

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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.) ☒ 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: ☒ 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 RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF CHIQUITA BRANDS, L.L.C.
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 04/01/1940
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHIQUITA BRANDS, L.L.C. A SUB OF CHIQUITA BRANDS INTL, INC. DCOTA OFFICE CENTER 1855 GRIFFIN ROAD, SUITE C-436 FORT LAUDERDALE, FL 33004-2275
2b	Employer Identification Number (EIN) 31-1192704
2c	Plan Sponsor's telephone number 954-924-5801
2d	Business code (see instructions) 424400

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/04/2025	ALBERTO ATTAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/04/2025	ANTOINE MORIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2042
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 7 6a(2) 7 6b 895 6c 862 6d 1764 6e 221 6f 1985 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ 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.	
A Name of plan RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF CHIQUITA BRANDS, L.L.C.	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHIQUITA BRANDS, L.L.C. A SUB OF CHIQUITA BRANDS INTL, INC.	D Employer Identification Number (EIN) 31-1192704
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	14878438	
b	Actuarial value	2b	15588430	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1158	11269931	11269931
b	For terminated vested participants	877	2270114	2270114
c	For active participants	7	12603	12603
d	Total	2042	13552648	13552648
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	4.94 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	491342	
c	Target normal cost	6c	491342	

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

SIGN HERE	Signature of actuary GREGORY E. SMITH Type or print name of actuary AON CONSULTING, INC. Firm name 800 CONNECTICUT AVE 3RD FLOOR NORWALK, CT 06854 Address of the firm	07/11/2025 Date 23-08383 Most recent enrollment number 203-852-1100 Telephone number (including area code)
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Liquidity shortfall as of end of quarter of this plan year

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 59
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	491342	
b Excess assets, if applicable, but not greater than line 31a	31b	491342	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF CHIQUITA BRANDS, L.L.C.	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 CHIQUITA BRANDS, L.L.C. A SUB OF CHIQUITA BRANDS INTL, INC.	D Employer Identification Number (EIN) 31-1192704

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

AON CONSULTING INC

22-2232264

(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 14 16 50	NONE	95805	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS FINANCIAL SERVICES INC

1200 HARBOR BLVD
WEEHAWKEN, NJ 07086

(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 28 50	NONE	42030	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO USA P.C.

13-5881590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	40230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

USI CONSULTING GROUP

95 GLASTONBURY BLVD
SUITE 102
GLASTONBURY, CT 06033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	8500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK & TRUST NA

PO BOX 75000
DETROIT, MI 48275

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	7125	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF CHIQUITA BRANDS, L.L.C.	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 CHIQUITA BRANDS, L.L.C. A SUB OF CHIQUITA BRANDS INTL, INC.	D Employer Identification Number (EIN) 31-1192704	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	128500	118699
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	546680	267403
(2) U.S. Government securities	1c(2)	244140	189575
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11222544	10575198
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2941372	2836456
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15083236	13987331
Liabilities			
g Benefit claims payable	1g	140836	144347
h Operating payables	1h	63962	30966
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	204798	175313
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14878438	13812018

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	23825	
(B) U.S. Government securities	2b(1)(B)	22600	
(C) Corporate debt instruments	2b(1)(C)	448307	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		494732
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	36767	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		36767
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	8123449	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8096228	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		27221
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	38619	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		7139
d Total income. Add all income amounts in column (b) and enter total	2d		604478

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1264239	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1264239
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	79846	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	40230	
(5) Investment advisory and investment management fees	2i(5)	42030	
(6) Bank or trust company trustee/custodial fees	2i(6)	7125	
(7) Actuarial fees	2i(7)	29383	
(8) Legal fees	2i(8)	1179	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	206866	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		406659
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1670898

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1066420
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ 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: **BDO USA P.C.**

(2) EIN: **13-5381590**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549537.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF CHIQUITA BRANDS, L.L.C.		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CHIQUITA BRANDS, L.L.C. A SUB OF CHIQUITA BRANDS INTL, INC.		D Employer Identification Number (EIN) 31-1192704
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 45-3964944 84-1233483		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 10
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☒ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 20.5 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 79.0 %

High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 0.5 % 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_____.

Retirement Plan for Salaried Tropical Employees of Chiquita Brands L.L.C.

Financial Statements and ERISA-Required Supplemental Schedules as of and for the
Years Ended December 31, 2024 and 2023

The report accompanying these financial statements was issued by
BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO
International Limited, a UK company limited by guarantee.



**RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
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NOTE: Other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974 have been omitted because they are not applicable.



Independent Auditor's Report

To the Plan Administrator
Retirement Plan for Salaried Tropical Employees of Chiquita Brands L.L.C.
Fort Lauderdale, Florida

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

We have performed audits of the financial statements of the Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- 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 (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified 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 GAAP, 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, which raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, which 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 certifications, 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 GAAP.

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 GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

BDO USA, P.C.

Miami, Florida
August 4, 2025

RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

<i>December 31,</i>	2024	2023
ASSETS:		
Investments, at fair value	\$ 13,868,632	\$ 14,954,736
Total investments	13,868,632	14,954,736
Receivables:		
Accrued interest and dividends	118,699	128,500
Total receivables	118,699	128,500
Total assets	13,987,331	15,083,236
LIABILITIES:		
Accrued liabilities	30,966	63,962
Total liabilities	30,966	63,962
Net Assets Available for Benefits	\$ 13,956,365	\$ 15,019,274

See accompanying notes to financial statements.

RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

<i>For the years ended December 31,</i>	2024	2023
ADDITIONS:		
Investment income		
Net appreciation in fair value of investments	\$ 604,478	\$ 1,345,283
Total investment income	604,478	1,345,283
Total additions	604,478	1,345,283
DEDUCTIONS:		
Benefit payments	1,260,728	1,376,882
Administrative expenses	406,659	491,342
Total deductions	1,667,387	1,868,224
NET DECREASE	(1,062,909)	(522,941)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of the year	15,019,274	15,542,215
End of the year	\$ 13,956,365	\$ 15,019,274

See accompanying notes to financial statements.

RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
STATEMENT OF ACCUMULATED PLAN BENEFITS

December 31, **2023**

Actuarial present value of accumulated plan benefits

Vested benefits:

Participants and/or beneficiaries currently receiving payments	\$ 11,086,822
Other participants	2,242,932

Total vested benefits	13,329,754
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Nonvested benefits	-
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Total actuarial present value of accumulated plan benefits	\$ 13,329,754
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See accompanying notes to financial statements.

**RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

<i>For the year ended December 31,</i>	2023
Actuarial present value of accumulated plan benefits, beginning of year	\$ 14,050,635
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	715,452
Benefits paid	(1,373,308)
Other	(63,025)
Net decrease	(720,881)
Actuarial present value of accumulated plan benefits, end of year	\$ 13,329,754

See accompanying notes to financial statements.

**RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
NOTES TO FINANCIAL STATEMENTS**

1. PLAN DESCRIPTION

The following description of the Retirement Plan for Salaried Tropical Employees of Chiquita Brands L.L.C. (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General—The Plan is a noncontributory defined benefit pension Plan covering certain salaried tropical employees of Chiquita Brands L.L.C., a subsidiary of Chiquita Brands International, Inc. (the “Company” or the “Employer”), other than employees covered by collective bargaining agreements providing pension or retirement benefits toward which the Company or a participating company is required to contribute. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

In connection with the establishment of a defined contribution Plan (the “New Plan”) as an optional form of retirement benefit, participant enrollment in the Plan was suspended. For those participants of the Plan electing to join the New Plan, accrued Plan benefits were frozen on January 1, 1991 and became fully vested effective December 31, 1990 and no further benefits may be earned. Those participants of the Plan not electing to join the New Plan continued to accrue benefits; however, there were no participants eligible to accrue further benefits after December 31, 2015.

The Plan appointed Comerica Bank & Trust, National Association (“Comerica”) as trustee and record-keeper.

The Plan is administered by the Employee Benefits Committee of Chiquita Brands International, Inc. (the “Committee”). The Committee has overall responsibility for the operation and administration of the Plan and has full authority to modify, construe and interpret the Plan. The Committee determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Vesting and Vested Benefits—Retirement benefits under the Plan are based on years of credited service, average annual salary, unemployment benefits and other social benefits (as defined in the Plan). The Plan provides for normal retirement benefits at the later of age 65 or the date of the employee’s fifth anniversary of participation in the Plan. Participants may elect to retire with full benefits at age 62 if they have 30 years of credited service. Early retirement with reduced benefits is available to participants ages of 55 and older with 10 years of credited service. The Plan provides for retirement upon total and permanent disability after age 50 with 15 years of credited service and an actuarially reduced pre-retirement death benefit with 5 years of service. Additionally, a Plan participant may elect a reduced monthly benefit to be received during retirement and, after the participant’s death, during the life of the participant’s spouse, if a joint and survivor benefit is elected.

The Plan allows for a voluntary lump sum distribution option for participants, including eligible surviving spouses and beneficiaries, who are not yet retirement eligible and have an accrued benefit with a present value of less than \$2,500. Additionally, the Plan allows for a voluntary lump sum distribution option for participants, including eligible surviving spouses and beneficiaries, who are retirement eligible and have an accrued benefit with a present value of \$5,000 or less.

**RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
NOTES TO FINANCIAL STATEMENTS**

Funding Policy—The Plan’s funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. No quarterly contributions were required for the 2024 and 2023 plan years because there was no funding shortfall for the 2023 and 2022 plan years respectively. 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.

Death and Disability Benefits—If an active employee dies at age 55 or older with at least 10 years of service, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees aged 50 and older with at least 15 years of service who become totally and permanently disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled, reduced by certain other disability payments they receive. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

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 accordance with accounting principles generally accepted in United States of America (“GAAP”) 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 and changes therein. 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 Employee Benefits Committee determines the Plan’s valuation policies utilizing information provided by its investment advisor and custodians. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Benefit Payments—Benefit payments to participants are recorded when paid.

Administrative Expenses—The Plan’s expenses are paid either by the Plan or the Company, as provided by the Plan Document. Expenses that are paid directly by the Company 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 statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

**RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
NOTES TO FINANCIAL STATEMENTS**

3. PLAN TERMINATION

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:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. 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.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if 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.

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.

4. CERTIFIED INVESTMENT INFORMATION

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, investment transactions and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Comerica, a qualified institution.

5. FAIR VALUE MEASUREMENTS

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

**RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
NOTES TO FINANCIAL STATEMENTS**

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

Level 2— Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets 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.

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

A financial instrument's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in methodologies used at December 31, 2024 and 2023.

The following is a description of the valuation methodologies used for assets measured at fair value:

U.S. Government Obligations: U.S. Treasury Obligations are valued based on quoted market prices of identical instruments in active markets.

Corporate and Foreign Bonds: Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mortgage backed securities ("MBS"): These are agency residential mortgage backed securities, specifically fixed rate mortgage pass-through securities. MBS are generally measured using recent transactions, pricing data from external pricing services or expected future cash flow techniques that incorporate prepayment models and other prepayment assumptions to amortize the underlying mortgage loan collateral. MBS are categorized within Level 2 of the fair value hierarchy.

Common and Foreign Stock: Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

**RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
NOTES TO FINANCIAL STATEMENTS**

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

Money Market Funds: Valued at the daily closing price as reported by the fund.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

	December 31, 2024			December 31, 2023		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Debt Securities						
US Government Obligations	\$ 189,575	\$ -	\$ 189,575	\$ 244,140	\$ -	\$ 244,140
Corporate Bonds	-	9,788,359	9,788,359	-	10,558,020	10,558,020
Foreign Bonds and Notes	403,758	-	403,758	257,798	-	257,798
Mortgage backed securities	-	383,081	383,081	-	406,728	406,728
Equity Securities						
Common Stock	2,210,433	-	2,210,433	2,242,864	-	2,242,864
Foreign Stock	579,125	-	579,125	672,294	-	672,294
Mutual Funds	46,898	-	46,898	26,212	-	26,212
Short Term						
Money market fund	267,403	-	267,403	546,680	-	546,680
Total assets at fair value	\$ 3,697,192	\$ 10,171,440	\$ 13,868,632	\$ 3,989,988	\$ 10,964,748	\$ 14,954,736

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, 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. Benefits under the Plan are based on the average of the five highest consecutive years of compensation during a participant's last ten years of employment preceding the valuation date. Benefits payable under all circumstances, (e.g., 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. The amount results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in calculating this information include life expectancy of participants based on the amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 using scale MP-2021 and an expected long-term rate of return on Plan assets of 5.35% per annum. Participants are assumed to retire based upon the following rates:

**RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
NOTES TO FINANCIAL STATEMENTS**

- Above 30 years of service: (a) 30% at age 55, (b) 15% between ages 56 and 61 and (c) 100% at age 62 and older.
- Below 30 years of service: (a) 30% at age 55, (b) 15% between ages 56 and 61, (c) 20% between ages 62 and 64 and (d) 100% at age 65 and older.

The forgoing actuarial assumptions are based on the presumptions 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.

