	856,649
Investments measured at the net asset value *	--	--	--	11,032
Total assets at fair value	\$ 16,122,056	\$ --	\$ --	\$ 16,133,088
	Assets at Fair Value as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
Common stock	\$ 15,048,350	\$ --	\$ --	\$ 15,048,350
Investments measured at the net asset value *	--	--	--	36,398
Total assets at fair value	\$ 15,048,350	\$ --	\$ --	\$ 15,084,748

\* In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value to another.

## Notes to Financial Statements

Plan management evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended June 30, 2024 and 2023, there were no significant transfers in or out of different levels.

### Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2024 and 2023, respectively:

June 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective Trust	\$ 11,032	n/a	Daily	n/a

June 30, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective Trust	\$ 36,398	n/a	Daily	n/a

### Note 7. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) stating that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

### Note 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 such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

## Notes to Financial Statements

### **Note 9. Related-Party Transactions and Party-In-Interest Transactions**

Certain plan investments are managed by Matrix Trust Company. Matrix Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Third party administrator and actuarial services are performed by CBIZ Retirement Plan Services (CBIZ). Therefore, amounts paid to CBIZ by the Plan qualify as party-in-interest transactions. These fees are included as a component of administrative expenses on the Statement of Changes in Net Assets Available for Benefits for the years ended June 30, 2024 and 2023.

The Plan's audit services are performed by Yount, Hyde & Barbour, P.C and investment advisory services are performed by Wells Fargo Advisors. Therefore, these transactions qualify as party-in-interest transactions. These fees are included as a component of administrative expenses on the Statement of Changes in Net Assets Available for Benefits for the years ended June 30, 2024 and 2023.

At June 30, 2024 and 2023, the Plan owed \$88,856 to the Profit Sharing Plan of National Fruit Product Co., due to deposits and withdrawals performed by the trustee from the wrong plan account in a prior year.

### **Note 10. Subsequent Events**

The Plan has evaluated subsequent events through April 14, 2025, the date the financial statements were available to be issued.

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC**

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

EIN: 54-0315385 Plan No. 001

June 30, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>Cash and Cash Equivalents:</b>			
Wells Fargo Bank	Interest bearing	\$ 453,934	\$ 453,934
<b>Common Stock:</b>			
Abbott Laboratories	1,004 Shares	82,132	104,326
Abbvie Inc	97 Shares	8,778	16,637
Accenture PLC	488 Shares	62,229	148,064
Acushnet Holdings Corp	1,674 Shares	52,568	106,266
Aflac Inc	1,365 Shares	77,133	121,908
Air Products & Chemicals Inc	589 Shares	132,747	151,991
Alexandria Real Estate	18 Shares	2,000	2,105
Alphabet Inc CL A	959 Shares	41,275	174,682
Amazon Com Inc	2,500 Shares	50,919	483,125
American Express Co.	66 Shares	10,506	15,282
American International Group	354 Shares	16,664	26,281
American Tower REIT Inc	298 Shares	56,384	57,925
American Water Works Co Inc	666 Shares	77,579	86,021
Amgen Inc	442 Shares	77,417	138,103
Analog Devices Inc	768 Shares	94,177	175,304
Apollo Global Management Inc	989 Shares	51,186	116,771
Apple Inc	2,128 Shares	59,033	448,199
Ares Management Corp	47 Shares	6,516	6,264
Arthur J Gallagher	28 Shares	5,708	7,261
Artisan Partners Asset Manag	1,562 Shares	68,026	64,464
Aspen Technology Inc New Com	214 Shares	22,556	42,507
Astrazeneca Plc Sponsored ADR	495 Shares	32,717	38,605
Atmos Energy Corp	686 Shares	77,319	80,022
Atrion Corporation	41 Shares	28,256	18,550
Automatic Data Processing	470 Shares	77,458	112,184
Avalonbay Communities Inc.	334 Shares	56,610	69,101
Bancfirst Corp	535 Shares	49,947	46,920
Bank Of America Corp	565 Shares	17,161	22,470
Becton Dickinson & Co	759 Shares	182,544	177,386
BlackRock 2001 Term Tr Inc	176 Shares	85,768	138,568
Blackstone Inc	34 Shares	4,291	4,209
Bristol-Myers Squibb Co	301 Shares	19,150	12,501
Broadcom Ltd	120 Shares	91,541	192,664
Broadridge Financial Solutions	587 Shares	77,565	115,639
Brown & Brown Inc	2,214 Shares	77,492	197,954
Brown Forman Corp CL B	1,383 Shares	77,507	59,732
Capital One Financial Corp Com	423 Shares	43,241	58,564
Cencora Inc	893 Shares	82,161	201,193
Charles Schwab Corporation	240 Shares	14,104	17,686
Chevron Corp	127 Shares	17,781	19,865
Chubb Ltd	557 Shares	84,581	142,080

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

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

(Continued)