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

During 2023 and 2024 (i) Comerica Bank served as trustee for the Plan, (ii) Sage Advisory Services Ltd., Co. as Adviser and (iii) UBS Financial Services as Custodian. Additionally, the Plan paid administrative expenses of \$10,500 and \$12,989 during the years ended December 31, 2024 and 2023, respectively, for trustee services. The Plan paid various service providers \$231,157 and \$168,572 during the years ended December 31, 2024 and 2023, respectively, for consulting services. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

8. TAX STATUS

The Plan obtained its latest determination letter on November 19, 2015, in which the Internal Revenue Service ("IRS") states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

**RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
NOTES TO FINANCIAL STATEMENTS**

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

<i>December 31,</i>	2024	2023
Net assets available for benefits per the financial statements	\$ 13,956,365	\$ 15,019,274
Benefit claims payable	(144,347)	(140,836)
Net assets available for benefits per Form 5500	\$ 13,812,018	\$ 14,878,438

The following is a reconciliation of the benefit payments per the financial statement to the Form 5500:

<i>For the year ended December 31,</i>	2024
Benefit payments per the financial statements	\$ 1,260,728
Add benefit claims payable—December 31, 2024	144,347
Deduct benefit claims payable—December 31, 2023	(140,836)
Benefit payments per Form 5500	\$ 1,264,239

<i>For the year ended December 31,</i>	2023
Benefit payments per the financial statements	\$ 1,376,882
Add benefit claims payable—December 31, 2023	140,836
Deduct benefit claims payable—December 31, 2022	(144,410)
Benefit payments per Form 5500	\$ 1,373,308

10. RISKS AND UNCERTAINTIES

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

**RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.
NOTES TO FINANCIAL STATEMENTS**

The value of the Plan's investments has a direct impact on its funded status. As a result of fluctuations in market value and possible changes to the actuarial assumptions used in determining the present value of accumulated plan benefits, the Plan Sponsor may need to make greater cash contributions to fund the Plan. Based on the Plan's funded percentage, there may be certain benefit limitations imposed. However, the actual impact, if any, on future required contributions, Plan liquidity, and benefit limitations cannot be determined at this time.

11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 4, 2025, the date the financial statements were available to be issued.

ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data as of
January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59									3	
60-64										3
65-69										1
70+										

N-7

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.

1st Segment Rate	4.75 %
2nd Segment Rate	4.87 %
3rd Segment Rate	5.59 %

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization.

1st Segment Rate	3.62 %
2nd Segment Rate	4.46 %
3rd Segment Rate	4.52 %

Salary Increases

Minimum Funding Target Normal Cost	5.00 %
Maximum Tax Expected Benefit Increase	5.00 %

Retirement Age

Active Participants	See Table 1.
Terminated Vested Participants	Earlier of age 59 and 10 years of credited service or age 65.

Mortality Rates

Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
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Withdrawal Rates

See Table 2.

Disability Rates

See Table 3.

Decrement Timing

Middle of year decrements, with 100% retirement assumed to occur at the beginning of the year.

Optional Payment Form Election Percentage

It is assumed that all participants (not already in payment status) elect a life annuity. In total, optional forms are assumed to be actuarially equivalent.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Surviving Spouse Benefit

It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

5.35%, the applicable third segment rate limit is 5.92%.

2023 Plan Year

5.35%, the applicable third segment rate limit is 5.74%.

Trust Expenses Included in Target Normal Cost

\$491,342. Expenses are equal to the actual administrative expenses from the prior year.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2024

Method Changes

The funding valuation does not reflect any method changes.

Assumption Changes

The funding valuation reflects the following prescribed assumption changes:

- A change in the interest rate assumption from segment rates as of September 2022 to segment rates as of September 2023, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under ARPA.
- A change in the mortality assumption from the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22 to the 2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Table 1

Retirement Rates

Years of Service		
Age	0 – 29	30+
55	30.00%	30.00%
56	15.00%	15.00%
57	15.00%	15.00%
58	15.00%	15.00%
59	15.00%	15.00%
60	15.00%	15.00%
61	15.00%	15.00%
62	20.00%	100.00%
63	20.00%	100.00%
64	20.00%	100.00%
65+	100.00%	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	44.573%	47.508%	45	3.893%	5.838%
16	41.273%	48.858%	46	3.555%	5.333%
17	37.973%	45.708%	47	3.210%	4.815%
18	34.673%	42.558%	48	2.859%	4.289%
19	31.373%	39.408%	49	2.502%	3.753%
20	28.071%	36.257%	50	2.139%	3.209%
21	24.770%	33.104%	51	1.766%	2.648%
22	21.468%	29.952%	52	1.386%	2.079%
23	19.374%	26.811%	53	0.998%	1.496%
24	17.280%	23.670%	54	0.603%	0.905%
25	15.183%	20.525%	55	0.198%	0.297%
26	13.085%	17.376%	56	0.000%	0.000%
27	10.986%	14.229%	57	0.000%	0.000%
28	10.388%	13.781%	58	0.000%	0.000%
29	9.788%	13.331%	59	0.000%	0.000%
30	9.188%	12.881%	60	0.000%	0.000%
31	8.586%	12.429%	61	0.000%	0.000%
32	7.983%	11.975%	62	0.000%	0.000%
33	7.678%	11.517%	63	0.000%	0.000%
34	7.374%	11.061%	64	0.000%	0.000%
35	7.068%	10.602%			
36	6.759%	10.139%			
37	6.450%	9.675%			
38	6.140%	9.209%			
39	5.829%	8.744%			
40	5.516%	8.273%			
41	5.199%	7.799%			
42	4.878%	7.317%			
43	4.553%	6.828%			
44	4.226%	6.338%			

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	45	0.405%	0.608%
16	0.285%	0.428%	46	0.430%	0.645%
17	0.285%	0.428%	47	0.460%	0.690%
18	0.285%	0.428%	48	0.494%	0.741%
19	0.285%	0.428%	49	0.532%	0.798%
20	0.286%	0.429%	50	0.574%	0.861%
21	0.287%	0.431%	51	0.623%	0.935%
22	0.288%	0.432%	52	0.676%	1.014%
23	0.284%	0.426%	53	0.735%	1.103%
24	0.280%	0.420%	54	0.798%	1.197%
25	0.278%	0.417%	55	0.868%	1.302%
26	0.277%	0.416%	56	0.946%	1.419%
27	0.276%	0.414%	57	1.035%	1.553%
28	0.275%	0.413%	58	1.135%	1.703%
29	0.275%	0.413%	59	1.245%	1.868%
30	0.275%	0.413%	60	1.363%	2.045%
31	0.276%	0.414%	61	1.491%	2.237%
32	0.278%	0.417%	62	1.628%	2.442%
33	0.281%	0.422%	63	1.778%	2.667%
34	0.284%	0.426%	64	1.938%	2.907%
35	0.288%	0.432%	65+	0.000%	0.000%
36	0.294%	0.441%			
37	0.300%	0.450%			
38	0.307%	0.461%			
39	0.314%	0.471%			
40	0.323%	0.485%			
41	0.334%	0.501%			
42	0.348%	0.522%			
43	0.365%	0.548%			
44	0.383%	0.575%			