EIN: 54-0315385 Plan No. 001

June 30, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>Common Stock (continued):</b>			
Church & Dwight	414 Shares	\$ 29,961	\$ 42,924
Cigna Group	29 Shares	7,232	9,587
Cintas Corp	177 Shares	69,893	123,946
Cisco Systems Inc	1,340 Shares	77,393	63,663
Clearwater Analytics Hds-A	2,416 Shares	51,152	44,744
CME Group Inc	40 Shares	7,108	7,864
Cms Energy Corp	1,405 Shares	82,311	83,640
Coca-Cola Company	1,197 Shares	65,766	76,189
Colgate-Palmolive	1,044 Shares	77,366	101,310
Comcast Corp Cl A	4,796 Shares	170,374	187,811
Commerce Bancshares	1,664 Shares	77,155	92,818
Conocophillips	206 Shares	21,167	23,562
Corning Inc	186 Shares	6,795	7,226
Corvel Corp	342 Shares	60,393	86,960
Costco Wholesale Corp-New	276 Shares	77,247	234,597
CVS Health Corp	72 Shares	4,860	4,252
Deere & Co.	35 Shares	12,840	13,077
Diageo Plc Sposored Adr New	396 Shares	66,304	49,928
Disney Walt Co	288 Shares	29,144	28,596
Dominion Energy Inc	156 Shares	7,731	7,644
Donaldson Inc	456 Shares	12,928	32,631
Dover Corp	77 Shares	10,533	13,895
DTE Energy Co	290 Shares	30,526	32,193
Eaton Corp PLC	40 Shares	4,716	12,542
Ecolab Inc	390 Shares	77,534	92,820
Edison Intl	451 Shares	31,356	32,386
Eli Lilly & Company	6 Shares	667	5,432
Emcor Group Inc	647 Shares	43,903	236,207
Emerson Electric Co	1,181 Shares	77,458	130,099
Enbridge Inc	2,491 Shares	98,764	88,655
Eog Resources Inc	112 Shares	12,491	14,097
EQT Corp	415 Shares	14,701	15,347
Exxon-Mobil Corporation	1,030 Shares	100,984	118,574
Factset Resh System Inc.	422 Shares	106,340	172,290
Federal Realty Invt Tr	589 Shares	77,396	59,471
First Hawaiian Inc	3,235 Shares	75,924	67,159
Freeport-Mcmoran Inc	657 Shares	19,113	31,930
Fti Consulting Inc	808 Shares	85,089	174,148
General Dynamics Corp	476 Shares	90,024	138,107
General Motors Co	517 Shares	19,096	24,020
Gilead Sciences Inc	468 Shares	36,541	32,109
Graco Inc	1,129 Shares	33,528	89,507
Grainger W W	286 Shares	77,225	258,041
Haleon Plc Spon Ads	4,001 Shares	33,430	33,048
Hartford Financial Services Group	64 Shares	4,398	6,435
Henry Jack & Assoc Inc	765 Shares	89,633	127,005
Hershey Co	34 Shares	6,965	6,250
Home Depot Incorporated	544 Shares	112,809	187,267
Honeywell International	439 Shares	77,330	93,744

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

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

(Continued)

EIN: 54-0315385 Plan No. 001

June 30, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>Common Stock (Continued):</b>			
Illinois Tool Works Inc.	510 Shares	\$ 77,212	\$ 120,850
Intel Corporation	1,038 Shares	36,905	32,147
Intercontinental Exchange Inc	819 Shares	76,930	112,113
Intl Business Machines Inc	25 Shares	3,221	4,324
Johnson & Johnson	1,000 Shares	136,926	146,160
JPMorgan Chase & Co	478 Shares	54,230	96,680
K Force Inc	544 Shares	33,516	33,799
Kadant Inc	316 Shares	82,706	92,834
Kenvue Inc	1,855 Shares	36,617	33,724
L3Harris Technologies Inc	396 Shares	77,515	88,934
Landstar System	520 Shares	88,610	95,930
LCI Industries	479 Shares	66,631	49,519
Linde PLC	595 Shares	127,586	261,092
Lockheed Martin Corp	80 Shares	29,846	37,368
Lowes Co Inc	772 Shares	88,380	170,195
Manhattan Assoc. Inc.	304 Shares	22,421	74,991
Marsh & McLennan Inc.	19 Shares	1,532	4,004
Mastercard Inc A	200 Shares	15,033	88,232
McCormick & Co Inc	1,000 Shares	30,138	70,940
Mcdonalds Corp	405 Shares	84,417	103,210
Medtronic PLC	878 Shares	85,490	69,107
Merck & Company Inc	541 Shares	39,387	66,976
Meta Platforms Inc	95 Shares	44,373	47,901
Metlife Inc	709 Shares	36,932	49,765
Microchip Technology	74 Shares	6,719	6,771
Microsoft Corporation	929 Shares	95,408	415,217
Moelis & Co	1,545 Shares	69,516	87,849
Mondelez International Inc	1,892 Shares	102,443	123,812
Morgan Stanley	184 Shares	15,676	17,883
Nestle SA Sponsored ADR Registered	1,012 Shares	100,512	103,679
New Jersey Resources Corp	1,555 Shares	77,497	66,461
Nextera Energy Inc	1,636 Shares	81,474	115,845
Nike Inc.	871 Shares	77,419	65,647
Norfolk Southern Co.	73 Shares	15,539	15,672
Northrop Grumman Corp	112 Shares	45,525	48,826
NXP Semiconductors Nv	31 Shares	5,611	8,342
Oracle Corp	525 Shares	39,589	74,130
Parker Hannifin Corp	165 Shares	84,664	83,459
Paychex Inc	908 Shares	77,652	107,652
Pepsico Inc	627 Shares	82,279	103,411
Pfizer Incorporated	147 Shares	5,551	4,113
Philip Morris International	159 Shares	14,510	16,111
Phillips 66	771 Shares	77,553	108,842
Pnc Financial Svc Group	312 Shares	47,711	48,510
PPG Industries Inc	1,142 Shares	132,638	143,766

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

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

(Continued)

EIN: 54-0315385 Plan No. 001

June 30, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>Common Stock (continued):</b>			
Primerica Inc	646 Shares	\$ 35,662	\$ 152,831
Procter & Gamble Co	1,115 Shares	130,061	183,886
Progressive Corp	30 Shares	3,886	6,231
Prologis Inc	639 Shares	75,187	71,766
Public Service Enterprise Group Inc.	92 Shares	5,448	6,780
Public Storage	122 Shares	33,466	35,093
RBC Bearings Inc	314 Shares	25,000	84,711
Realty Income Corp	1,099 Shares	75,088	58,049
Republic Svcs Inc	30 Shares	4,230	5,830
Rightmove PLC-Unsp ADR	4,949 Shares	62,332	67,999
Rli Corp.	392 Shares	30,363	55,150
RTX Corp	675 Shares	57,039	67,763
S&P Global Inc	323 Shares	77,689	144,058
Sap Aktiengesellschaft Adr	305 Shares	28,641	61,522
Seagate Technology	75 Shares	4,927	7,745
Sempra	1,329 Shares	92,817	101,084
Sherwin Williams	180 Shares	29,730	53,717
Simpson Mfg. Co. Inc.	1,054 Shares	94,443	177,630
Starbucks Corp.	865 Shares	77,535	67,340
Stryker Corporation	450 Shares	68,840	153,113
Sysco Corp	98 Shares	6,927	6,996
T-Mobile US Inc	478 Shares	69,821	84,214
T Rowe Price & Assoc Inc	702 Shares	77,430	80,948
Target Corp	342 Shares	77,159	50,630
Texas Instruments Inc	866 Shares	96,159	168,463
Tjx Companies	122 Shares	9,397	13,432
Toro Co	1,113 Shares	69,466	104,076
Tractor Supply Co	400 Shares	69,799	108,000
Travelers Cos Inc	410 Shares	60,859	83,369
Truist Financial Corp	221 Shares	8,380	8,586
UFP Industries Inc	777 Shares	78,135	87,024
Union Pacific Corp.	498 Shares	76,342	112,677
United Parcel Service	331 Shares	55,236	45,297
Unitedhealth Group Inc	452 Shares	116,125	230,186
US Bancorp - Del	168 Shares	7,596	6,670
Ventas Inc	64 Shares	2,732	3,281
Verizon Communications	129 Shares	6,111	5,320
Visa Inc Class A Shares	548 Shares	121,048	143,834
Vulcan Mats Co	309 Shares	46,623	76,842
Walmart Inc	2,251 Shares	88,314	152,415
Waste Management Inc	254 Shares	23,735	54,188
Watts Water Technologies-A	511 Shares	57,336	93,702