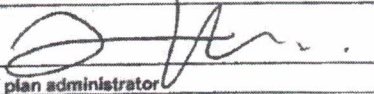
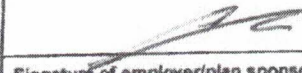
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024
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.)
☒ 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. ☐ the DFVC program
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ 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 RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF CHIQUITA BRANDS, L. L.C.	1b Three-digit plan number (PN) ▶ 002
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHIQUITA BRANDS, L.L.C. A SUB OF CHIQUITA BRANDS INTL, INC. DCOTA OFFICE CENTER 1855 GRIFFIN ROAD, SUITE C-436 PORT LAUDERDALE FL 33004-2275	1c Effective date of plan 04/01/1940
	2b Employer Identification Number (EIN) 31-1192704
	2c Plan Sponsor's telephone number 954-924-5801
	2d Business code (see instructions) 424400

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

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

SIGN HERE		8/4/2025	ALBERTO ATTAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		8/4/2025	ANTOINE MORIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2, 042
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 7 6a(2) 7 6b 895 6c 862 6d 1, 764 6e 221 6f 1, 985 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H	

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

**RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF
CHIQUITA BRANDS L.L.C.**

SCHEDULE H, LINE 4J-SCHEDULE OF REPORTABLE TRANSACTIONS - YEAR ENDED DECEMBER 31, 2024

EIN: 31-1192704

PIN: 002

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity In Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category - Single Transaction						
NONE						
Total Category - Single Transaction						
Category - Series of Transactions						
UBS Select Prime Instl	UBS LIQUID ASSETS GOVERNMENT FUND	\$ -	\$ 3,210,948	\$ 3,210,948	\$ 3,210,948	\$ -
UBS Select Prime Instl	UBS LIQUID ASSETS GOVERNMENT FUND	\$ 2,925,303	\$ -	\$ 2,925,303	\$ -	\$ -
Total Category - Series of Transactions						

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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.	
A Name of plan RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF CHIQUITA BRANDS, LLC	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHIQUITA BRANDS, LLC A SUB OF CHIQUITA BRANDS INTL, INC.	D Employer Identification Number (EIN) 31-1192704
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month 01 Day 01 Year 2024
2	Assets:
a	Market value 14,878,438
b	Actuarial value 15,588,430
3	Funding target/participant count breakdown
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a	For retired participants and beneficiaries receiving payment 1,158 11,269,931 11,269,931
b	For terminated vested participants 877 2,270,114 2,270,114
c	For active participants 7 12,603 12,603
d	Total 2,042 13,552,648 13,552,648
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 4.94%
6	Target normal cost
a	Present value of current plan year accruals 6a 0
b	Expected plan-related expenses 6b 491,342
c	Target normal cost 6c 491,342

Statement by Enrolled Actuary

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

SIGN HERE Gregory E. Smith Signature of actuary	07/11/2025 Date 2308383 Most recent enrollment number 203-852-1100 Telephone number (including area code)
Gregory E. Smith Type or print name of actuary Aon Consulting, Inc. Firm name 800 Connecticut Ave 3rd Floor Norwalk CT 06854 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.29</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage.....	14	115.02 %
15	Adjusted funding target attainment percentage.....	15	115.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0 18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 59
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	491,342	
b Excess assets, if applicable, but not greater than line 31a	31b	491,342	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age. The average expected retirement age is based on the retirement rates for an employee who will not have 30 years of service at retirement.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	30.00%	1.0000	16.65
56.5	15.00%	0.7000	5.93
57.5	15.00%	0.5950	5.13
58.5	15.00%	0.5058	4.44
59.5	15.00%	0.4299	3.84
60.5	15.00%	0.3654	3.32
61.5	15.00%	0.3106	2.87
62.5	20.00%	0.2640	3.30
63.5	20.00%	0.2112	2.68
64.5	20.00%	0.1690	2.18
65	100.00%	0.1352	8.79
Weighted Average			59.13

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.

1st Segment Rate	4.75 %
2nd Segment Rate	4.87 %
3rd Segment Rate	5.59 %

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization.

1st Segment Rate	3.62 %
2nd Segment Rate	4.46 %
3rd Segment Rate	4.52 %

Salary Increases

Minimum Funding Target Normal Cost	5.00 %
Maximum Tax Expected Benefit Increase	5.00 %

Retirement Age

Active Participants	See Table 1.
Terminated Vested Participants	Earlier of age 59 and 10 years of credited service or age 65.

Mortality Rates

Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
----------------------	---

Withdrawal Rates

See Table 2.

Disability Rates

See Table 3.

Decrement Timing

Middle of year decrements, with 100% retirement assumed to occur at the beginning of the year.

Optional Payment Form Election Percentage

It is assumed that all participants (not already in payment status) elect a life annuity. In total, optional forms are assumed to be actuarially equivalent.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Surviving Spouse Benefit

It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

5.35%, the applicable third segment rate limit is 5.92%.

2023 Plan Year

5.35%, the applicable third segment rate limit is 5.74%.

Trust Expenses Included in Target Normal Cost

\$491,342. Expenses are equal to the actual administrative expenses from the prior year.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2024

Method Changes

The funding valuation does not reflect any method changes.

Assumption Changes

The funding valuation reflects the following prescribed assumption changes:

- A change in the interest rate assumption from segment rates as of September 2022 to segment rates as of September 2023, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under ARPA.
- A change in the mortality assumption from the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22 to the 2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Table 1

Retirement Rates

Years of Service		
Age	0 – 29	30+
55	30.00%	30.00%
56	15.00%	15.00%
57	15.00%	15.00%
58	15.00%	15.00%
59	15.00%	15.00%
60	15.00%	15.00%
61	15.00%	15.00%
62	20.00%	100.00%
63	20.00%	100.00%
64	20.00%	100.00%
65+	100.00%	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	44.573%	47.508%	45	3.893%	5.838%
16	41.273%	48.858%	46	3.555%	5.333%
17	37.973%	45.708%	47	3.210%	4.815%
18	34.673%	42.558%	48	2.859%	4.289%
19	31.373%	39.408%	49	2.502%	3.753%
20	28.071%	36.257%	50	2.139%	3.209%
21	24.770%	33.104%	51	1.766%	2.648%
22	21.468%	29.952%	52	1.386%	2.079%
23	19.374%	26.811%	53	0.998%	1.496%
24	17.280%	23.670%	54	0.603%	0.905%
25	15.183%	20.525%	55	0.198%	0.297%
26	13.085%	17.376%	56	0.000%	0.000%
27	10.986%	14.229%	57	0.000%	0.000%
28	10.388%	13.781%	58	0.000%	0.000%
29	9.788%	13.331%	59	0.000%	0.000%
30	9.188%	12.881%	60	0.000%	0.000%
31	8.586%	12.429%	61	0.000%	0.000%
32	7.983%	11.975%	62	0.000%	0.000%
33	7.678%	11.517%	63	0.000%	0.000%
34	7.374%	11.061%	64	0.000%	0.000%
35	7.068%	10.602%			
36	6.759%	10.139%			
37	6.450%	9.675%			
38	6.140%	9.209%			
39	5.829%	8.744%			
40	5.516%	8.273%			
41	5.199%	7.799%			
42	4.878%	7.317%			
43	4.553%	6.828%			
44	4.226%	6.338%			