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

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

(Continued)

EIN: 54-0315385 Plan No. 001

June 30, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>Common Stock (continued):</b>			
WEC Energy Group Inc	907 Shares	\$ 77,583	\$ 71,163
Wells Fargo & Co New	453 Shares	19,754	26,904
Williams Co.	2,529 Shares	76,627	107,483
Xcel Energy Inc	122 Shares	7,813	6,517
Xylem	946 Shares	78,018	128,306
Zoetis Inc	523 Shares	<u>69,896</u>	<u>90,667</u>
		<u>9,915,166</u>	<u>15,265,407</u>
<b>Collective Trust:</b>			
Global Allocation Fund C1 O	305 Shares	<u>10,912</u>	<u>11,032</u>
<b>Exchange Traded Funds:</b>			
Invesco QQQ Trust Series 1	1,788 Shares	<u>720,828</u>	<u>856,649</u>
Total assets held for investment purposes		<u>\$ 11,100,840</u>	<u>\$ 16,587,022</u>

The above information has been certified by Matrix Trust Company, the trustee, as complete and accurate.

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

**Schedule H, Line 4j - Schedule of Reportable Transactions**

EIN: 54-0315385 Plan No. 001

For the Year Ended June 30, 2024

<b>Identity of Party Involved</b>	<b>Description of Asset (include interest rate and maturity in case of a loan)</b>	<b>Number of Transactions</b>	<b>Purchase Price</b>	<b>Selling Price</b>	<b>Cost of Asset</b>	<b>Current Value of Asset on Transaction Date</b>	<b>Net Gain (Loss)</b>
<b>Purchases:</b>							
Global Allocation Fund CIO	28,524 shares	22	\$ 944,346	N/A	N/A	\$ 944,346	N/A
<b>Sales:</b>							
Global Allocation Fund CIO	29,351 shares	38	N/A	\$ 983,745	\$ 968,905	\$ 983,745	\$ 14,840

The above information has been certified by Matrix Trust Company, the trustee, as complete and accurate .

Schedule SB, line 26a - Schedule of Active Participant Data

EIN/PN: 54-0315385 / 001

**Pension Plan for Employees of  
National Fruit Product Company, Inc.  
Actuarial Report for the Plan Year Beginning July 1, 2023**

Summary of Active Participant Data

Years of Service

Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total
	Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.				
	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.			
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
40 to 44	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
45 to 49	0	0	3	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	6
50 to 54	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3
55 to 59	0	0	1	0	4	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	7
60 to 64	0	0	1	0	2	0	1	0	2	0	7	0	1	0	0	0	0	0	0	0	14
65 to 69	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	3
70 & up	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2
Total	0		11		11		4		2		11		2		0		0		0		41

**Pension Plan for Employees of  
National Fruit Product Company, Inc.  
Actuarial Report for the Plan Year Beginning July 1, 2023**

---

Summary of Principal Actuarial Assumptions

Funding Method: Traditional Unit Credit

Actuarial Assumptions:

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment rates (4 month lookback)

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First Segment	2.50%	4.75%
Second Segment	3.83%	5.00%
Third Segment	4.06%	5.74%

Mortality: 2023 Static Mortality for non-annuitants

Turnover: The current assumption has been selected based on an analysis of turnover experience as of July 1, 2021.

Hourly Employees: T5 table

Salaried Employees: T3 table

Salary Scale: N/A

Retirement Rates: Active and Vested Terminated retirement rates were based on an analysis of retiree experience as of July 1, 2021.

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55	17%	63	15%
56	7%	64	4%
57	5%	65	50%
58	3%	66	25%
59	5%	67	25%
60	8%	68	25%
61	8%	69	25%
62	20%	70	100%

**Pension Plan for Employees of  
National Fruit Product Company, Inc.  
Actuarial Report for the Plan Year Beginning July 1, 2023**

---

Summary of Principal Actuarial Assumptions

Post-retirement for Retirement Benefits:

Investment Return - Segment rates (4 month lookback)

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First Segment	2.50%	4.75%
Second Segment	3.83%	5.00%
Third Segment	4.06%	5.74%

Mortality: 2023 Static Mortality for annuitants

Plan Expenses: Equal to prior year's actual non-investment related expenses, rounded to the nearest \$1,000.

Assumed Earnings Rate: 7.00%  
The return assumption is set taking into account the Plan's investment allocation.

Actuarial Value of Assets: 24 month average limited by 90%/110% corridor

Assumed Form of Payment: Payment election rates are based on the election rates of the retiree population as of July 1, 2021.

<u>Optional Form</u>	<u>Rate</u>
Life annuity	55%
10-year certain and life annuity	10%
Joint & 50% survivor annuity	15%
Joint & 75% survivor annuity	5%
Joint & 100% survivor annuity	15%

Marriage Rates: 85% of participants are assumed married. Males are assumed to be three years older than females.

Effective Rate of Interest: 5.18%

Assumption Changes: In accordance with federal law, the discount rates for funding purposes were updated from the discount rates disclosed in the 2022 Actuarial Valuation Report to the discount rates shown above.  
The funding mortality table was changed from the IRS 2022 Static Mortality Table to the IRS 2023 Static Mortality Table.