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	45	0.405%	0.608%
16	0.285%	0.428%	46	0.430%	0.645%
17	0.285%	0.428%	47	0.460%	0.690%
18	0.285%	0.428%	48	0.494%	0.741%
19	0.285%	0.428%	49	0.532%	0.798%
20	0.286%	0.429%	50	0.574%	0.861%
21	0.287%	0.431%	51	0.623%	0.935%
22	0.288%	0.432%	52	0.676%	1.014%
23	0.284%	0.426%	53	0.735%	1.103%
24	0.280%	0.420%	54	0.798%	1.197%
25	0.278%	0.417%	55	0.868%	1.302%
26	0.277%	0.416%	56	0.946%	1.419%
27	0.276%	0.414%	57	1.035%	1.553%
28	0.275%	0.413%	58	1.135%	1.703%
29	0.275%	0.413%	59	1.245%	1.868%
30	0.275%	0.413%	60	1.363%	2.045%
31	0.276%	0.414%	61	1.491%	2.237%
32	0.278%	0.417%	62	1.628%	2.442%
33	0.281%	0.422%	63	1.778%	2.667%
34	0.284%	0.426%	64	1.938%	2.907%
35	0.288%	0.432%	65+	0.000%	0.000%
36	0.294%	0.441%			
37	0.300%	0.450%			
38	0.307%	0.461%			
39	0.314%	0.471%			
40	0.323%	0.485%			
41	0.334%	0.501%			
42	0.348%	0.522%			
43	0.365%	0.548%			
44	0.383%	0.575%			

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	March 31, 1985. Amended and restated January 1, 2015. Most recently amended as of March 1, 2017 for a change in trustee.
Membership	Participation in the plan begins on the earlier of: 1) First of the month coincident with or next following attainment of age 25 and completion of one month of service, or 2) January 1 or July 1 coincident with or next following attainment of age 21 and completion of one year of service. In addition, an employee must consent to participate in writing and be legally able. Employees employed in Costa Rica, Honduras, and Panama who have not met the eligibility requirements for plan membership as of January 1, 1991 are not eligible to become members in the plan on or after that date.
Eligibility for Benefit Receipt	
Normal Retirement	Age 65 and five years of credited service, or age 62 and the completion of 30 years of credited service.
Early Retirement	Age 55 and 10 years of credited service.
Disability	Age 50 and 15 years of credited service and totally disabled.
Preretirement Death	Five years of credited service or attainment of normal retirement age and married.
Optional Preretirement Death	Age 55 and 10 years of credited service or attainment of normal retirement age and married.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Amount of Benefit

Normal Retirement

For a member covered under the United States Social Security Act, the annual benefit is the sum of (1) and (2):

- 1) 1.25% of average annual salary multiplied by years of credited service up to a maximum of 40 years.
- 2) 0.4% of average annual salary in excess of covered compensation for an individual attaining social security normal retirement age during the plan year, times years of credited service up to a maximum of 35 years.

The annual benefit is then reduced by any social benefits payable or prior plan annuity.

For all other members, an annual benefit equal to 1.75% of average annual salary, multiplied by years of credited service up to a maximum of 40 years, and reduced by any social benefits payable or any prior plan annuity.

However, the annual benefit for any member (reduced by any prior plan annuity) may not be less than either:

- 1) \$30 multiplied by years of credited service up to a maximum of 10 years, or
- 2) An annuity which is the 110% actuarial equivalent of the employee's accumulated contributions.

Early Retirement

The normal retirement benefit based on salary and credited service at the time of termination reduced by 3/10% for each month by which benefit commencement precedes the earlier of:

- 1) Age 65, or
- 2) Age 62 if the employee has completed 30 years of credited service.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Amount of Benefit (continued)

Disability

The normal retirement benefit based on salary and credited service at the date of disability. This is payable immediately and is reduced by any compensation payable under any applicable employer's liability law. However, there is no offset for LTD benefits payable under a company-sponsored plan.

Preretirement Death

The surviving spouse will receive a benefit computed as if the employee had elected early retirement immediately before his death with a joint and 50% survivor annuity form in effect. Payment to the spouse cannot begin prior to the employee's early retirement date.

Optional Preretirement Death

If coverage is elected (with spouse's consent), the employee may choose one of the following options: 25%, 75%, 100% joint and survivor, 10-year certain and life. The normal or early retirement benefit will be actuarially reduced if this coverage is elected.

Termination Benefits

Prior to five years of service, return of any employee contributions with interest. After completion of five years of service, the accrued normal retirement benefit payable on the normal retirement date, or as early as age 55 in a reduced form for a non-disabled employee with 10 years of credited service.

Normal Form of Benefit Payment

Life annuity. A 50% joint and survivor annuity, reduced actuarially from the life annuity form, will be automatically paid to a member who is married at the time of retirement unless the member with spousal consent elects otherwise.

Optional Forms of Benefit Payment

25%, 75%, or 100% contingent annuitant option. Life annuity with 10 years certain. Voluntary lump sum option of up to \$5,000 for a terminated employee eligible to retire and effective June 1, 2012, an increase from \$1,000 to \$2,500 for a terminated employee prior to retirement.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Factors

Age of Beneficiary	25%		50%		75%		100%	
	55-60	61+	55-60	61+	55-60	61+	55-60	61+
49	.93	.90	.88	.82	.83	.76	.78	.70
50–59	.95	.92	.90	.86	.87	.81	.83	.76
60+	.97	.94	.92	.90	.91	.86	.88	.82

10-Year Certain and Life:

- Age 55 – 60 .96
- Age 61+ .93

Average Annual Salary

Average of January 1 salary rates for the five highest consecutive years during the last 10 years (compensation is limited to \$345,000 per year in 2024).

Interest

Interest credited to employee contributions will be as follows:

- 3.5% from 01/01/1963 to December 31, 1975.
- 5.0% from 01/01/1976 to December 31, 1987.
- 120% of the federal mid-term rate in effect at the beginning of each calendar year after December 31, 1987.

Plan Year

Calendar year.

Social Benefit

Actuarial equivalent of severance, unemployment, or pension benefits toward which the Company is legally required to contribute. United States social security is not included in this definition.

Credited Service

Service while a member, subject to various break-in-service rules.

Service

Service while an employee, subject to various break-in-service rules. After July 1, 1967, no service before the age of 18 is included. No service credit is granted for periods where an employee declined to contribute.