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

**Schedule H, Line 4j - Schedule of Reportable Transactions**

EIN: 54-0315385 Plan No. 001

For the Year Ended June 30, 2024

<b>Identity of Party Involved</b>	<b>Description of Asset (include interest rate and maturity in case of a loan)</b>	<b>Number of Transactions</b>	<b>Purchase Price</b>	<b>Selling Price</b>	<b>Cost of Asset</b>	<b>Current Value of Asset on Transaction Date</b>	<b>Net Gain (Loss)</b>
<b>Purchases:</b>							
Global Allocation Fund CIO	28,524 shares	22	\$ 944,346	N/A	N/A	\$ 944,346	N/A
<b>Sales:</b>							
Global Allocation Fund CIO	29,351 shares	38	N/A	\$ 983,745	\$ 968,905	\$ 983,745	\$ 14,840

The above information has been certified by Matrix Trust Company, the trustee, as complete and accurate .

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

► **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.

<b>A</b> Name of plan PENSION PLAN FOR EMPLOYEES OF NATIONAL FRUIT PRODUCT COMPANY, INC.	<b>B</b> Three-digit plan number (PN)	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  NATIONAL FRUIT PRODUCT CO., INC.	<b>D</b> Employer Identification Number (EIN)  54-0315385	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>			
<b>2</b>	Assets:			
	<b>a</b> Market value.....	<b>2a</b>		15,922,478
	<b>b</b> Actuarial value.....	<b>2b</b>		16,092,927
<b>3</b>	Funding target/participant count breakdown			
		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	368	11,285,207	11,285,207
	<b>b</b> For terminated vested participants.....	152	3,276,251	3,276,251
	<b>c</b> For active participants.....	41	1,687,472	1,687,472
	<b>d</b> Total.....	561	16,248,930	16,248,930
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b): <input type="checkbox"/>			
	<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
	<b>b</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.....	<b>4b</b>		
<b>5</b>	Effective interest rate.....			5.18%
<b>6</b>	Target normal cost			
	<b>a</b> Present value of current plan year accruals.....	<b>6a</b>		0
	<b>b</b> Expected plan-related expenses.....	<b>6b</b>		451,000
	<b>c</b> Target normal cost.....	<b>6c</b>		451,000

**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.

<b>SIGN HERE</b>	MICHAEL J. WHITTLE, JR. <i>MJW</i> Signature of actuary	<u>03/17/2025</u> Date 2308339 Most recent enrollment number 800-624-0954 Telephone number (including area code)
	MICHAEL J. WHITTLE, JR. Type or print name of actuary	
	CBIZ Firm name	
	44 BALTIMORE ST CUMBERLAND MD 21502 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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

**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**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	451,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	156,003	44,520
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	495,520
--	-----------	---------

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0

<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	495,520
--	-----------	---------

<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	495,520
--	-----------	---------

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	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, line 19 - Discounted Employer Contributions**

EIN: 54-0315385

PN: 001

Plan Name: Pension Plan for Employees of National Fruit Product Company, Inc.

Deposit Date	Due Date	Days Late	Contribution Amount	Applied to Plan Year	Effective Interest Rate	Effective Interest Rate Late Payment	Interest Adjusted Contribution
11/15/2023	10/15/2023	31	91,368	2023	5.18%	10.18%	89,299
11/15/2023	1/15/2024		632	2023	5.18%		620
2/14/2024	1/15/2024	30	90,731	2023	5.18%	10.18%	87,578
2/14/2024	4/15/2024		1,269	2023	5.18%		1,230
3/15/2024	4/15/2024		125	2023	5.18%		121
5/15/2024	4/15/2024	30	89,962	2023	5.18%	10.18%	85,750
5/15/2024	7/15/2024		2,038	2023	5.18%		1,950
8/14/2024	7/15/2024	30	89,313	2023	5.18%	10.18%	84,066
8/14/2024	8/14/2024		2,687	2023	5.18%		2,539
3/14/2025	3/14/2025		155,162	2023	5.18%		142,367
TOTAL			<u>\$523,287</u>				<u>\$495,520</u>

**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

EIN: 54-0315385  
 PN: 001  
 Plan Name: Pension Plan for Employees of National Fruit Product Company, Inc.

<u>Age</u>	<u>Retirement Rate</u>	<u>Retirement Probability</u>	<u>Weighted Age</u>
55	17.00%	0.17	9.35
56	7.00%	0.06	3.25
57	5.00%	0.04	2.20
58	3.00%	0.02	1.28
59	5.00%	0.04	2.10
60	8.00%	0.05	3.24
61	8.00%	0.05	3.03
62	20.00%	0.11	7.09
63	15.00%	0.07	4.32
64	4.00%	0.02	1.00
65	50.00%	0.19	12.13
66	25.00%	0.05	3.08
67	25.00%	0.04	2.35
68	25.00%	0.03	1.79
69	25.00%	0.02	1.36
70	100.00%	0.06	4.13
Total		1.0000	61.71
			62

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

EIN/PN: 54-0315385 / 001

## **Pension Plan for Employees of National Fruit Product Company, Inc. Actuarial Report for the Plan Year Beginning July 1, 2023**

---

**Summary of Principal Actuarial Assumptions**

Funding Method: Traditional Unit Credit

Actuarial Assumptions:

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment rates (4 month lookback)

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First Segment	2.50%	4.75%
Second Segment	3.83%	5.00%
Third Segment	4.06%	5.74%

Mortality: 2023 Static Mortality for non-annuitants

Turnover: The current assumption has been selected based on an analysis of turnover experience as of July 1, 2021.

Hourly Employees: T5 table

Salaried Employees: T3 table

Salary Scale: N/A

Retirement Rates: Active and Vested Terminated retirement rates were based on an analysis of retiree experience as of July 1, 2021.

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55	17%	63	15%
56	7%	64	4%
57	5%	65	50%
58	3%	66	25%
59	5%	67	25%
60	8%	68	25%
61	8%	69	25%
62	20%	70	100%

**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

EIN/PN: 54-0315385 / 001

## **Pension Plan for Employees of National Fruit Product Company, Inc. Actuarial Report for the Plan Year Beginning July 1, 2023**

---

**Summary of Principal Actuarial Assumptions**

Post-retirement for Retirement Benefits:

Investment Return - Segment rates (4 month lookback)

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First Segment	2.50%	4.75%
Second Segment	3.83%	5.00%
Third Segment	4.06%	5.74%

Mortality: 2023 Static Mortality for annuitants

Plan Expenses: Equal to prior year's actual non-investment related expenses, rounded to the nearest \$1,000.

Assumed Earnings Rate: 7.00%

The return assumption is set taking into account the Plan's investment allocation.

Actuarial Value of Assets: 24 month average limited by 90%/110% corridor

Assumed Form of Payment: Payment election rates are based on the election rates of the retiree population as of July 1, 2021.

<u>Optional Form</u>	<u>Rate</u>
Life annuity	55%
10-year certain and life annuity	10%
Joint & 50% survivor annuity	15%
Joint & 75% survivor annuity	5%
Joint & 100% survivor annuity	15%

Marriage Rates: 85% of participants are assumed married. Males are assumed to be three years older than females.

Effective Rate of Interest: 5.18%

Assumption Changes: In accordance with federal law, the discount rates for funding purposes were updated from the discount rates disclosed in the 2022 Actuarial Valuation Report to the discount rates shown above.

The funding mortality table was changed from the IRS 2022 Static Mortality Table to the IRS 2023 Static Mortality Table.

**Schedule SB, Part V - Summary of Plan Provisions**

EIN/PN: 54-0315385 / 001

## **Pension Plan for Employees of National Fruit Product Company, Inc. Actuarial Report for the Plan Year Beginning July 1, 2023**

---

**Summary of Principal Plan Provisions**

Effective Date: June 30, 1955

Plan Year: July 1 through June 30

## Eligibility:

Minimum Age: 21

Service: 12 months with the completion of 1,000 hours of service.

Entry Dates\*: The earlier of the first day of the plan year or the first day of the seventh month of such plan year coinciding with or next following the date eligibility requirements were met.

\* Participation was frozen effective August 1, 2007

Normal Retirement Date: A participant shall be eligible for normal retirement benefits on the first of the month coinciding with or next following his 65th birthday.

Early Retirement Date: A participant shall be eligible for early retirement benefits on the first of the month coinciding with or next following his attainment of age 55 with ten years of vesting service.

## Accrued Benefit:

Hourly Employees\*: A monthly benefit commencing at Normal Retirement Date equal to credits divided by 12 times a multiplier from the table:

For dates of termination:

<u>After</u>	<u>Before</u>	<u>Multiplier</u>
7/1/1994	7/1/1996	\$10.50
7/1/1996	7/1/1997	\$11.00
7/1/1997	7/1/1998	\$11.50
7/1/1998	7/1/1999	\$11.75
7/1/1999	7/1/2000	\$12.75
7/1/2000	7/1/2001	\$13.50
7/1/2001	7/1/2002	\$14.25
7/1/2002	7/1/2003	\$15.25
7/1/2003	7/1/2004	\$15.75
7/1/2004	7/1/2005	\$16.25
7/1/2005		\$16.75

\* Benefit accruals frozen (final group frozen effective 2/11/2008)

**Schedule SB, Part V - Summary of Plan Provisions**

EIN/PN: 54-0315385 / 001

## **Pension Plan for Employees of National Fruit Product Company, Inc. Actuarial Report for the Plan Year Beginning July 1, 2023**

---

**Summary of Principal Plan Provisions**

- Salaried Employees\*: A monthly benefit commencing at Normal Retirement Date equal to the sum of:
- A) .75% of the first \$4,200 of Participant's Average Monthly Compensation and 1.25% of Participant's Average Monthly Compensation in excess of \$4,200 for each Plan Year of Service prior to July 1, 1989; plus
  - B) 1.25% of Participant's Average Monthly Compensation for each Plan Year of Service commencing on or after July 1, 1989 and ending on or before June 30, 1993; plus
  - C) 1.40% of Participant's Average Monthly Compensation for each Plan Year of Service commencing on or after July 1, 1993.

The minimum monthly benefit is .75% of five year Average Monthly Compensation times Plan Years of Service.

\* Benefit accruals frozen effective 8/1/2007

**Year of Vesting Service:**

- Hourly Employees: A year of service is credited for each plan year in which the employee completes at least 500 hours of service.
- Salaried Employees: A year of service is credited for each plan year in which the employee completes at least 1,000 hours of service.

Vesting: 100% vesting upon completion of five years of service, or attainment of normal retirement age, if earlier.

Normal Form of Benefit: Life only annuity or actuarially equivalent joint & 50% survivor annuity with spouse.

Compensation: Total compensation for years after 7/1/1993. Prior to 7/1/1993, overtime, commissions and cash profit sharing bonuses were excluded.

Other Benefits: Benefits are payable to or on behalf of vested participants who die prior to retirement and who retire early upon meeting the plan's requirements for early retirement. Participants who continue employment with the company after reaching their normal retirement age will generally accrue additional benefits.

## Schedule SB, line 26a - Schedule of Active Participant Data

EIN/PN: 54-0315385 / 001

**Pension Plan for Employees of  
National Fruit Product Company, Inc.  
Actuarial Report for the Plan Year Beginning July 1, 2023**

---

## Summary of Active Participant Data

## Years of Service

Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total
	Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.				
	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.			
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
40 to 44	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
45 to 49	0	0	3	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	6
50 to 54	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3
55 to 59	0	0	1	0	4	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	7
60 to 64	0	0	1	0	2	0	1	0	2	0	7	0	1	0	0	0	0	0	0	0	14
65 to 69	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	3
70 & up	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2
Total	0		11		11		4		2		11		2		0		0		0		41

**Schedule SB, line 32 - Schedule of Amortization Bases**

EIN: 54-0315385  
 PN: 001  
 Plan Name: Pension Plan for Employees of National Fruit Product Company, Inc.

<b><u>Type of Base</u></b>	<b><u>Present Value of Remaining Installment</u></b>	<b><u>Valuation Date that Base was Established</u></b>	<b><u>Amortization Years Remaining</u></b>	<b><u>Amortization Installment</u></b>
Shortfall	\$2,312,529	7/1/2019	11	\$264,518
Shortfall	(592,933)	7/1/2020	12	(63,571)
Shortfall	(1,445,754)	7/1/2021	13	(146,273)
Shortfall	143,696	7/1/2022	14	13,798
Shortfall	(261,535)	7/1/2023	15	(23,952)
<b>TOTAL</b>	<b><u>\$156,003</u></b>			<b><u>\$44,520</u></b>

**Schedule SB, line 19 - Discounted Employer Contributions**

EIN: 54-0315385

PN: 001

Plan Name: Pension Plan for Employees of National Fruit Product Company, Inc.