Prior Plan Annuity

Accrued benefit as of April 30, 1985 purchased from the American General Life and Accident Insurance Company.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

**Freezing of Benefit Accruals for
Tropical Retirement Savings Plan
Participants**

Any participant employed in Costa Rica, Honduras, or Panama who elected to enroll in the Savings Plan before 1991 ceased accruing benefits under this plan as of January 1, 1991. Their benefits are fully vested and are maintained under the plan on a frozen basis. Frozen benefits for these participants were calculated based on their average annual salary and years of credited service as of December 31, 1990.

In addition, any member employed in Costa Rica, Honduras, or Panama who elects to join the Savings Plan after January 1, 1991 shall also cease to accrue benefits under this plan. Frozen benefits for these participants will be calculated using their average annual salary and years of credited service as of the day prior to enrollment in the Savings Plan.

Changes in Plan Provisions in the Prior Five Years

An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2024 by Chiquita Brands International, Inc. Asset information and the dates and amounts of contributions are based on information supplied by Chiquita Brands International, Inc.

The target liability was calculated using the September 2023 segment rates adjusted by the American Rescue Plan Act of 2021 (ARPA). As such, "4" was entered on line 21b as the applicable lookback month.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed SB.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data as of
January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59									3	
60-64										3
65-69										1
70+										

N-7

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	963	197,430	1,429,674	1,628,067
2025	962	205,484	1,341,641	1,548,087
2026	958	203,443	1,255,825	1,460,226
2027	954	201,167	1,172,360	1,374,481
2028	947	198,398	1,090,054	1,289,399
2029	955	193,210	1,012,183	1,206,348
2030	951	187,154	937,264	1,125,369
2031	935	179,878	865,214	1,046,027
2032	918	172,448	795,977	969,343
2033	900	164,508	729,598	895,006
2034	880	156,139	665,962	822,981
2035	859	147,846	605,079	753,784
2036	836	139,206	547,019	687,061
2037	811	130,537	491,899	623,247
2038	785	121,896	439,842	562,523
2039	756	113,287	390,962	505,005
2040	726	104,778	345,342	450,846
2041	694	96,418	303,031	400,143
2042	659	88,253	264,047	352,959
2043	622	80,328	228,387	309,337
2044	584	72,681	196,028	269,293
2045	544	65,342	166,915	232,801
2046	502	58,340	140,966	199,808
2047	459	51,700	118,070	170,229
2048	415	45,448	98,081	143,944
2049	370	39,606	80,823	120,799
2050	326	34,196	66,096	100,618
2051	283	29,234	53,678	83,195
2052	242	24,732	43,334	68,308
2053	204	20,694	34,825	55,723
2054	170	17,116	27,915	45,201
2055	139	13,986	22,372	36,497
2056	112	11,285	17,978	29,375
2057	89	8,986	14,531	23,606
2058	69	7,059	11,850	18,978
2059	54	5,468	9,779	15,301
2060	41	4,174	8,182	12,397
2061	31	3,140	6,950	10,121
2062	23	2,326	5,994	8,343
2063	17	1,696	5,243	6,956
2064	12	1,217	4,643	5,872
2065	9	859	4,153	5,021
2066	6	596	3,741	4,343
2067	4	407	3,385	3,796
2068	3	273	3,069	3,345

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
			Receiving Payments	
2069	2	180	2,779	2,961
2070	1	117	2,508	2,626
2071	1	74	2,250	2,325
2072	1	46	2,003	2,050
2073	0	28	1,765	1,793

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age. The average expected retirement age is based on the retirement rates for an employee who will not have 30 years of service at retirement.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	30.00%	1.0000	16.65
56.5	15.00%	0.7000	5.93
57.5	15.00%	0.5950	5.13
58.5	15.00%	0.5058	4.44
59.5	15.00%	0.4299	3.84
60.5	15.00%	0.3654	3.32
61.5	15.00%	0.3106	2.87
62.5	20.00%	0.2640	3.30
63.5	20.00%	0.2112	2.68
64.5	20.00%	0.1690	2.18
65	100.00%	0.1352	8.79
Weighted Average			59.13

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

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2026	958	203,443	1,255,825	1,460,226
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2028	947	198,398	1,090,054	1,289,399
2029	955	193,210	1,012,183	1,206,348
2030	951	187,154	937,264	1,125,369
2031	935	179,878	865,214	1,046,027
2032	918	172,448	795,977	969,343
2033	900	164,508	729,598	895,006
2034	880	156,139	665,962	822,981
2035	859	147,846	605,079	753,784
2036	836	139,206	547,019	687,061
2037	811	130,537	491,899	623,247
2038	785	121,896	439,842	562,523
2039	756	113,287	390,962	505,005
2040	726	104,778	345,342	450,846
2041	694	96,418	303,031	400,143
2042	659	88,253	264,047	352,959
2043	622	80,328	228,387	309,337
2044	584	72,681	196,028	269,293
2045	544	65,342	166,915	232,801
2046	502	58,340	140,966	199,808
2047	459	51,700	118,070	170,229
2048	415	45,448	98,081	143,944
2049	370	39,606	80,823	120,799
2050	326	34,196	66,096	100,618
2051	283	29,234	53,678	83,195
2052	242	24,732	43,334	68,308
2053	204	20,694	34,825	55,723
2054	170	17,116	27,915	45,201
2055	139	13,986	22,372	36,497
2056	112	11,285	17,978	29,375
2057	89	8,986	14,531	23,606
2058	69	7,059	11,850	18,978
2059	54	5,468	9,779	15,301
2060	41	4,174	8,182	12,397
2061	31	3,140	6,950	10,121
2062	23	2,326	5,994	8,343
2063	17	1,696	5,243	6,956
2064	12	1,217	4,643	5,872
2065	9	859	4,153	5,021
2066	6	596	3,741	4,343
2067	4	407	3,385	3,796
2068	3	273	3,069	3,345

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
			Receiving Payments	
2069	2	180	2,779	2,961
2070	1	117	2,508	2,626
2071	1	74	2,250	2,325
2072	1	46	2,003	2,050
2073	0	28	1,765	1,793

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	March 31, 1985. Amended and restated January 1, 2015. Most recently amended as of March 1, 2017 for a change in trustee.
Membership	Participation in the plan begins on the earlier of: 1) First of the month coincident with or next following attainment of age 25 and completion of one month of service, or 2) January 1 or July 1 coincident with or next following attainment of age 21 and completion of one year of service. In addition, an employee must consent to participate in writing and be legally able. Employees employed in Costa Rica, Honduras, and Panama who have not met the eligibility requirements for plan membership as of January 1, 1991 are not eligible to become members in the plan on or after that date.
Eligibility for Benefit Receipt	
Normal Retirement	Age 65 and five years of credited service, or age 62 and the completion of 30 years of credited service.
Early Retirement	Age 55 and 10 years of credited service.
Disability	Age 50 and 15 years of credited service and totally disabled.
Preretirement Death	Five years of credited service or attainment of normal retirement age and married.
Optional Preretirement Death	Age 55 and 10 years of credited service or attainment of normal retirement age and married.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Amount of Benefit

Normal Retirement

For a member covered under the United States Social Security Act, the annual benefit is the sum of (1) and (2):

- 1) 1.25% of average annual salary multiplied by years of credited service up to a maximum of 40 years.
- 2) 0.4% of average annual salary in excess of covered compensation for an individual attaining social security normal retirement age during the plan year, times years of credited service up to a maximum of 35 years.