Deposit Date	Due Date	Days Late	Contribution Amount	Applied to Plan Year	Effective Interest Rate	Effective Interest Rate Late Payment	Interest Adjusted Contribution
11/15/2023	10/15/2023	31	91,368	2023	5.18%	10.18%	89,299
11/15/2023	1/15/2024		632	2023	5.18%		620
2/14/2024	1/15/2024	30	90,731	2023	5.18%	10.18%	87,578
2/14/2024	4/15/2024		1,269	2023	5.18%		1,230
3/15/2024	4/15/2024		125	2023	5.18%		121
5/15/2024	4/15/2024	30	89,962	2023	5.18%	10.18%	85,750
5/15/2024	7/15/2024		2,038	2023	5.18%		1,950
8/14/2024	7/15/2024	30	89,313	2023	5.18%	10.18%	84,066
8/14/2024	8/14/2024		2,687	2023	5.18%		2,539
3/14/2025	3/14/2025		155,162	2023	5.18%		142,367
TOTAL			<u>\$523,287</u>				<u>\$495,520</u>

**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

EIN: 54-0315385  
PN: 001  
Plan Name: Pension Plan for Employees of National Fruit Product Company, Inc.

<u>Age</u>	<u>Retirement Rate</u>	<u>Retirement Probability</u>	<u>Weighted Age</u>
55	17.00%	0.17	9.35
56	7.00%	0.06	3.25
57	5.00%	0.04	2.20
58	3.00%	0.02	1.28
59	5.00%	0.04	2.10
60	8.00%	0.05	3.24
61	8.00%	0.05	3.03
62	20.00%	0.11	7.09
63	15.00%	0.07	4.32
64	4.00%	0.02	1.00
65	50.00%	0.19	12.13
66	25.00%	0.05	3.08
67	25.00%	0.04	2.35
68	25.00%	0.03	1.79
69	25.00%	0.02	1.36
70	100.00%	0.06	4.13
Total		1.0000	61.71
			62

**Schedule SB, Part V - Summary of Plan Provisions**

EIN/PN: 54-0315385 / 001

**Pension Plan for Employees of  
National Fruit Product Company, Inc.  
Actuarial Report for the Plan Year Beginning July 1, 2023**

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**Summary of Principal Plan Provisions**

Effective Date: June 30, 1955

Plan Year: July 1 through June 30

Eligibility:

Minimum Age: 21

Service: 12 months with the completion of 1,000 hours of service.

Entry Dates\*: The earlier of the first day of the plan year or the first day of the seventh month of such plan year coinciding with or next following the date eligibility requirements were met.

\* Participation was frozen effective August 1, 2007

Normal Retirement Date: A participant shall be eligible for normal retirement benefits on the first of the month coinciding with or next following his 65th birthday.

Early Retirement Date: A participant shall be eligible for early retirement benefits on the first of the month coinciding with or next following his attainment of age 55 with ten years of vesting service.

Accrued Benefit:

Hourly Employees\*: A monthly benefit commencing at Normal Retirement Date equal to credits divided by 12 times a multiplier from the table:

For dates of termination:

<u>After</u>	<u>Before</u>	<u>Multiplier</u>
7/1/1994	7/1/1996	\$10.50
7/1/1996	7/1/1997	\$11.00
7/1/1997	7/1/1998	\$11.50
7/1/1998	7/1/1999	\$11.75
7/1/1999	7/1/2000	\$12.75
7/1/2000	7/1/2001	\$13.50
7/1/2001	7/1/2002	\$14.25
7/1/2002	7/1/2003	\$15.25
7/1/2003	7/1/2004	\$15.75
7/1/2004	7/1/2005	\$16.25
7/1/2005		\$16.75

\* Benefit accruals frozen (final group frozen effective 2/11/2008)

**Pension Plan for Employees of  
National Fruit Product Company, Inc.  
Actuarial Report for the Plan Year Beginning July 1, 2023**

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**Summary of Principal Plan Provisions**

- Salaried Employees\*:
- A monthly benefit commencing at Normal Retirement Date equal to the sum of:
- A) .75% of the first \$4,200 of Participant's Average Monthly Compensation and 1.25% of Participant's Average Monthly Compensation in excess of \$4,200 for each Plan Year of Service prior to July 1, 1989; plus
  - B) 1.25% of Participant's Average Monthly Compensation for each Plan Year of Service commencing on or after July 1, 1989 and ending on or before June 30, 1993; plus
  - C) 1.40% of Participant's Average Monthly Compensation for each Plan Year of Service commencing on or after July 1, 1993.

The minimum monthly benefit is .75% of five year Average Monthly Compensation times Plan Years of Service.

\* Benefit accruals frozen effective 8/1/2007

**Year of Vesting Service:**

- Hourly Employees: A year of service is credited for each plan year in which the employee completes at least 500 hours of service.
- Salaried Employees: A year of service is credited for each plan year in which the employee completes at least 1,000 hours of service.

**Vesting:** 100% vesting upon completion of five years of service, or attainment of normal retirement age, if earlier.

**Normal Form of Benefit:** Life only annuity or actuarially equivalent joint & 50% survivor annuity with spouse.

**Compensation:** Total compensation for years after 7/1/1993. Prior to 7/1/1993, overtime, commissions and cash profit sharing bonuses were excluded.

**Other Benefits:** Benefits are payable to or on behalf of vested participants who die prior to retirement and who retire early upon meeting the plan's requirements for early retirement. Participants who continue employment with the company after reaching their normal retirement age will generally accrue additional benefits.

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC**

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

EIN: 54-0315385 Plan No. 001

June 30, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>Cash and Cash Equivalents:</b>			
Wells Fargo Bank	Interest bearing	\$ 453,934	\$ 453,934
<b>Common Stock:</b>			
Abbott Laboratories	1,004 Shares	82,132	104,326
Abbvie Inc	97 Shares	8,778	16,637
Accenture PLC	488 Shares	62,229	148,064
Acushnet Holdings Corp	1,674 Shares	52,568	106,266
Aflac Inc	1,365 Shares	77,133	121,908
Air Products & Chemicals Inc	589 Shares	132,747	151,991
Alexandria Real Estate	18 Shares	2,000	2,105
Alphabet Inc CL A	959 Shares	41,275	174,682
Amazon Com Inc	2,500 Shares	50,919	483,125
American Express Co.	66 Shares	10,506	15,282
American International Group	354 Shares	16,664	26,281
American Tower REIT Inc	298 Shares	56,384	57,925
American Water Works Co Inc	666 Shares	77,579	86,021
Amgen Inc	442 Shares	77,417	138,103
Analog Devices Inc	768 Shares	94,177	175,304
Apollo Global Management Inc	989 Shares	51,186	116,771
Apple Inc	2,128 Shares	59,033	448,199
Ares Management Corp	47 Shares	6,516	6,264
Arthur J Gallagher	28 Shares	5,708	7,261
Artisan Partners Asset Manag	1,562 Shares	68,026	64,464
Aspen Technology Inc New Com	214 Shares	22,556	42,507
Astrazeneca Plc Sponsored ADR	495 Shares	32,717	38,605
Atmos Energy Corp	686 Shares	77,319	80,022
Atrion Corporation	41 Shares	28,256	18,550
Automatic Data Processing	470 Shares	77,458	112,184
Avalonbay Communities Inc.	334 Shares	56,610	69,101
Bancfirst Corp	535 Shares	49,947	46,920
Bank Of America Corp	565 Shares	17,161	22,470
Becton Dickinson & Co	759 Shares	182,544	177,386
BlackRock 2001 Term Tr Inc	176 Shares	85,768	138,568
Blackstone Inc	34 Shares	4,291	4,209
Bristol-Myers Squibb Co	301 Shares	19,150	12,501
Broadcom Ltd	120 Shares	91,541	192,664
Broadridge Financial Solutions	587 Shares	77,565	115,639
Brown & Brown Inc	2,214 Shares	77,492	197,954
Brown Forman Corp CL B	1,383 Shares	77,507	59,732
Capital One Financial Corp Com	423 Shares	43,241	58,564
Cencora Inc	893 Shares	82,161	201,193
Charles Schwab Corporation	240 Shares	14,104	17,686
Chevron Corp	127 Shares	17,781	19,865
Chubb Ltd	557 Shares	84,581	142,080

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

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

(Continued)

EIN: 54-0315385 Plan No. 001

June 30, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>Common Stock (continued):</b>			
Church & Dwight	414 Shares	\$ 29,961	\$ 42,924
Cigna Group	29 Shares	7,232	9,587
Cintas Corp	177 Shares	69,893	123,946
Cisco Systems Inc	1,340 Shares	77,393	63,663
Clearwater Analytics Hds-A	2,416 Shares	51,152	44,744
CME Group Inc	40 Shares	7,108	7,864
Cms Energy Corp	1,405 Shares	82,311	83,640
Coca-Cola Company	1,197 Shares	65,766	76,189
Colgate-Palmolive	1,044 Shares	77,366	101,310
Comcast Corp Cl A	4,796 Shares	170,374	187,811
Commerce Bancshares	1,664 Shares	77,155	92,818
Conocophillips	206 Shares	21,167	23,562
Corning Inc	186 Shares	6,795	7,226
Corvel Corp	342 Shares	60,393	86,960
Costco Wholesale Corp-New	276 Shares	77,247	234,597
CVS Health Corp	72 Shares	4,860	4,252
Deere & Co.	35 Shares	12,840	13,077
Diageo Plc Sposored Adr New	396 Shares	66,304	49,928
Disney Walt Co	288 Shares	29,144	28,596
Dominion Energy Inc	156 Shares	7,731	7,644
Donaldson Inc	456 Shares	12,928	32,631
Dover Corp	77 Shares	10,533	13,895
DTE Energy Co	290 Shares	30,526	32,193
Eaton Corp PLC	40 Shares	4,716	12,542
Ecolab Inc	390 Shares	77,534	92,820
Edison Intl	451 Shares	31,356	32,386
Eli Lilly & Company	6 Shares	667	5,432
Emcor Group Inc	647 Shares	43,903	236,207
Emerson Electric Co	1,181 Shares	77,458	130,099
Enbridge Inc	2,491 Shares	98,764	88,655
Eog Resources Inc	112 Shares	12,491	14,097
EQT Corp	415 Shares	14,701	15,347
Exxon-Mobil Corporation	1,030 Shares	100,984	118,574
Factset Resh System Inc.	422 Shares	106,340	172,290
Federal Realty Invt Tr	589 Shares	77,396	59,471
First Hawaiian Inc	3,235 Shares	75,924	67,159
Freeport-Mcmoran Inc	657 Shares	19,113	31,930
Fti Consulting Inc	808 Shares	85,089	174,148
General Dynamics Corp	476 Shares	90,024	138,107
General Motors Co	517 Shares	19,096	24,020
Gilead Sciences Inc	468 Shares	36,541	32,109
Graco Inc	1,129 Shares	33,528	89,507
Grainger W W	286 Shares	77,225	258,041
Haleon Plc Spon Ads	4,001 Shares	33,430	33,048
Hartford Financial Services Group	64 Shares	4,398	6,435
Henry Jack & Assoc Inc	765 Shares	89,633	127,005
Hershey Co	34 Shares	6,965	6,250
Home Depot Incorporated	544 Shares	112,809	187,267
Honeywell International	439 Shares	77,330	93,744

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

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

(Continued)

EIN: 54-0315385 Plan No. 001

June 30, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>Common Stock (Continued):</b>			
Illinois Tool Works Inc.	510 Shares	\$ 77,212	\$ 120,850
Intel Corporation	1,038 Shares	36,905	32,147
Intercontinental Exchange Inc	819 Shares	76,930	112,113
Intl Business Machines Inc	25 Shares	3,221	4,324
Johnson & Johnson	1,000 Shares	136,926	146,160
JPMorgan Chase & Co	478 Shares	54,230	96,680
K Force Inc	544 Shares	33,516	33,799
Kadant Inc	316 Shares	82,706	92,834
Kenvue Inc	1,855 Shares	36,617	33,724
L3Harris Technologies Inc	396 Shares	77,515	88,934
Landstar System	520 Shares	88,610	95,930
LCI Industries	479 Shares	66,631	49,519
Linde PLC	595 Shares	127,586	261,092
Lockheed Martin Corp	80 Shares	29,846	37,368
Lowes Co Inc	772 Shares	88,380	170,195
Manhattan Assoc. Inc.	304 Shares	22,421	74,991
Marsh & McLennan Inc.	19 Shares	1,532	4,004
Mastercard Inc A	200 Shares	15,033	88,232
McCormick & Co Inc	1,000 Shares	30,138	70,940
Mcdonalds Corp	405 Shares	84,417	103,210
Medtronic PLC	878 Shares	85,490	69,107
Merck & Company Inc	541 Shares	39,387	66,976
Meta Platforms Inc	95 Shares	44,373	47,901
Metlife Inc	709 Shares	36,932	49,765
Microchip Technology	74 Shares	6,719	6,771
Microsoft Corporation	929 Shares	95,408	415,217
Moelis & Co	1,545 Shares	69,516	87,849
Mondelez International Inc	1,892 Shares	102,443	123,812
Morgan Stanley	184 Shares	15,676	17,883
Nestle SA Sponsored ADR Registered	1,012 Shares	100,512	103,679
New Jersey Resources Corp	1,555 Shares	77,497	66,461
Nextera Energy Inc	1,636 Shares	81,474	115,845
Nike Inc.	871 Shares	77,419	65,647
Norfolk Southern Co.	73 Shares	15,539	15,672
Northrop Grumman Corp	112 Shares	45,525	48,826
NXP Semiconductors Nv	31 Shares	5,611	8,342
Oracle Corp	525 Shares	39,589	74,130
Parker Hannifin Corp	165 Shares	84,664	83,459
Paychex Inc	908 Shares	77,652	107,652
Pepsico Inc	627 Shares	82,279	103,411
Pfizer Incorporated	147 Shares	5,551	4,113
Philip Morris International	159 Shares	14,510	16,111
Phillips 66	771 Shares	77,553	108,842
Pnc Financial Svc Group	312 Shares	47,711	48,510
PPG Industries Inc	1,142 Shares	132,638	143,766

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

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

(Continued)

EIN: 54-0315385 Plan No. 001

June 30, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>Common Stock (continued):</b>			
Primerica Inc	646 Shares	\$ 35,662	\$ 152,831
Procter & Gamble Co	1,115 Shares	130,061	183,886
Progressive Corp	30 Shares	3,886	6,231
Prologis Inc	639 Shares	75,187	71,766
Public Service Enterprise Group Inc.	92 Shares	5,448	6,780
Public Storage	122 Shares	33,466	35,093
RBC Bearings Inc	314 Shares	25,000	84,711
Realty Income Corp	1,099 Shares	75,088	58,049
Republic Svcs Inc	30 Shares	4,230	5,830
Rightmove PLC-Unsp ADR	4,949 Shares	62,332	67,999
Rli Corp.	392 Shares	30,363	55,150
RTX Corp	675 Shares	57,039	67,763
S&P Global Inc	323 Shares	77,689	144,058
Sap Aktiengesellschaft Adr	305 Shares	28,641	61,522
Seagate Technology	75 Shares	4,927	7,745
Sempra	1,329 Shares	92,817	101,084
Sherwin Williams	180 Shares	29,730	53,717
Simpson Mfg. Co. Inc.	1,054 Shares	94,443	177,630
Starbucks Corp.	865 Shares	77,535	67,340
Stryker Corporation	450 Shares	68,840	153,113
Sysco Corp	98 Shares	6,927	6,996
T-Mobile US Inc	478 Shares	69,821	84,214
T Rowe Price & Assoc Inc	702 Shares	77,430	80,948
Target Corp	342 Shares	77,159	50,630
Texas Instruments Inc	866 Shares	96,159	168,463
Tjx Companies	122 Shares	9,397	13,432
Toro Co	1,113 Shares	69,466	104,076
Tractor Supply Co	400 Shares	69,799	108,000
Travelers Cos Inc	410 Shares	60,859	83,369
Truist Financial Corp	221 Shares	8,380	8,586
UFP Industries Inc	777 Shares	78,135	87,024
Union Pacific Corp.	498 Shares	76,342	112,677
United Parcel Service	331 Shares	55,236	45,297
Unitedhealth Group Inc	452 Shares	116,125	230,186
US Bancorp - Del	168 Shares	7,596	6,670
Ventas Inc	64 Shares	2,732	3,281
Verizon Communications	129 Shares	6,111	5,320
Visa Inc Class A Shares	548 Shares	121,048	143,834
Vulcan Matls Co	309 Shares	46,623	76,842
Walmart Inc	2,251 Shares	88,314	152,415
Waste Management Inc	254 Shares	23,735	54,188
Watts Water Technologies-A	511 Shares	57,336	93,702

**PENSION PLAN FOR EMPLOYEES OF  
NATIONAL FRUIT PRODUCT COMPANY, INC.**

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

(Continued)

EIN: 54-0315385 Plan No. 001

June 30, 2024

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>Common Stock (continued):</b>			
WEC Energy Group Inc	907 Shares	\$ 77,583	\$ 71,163
Wells Fargo & Co New	453 Shares	19,754	26,904
Williams Co.	2,529 Shares	76,627	107,483
Xcel Energy Inc	122 Shares	7,813	6,517
Xylem	946 Shares	78,018	128,306
Zoetis Inc	523 Shares	<u>69,896</u>	<u>90,667</u>
		<u>9,915,166</u>	<u>15,265,407</u>
<b>Collective Trust:</b>			
Global Allocation Fund C1 O	305 Shares	<u>10,912</u>	<u>11,032</u>
<b>Exchange Traded Funds:</b>			
Invesco QQQ Trust Series 1	1,788 Shares	<u>720,828</u>	<u>856,649</u>
Total assets held for investment purposes		<u>\$ 11,100,840</u>	<u>\$ 16,587,022</u>

The above information has been certified by Matrix Trust Company, the trustee, as complete and accurate.

**Schedule SB, line 32 - Schedule of Amortization Bases**

EIN: 54-0315385  
PN: 001  
Plan Name: Pension Plan for Employees of National Fruit Product Company, Inc.

<b><u>Type of Base</u></b>	<b><u>Present Value of Remaining Installment</u></b>	<b><u>Valuation Date that Base was Established</u></b>	<b><u>Amortization Years Remaining</u></b>	<b><u>Amortization Installment</u></b>
Shortfall	\$2,312,529	7/1/2019	11	\$264,518
Shortfall	(592,933)	7/1/2020	12	(63,571)
Shortfall	(1,445,754)	7/1/2021	13	(146,273)
Shortfall	143,696	7/1/2022	14	13,798
Shortfall	(261,535)	7/1/2023	15	(23,952)
TOTAL	<u>\$156,003</u>			<u>\$44,520</u>