The annual benefit is then reduced by any social benefits payable or prior plan annuity.

For all other members, an annual benefit equal to 1.75% of average annual salary, multiplied by years of credited service up to a maximum of 40 years, and reduced by any social benefits payable or any prior plan annuity.

However, the annual benefit for any member (reduced by any prior plan annuity) may not be less than either:

- 1) \$30 multiplied by years of credited service up to a maximum of 10 years, or
- 2) An annuity which is the 110% actuarial equivalent of the employee's accumulated contributions.

Early Retirement

The normal retirement benefit based on salary and credited service at the time of termination reduced by 3/10% for each month by which benefit commencement precedes the earlier of:

- 1) Age 65, or
- 2) Age 62 if the employee has completed 30 years of credited service.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Amount of Benefit (continued)

Disability

The normal retirement benefit based on salary and credited service at the date of disability. This is payable immediately and is reduced by any compensation payable under any applicable employer's liability law. However, there is no offset for LTD benefits payable under a company-sponsored plan.

Preretirement Death

The surviving spouse will receive a benefit computed as if the employee had elected early retirement immediately before his death with a joint and 50% survivor annuity form in effect. Payment to the spouse cannot begin prior to the employee's early retirement date.

Optional Preretirement Death

If coverage is elected (with spouse's consent), the employee may choose one of the following options: 25%, 75%, 100% joint and survivor, 10-year certain and life. The normal or early retirement benefit will be actuarially reduced if this coverage is elected.

Termination Benefits

Prior to five years of service, return of any employee contributions with interest. After completion of five years of service, the accrued normal retirement benefit payable on the normal retirement date, or as early as age 55 in a reduced form for a non-disabled employee with 10 years of credited service.

Normal Form of Benefit Payment

Life annuity. A 50% joint and survivor annuity, reduced actuarially from the life annuity form, will be automatically paid to a member who is married at the time of retirement unless the member with spousal consent elects otherwise.

Optional Forms of Benefit Payment

25%, 75%, or 100% contingent annuitant option. Life annuity with 10 years certain. Voluntary lump sum option of up to \$5,000 for a terminated employee eligible to retire and effective June 1, 2012, an increase from \$1,000 to \$2,500 for a terminated employee prior to retirement.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

Factors

Age of Beneficiary	25%		50%		75%		100%	
	55-60	61+	55-60	61+	55-60	61+	55-60	61+
49	.93	.90	.88	.82	.83	.76	.78	.70
50–59	.95	.92	.90	.86	.87	.81	.83	.76
60+	.97	.94	.92	.90	.91	.86	.88	.82

10-Year Certain and Life:

- Age 55 – 60 .96
- Age 61+ .93

Average Annual Salary

Average of January 1 salary rates for the five highest consecutive years during the last 10 years (compensation is limited to \$345,000 per year in 2024).

Interest

Interest credited to employee contributions will be as follows:

- 3.5% from 01/01/1963 to December 31, 1975.
- 5.0% from 01/01/1976 to December 31, 1987.
- 120% of the federal mid-term rate in effect at the beginning of each calendar year after December 31, 1987.

Plan Year

Calendar year.

Social Benefit

Actuarial equivalent of severance, unemployment, or pension benefits toward which the Company is legally required to contribute. United States social security is not included in this definition.

Credited Service

Service while a member, subject to various break-in-service rules.

Service

Service while an employee, subject to various break-in-service rules. After July 1, 1967, no service before the age of 18 is included. No service credit is granted for periods where an employee declined to contribute.

Prior Plan Annuity

Accrued benefit as of April 30, 1985 purchased from the American General Life and Accident Insurance Company.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Tropical Employees of Chiquita Brands, L.L.C.
EIN: 31-1192704 PN: 002

**Freezing of Benefit Accruals for
Tropical Retirement Savings Plan
Participants**

Any participant employed in Costa Rica, Honduras, or Panama who elected to enroll in the Savings Plan before 1991 ceased accruing benefits under this plan as of January 1, 1991. Their benefits are fully vested and are maintained under the plan on a frozen basis. Frozen benefits for these participants were calculated based on their average annual salary and years of credited service as of December 31, 1990.

In addition, any member employed in Costa Rica, Honduras, or Panama who elects to join the Savings Plan after January 1, 1991 shall also cease to accrue benefits under this plan. Frozen benefits for these participants will be calculated using their average annual salary and years of credited service as of the day prior to enrollment in the Savings Plan.

Changes in Plan Provisions in the Prior Five Years

An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2024 by Chiquita Brands International, Inc. Asset information and the dates and amounts of contributions are based on information supplied by Chiquita Brands International, Inc.

The target liability was calculated using the September 2023 segment rates adjusted by the American Rescue Plan Act of 2021 (ARPA). As such, "4" was entered on line 21b as the applicable lookback month.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed SB.

RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF CHIQUITA BRANDS L.L.C.

SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR) - DECEMBER 31, 2024

EIN:31-1192704

PIN: 002

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
DEBT SECURITIES - US GOVERNMENT OBLIGATIONS			
UNITED STATES TREASURY	912810SR0 UNITED STATES TREAS BDS 0% PIDI 1.125% 5/15/2040	\$ 115,306	\$ 105,250
UNITED STATES TREASURY	912803FP3 UNITED STATES TREAS SEC STRIPPED 0% 05/15/2050	35,305	33,847
UNITED STATES TREASURY	91282CFV8 UNITED STATES TREAS 4.125% 11/15/2032	28,763	29,260
UNITED STATES TREASURY	912810TD0 UNITED STATES TREAS BDS 2.25% 02/15/2052	21,866	21,218
DEBT SECURITIES - CORPORATE BONDS			
WELLS FARGO & CO	94974BFY1 WELLS FARGO & CO VR 4.1% 06/03/2026	289,319	286,859
BK OF AMERICA CORP	06051GHD4 BK OF AMERICA CORP FR 3.419% 12/20/2028	265,129	268,456
ORACLE CORPORATION	68389XBV6 ORACLE CORPORATION 2.95% 04/01/2030-2030	211,357	221,164
GOLDMAN SACHS GROUP INC	38141GYN8 GOLDMAN SACHS GROUP INC 2 2.65% 10/21/2032	201,018	208,771
APPLE INC	037833CD0 APPLE INC 3.85% 08/04/2046	222,670	193,500
CONSOLIDATED EDISON	209111FX6 CONSOLIDATED EDISON CO 3.35% 04/01/2030-2030	164,199	162,852
BANK NEW YORK MELLON	06406RBT3 BANK NEW YORK MELLON 0.00% 10/25/2029	166,980	162,840
CITIGROUP INC	172967ML2 CITIGROUP INC 2.666% 01/29/2031	156,177	159,253
EXXON MOBIL CORPORATION	30231GAT9 EXXON MOBIL CORPORATION 3.043% 03/01/2026-2025	158,046	157,484
AMERICAN EXPRESS	025816DG1 AMERICAN EXPRESS CO 0.00% 7/28/2027	156,056	156,687
TRUIST FINL CORP	89788MAQ5 TRUIST FINL CORP 0.00% 10/30/2029	154,339	155,049
WELLTOWER INC	95040QAC8 WELLTOWER INC 4.25% 04/01/2026-2026	136,324	134,312
BROADCOM INC	11135FAQ4 BROADCOM INC 4.15% 11/15/2030-2030	131,446	133,962
COMCAST CORP	20030NDM0 COMCAST CORP 1.95% 01/15/2031-2030	124,242	129,648
CAPITAL ONE FINL CORP GLBL	14040HCV5 CAPITAL ONE FINL CORP GLBL FLT 5.247% 07/26/2030-2029	131,795	129,601
JPMORGAN CHASE & CO	46647PBX3 JPMORGAN CHASE & CO 1.953% 02/04/2032-2031	112,112	124,331
SABINE PASS LIQUEFACTION LLC	785592AV8 SABINE PASS LIQUEFACTION LLC 5.875% 06/30/2026-2025	119,179	121,141
CITIGROUP INC SUB	17327CAR4 CITIGROUP INC SUB GLBL NT 6.174% 5/25/2034	117,528	117,154
PNC FINL SVCS GROUP	693475BX2 PNC FINL SVCS GROUP 0.00% 5/14/2030	115,772	116,622
JPMORGAN CHASE & CO	46647PAR7 JPMORGAN CHASE & CO 4. 4.005% 4/23/2029	115,790	116,345
CITIGROUP INC	17327CAM5 CITIGROUP INC 1.122% 01/28/2027-2026	104,953	115,241
GOLDMAN SACHS GROUP INC	38141GYA6 GOLDMAN SACHS GROUP INC 1.431% 03/09/2027-2026	105,768	115,202
JPMORGAN CHASE & CO	46647PAJ5 JPMORGAN CHASE & CO 0.00% 7/24/2038	123,561	115,181
JPMORGAN CHASE & CO	46647PDR4 JPMORGAN CHASE & CO SR 5.35% 4/24/2034	115,623	114,920
3M CO	88579YBN0 3M CO 3.05% 04/15/2030-2030	112,319	114,600
CNO FINL GROUP INC	12621EAL7 CNO FINL GROUP INC 5.25% 05/30/2029-2029	105,862	104,261
HEWLETT PACKARD	42824CBS7 HEWLETT PACKARD 4.40% 9/25/2027	104,440	103,899
BK OF AMERICA CORP	06051GJA8 BK OF AMERICA CORP FR 4.083% 03/20/2051-2050	115,865	101,768
US BANCORP	91159HJB7 US BANCORP 2.491% 11/3/2036	103,953	101,244
CORPORATE OFFICE PTYS	22003BAM8 CORPORATE OFFICE PTYS L P 2.75% 04/15/2031-2031	95,989	98,170
SCHWAB CHARLES CORP	808513CE3 SCHWAB CHARLES CORP 0.00% 5/19/2034	98,993	97,789
UNITED PARCEL SERVICE	911312BW5 UNITED PARCEL SERVICE 5.3% 04/01/2050-2049	113,070	95,545
COMCAST CORP	20030NCL3 COMCAST CORP 4.6% 10/15/2038-2038	104,006	95,070
ATMOS ENERGY CORP	049560AM7 ATMOS ENERGY CORP 4.125% 10/15/2044-2044	104,421	93,648
UNITEDHEALTH GROUP INC	91324PCR1 UNITEDHEALTH GROUP INC 4.75% 07/15/2045	107,738	92,512
BOEING CO	097023DG7 BOEING CO 2.196% 02/04/2026-2023	86,069	92,130
PRUDENTIAL FINL INC	744320AY8 PRUDENTIAL FINL INC JR SB GLBL 3.905% 12/07/2047-2047	105,757	91,457
HOME DEPOT INC	437076CD2 HOME DEPOT INC 3.35% 04/15/2050-2049	107,047	90,630
DUKE ENERGY PROGRESS LLC	26442UAN4 DUKE ENERGY PROGRESS LLC 3.40% 4/1/2032	93,762	89,538
BK OF AMERICA CORP	06051GKA6 BK OF AMERICA CORP FR 2.299% 07/21/2032-2031	83,175	87,532
T-MOBILE USA INC	87264ABR5 T-MOBILE USA INC 2.25% 02/15/2026-2023	82,256	87,415
KIMCO	49446RBA6 KIMCO 4.6% 02/01/2033	83,607	85,673
PRIMERICA INC	74164MAB4 PRIMERICA INC 2.8% 11/19/2031-2021	86,615	85,580
NATIONAL RURAL UTILS	63743HFM9 NATIONAL RURAL UTILS 4.80% 2/5/2027	85,108	85,257
ORACLE CORPORATION	68389XBX2 ORACLE CORPORATION 3.6% 04/01/2050-2049	85,728	84,073
WELLS FARGO & CO	94974BGQ7 WELLS FARGO & CO VR 4.9% 11/17/2045	82,789	82,334
METLIFE INC	59156RAM0 METLIFE INC 5.7% 06/15/2035	84,327	82,320
AIR LEASE CORPORATION	00914AAG7 AIR LEASE CORPORATION 3% 02/01/2030-2029	81,133	81,251
DUKE ENERGY CORP	26441CBT1 DUKE ENERGY CORP 4.5% 08/15/2032-2032	78,849	80,974
BANK NEW YORK MELLON	06406YAB8 BANK NEW YORK MELLON 0.00% 7/21/2039	80,068	80,479
BRISTOL-MYERS SQUIBB	110122EH7 BRISTOL-MYERS SQUIBB 5.20% 2/22/2034	80,511	79,900
VMWARE INC	928563AC9 VMWARE INC 3.9% 08/21/2027-2027	78,319	78,190
BERKSHIRE HATHAWAY ENERGY CO	084659AP6 BERKSHIRE HATHAWAY ENERGY CO 3.8% 07/15/2048-2048	89,426	77,886
HEALTHCARE TR AMER HLDGS	42225UAF1 HEALTHCARE TR AMER HLDGS LP 3.75% 07/01/2027-2027	78,371	77,727
SYSCO	871829BN6 SYSCO 6.6% 04/01/2050-2049	82,216	76,731
BP CAP MARKETS AMERICA	10373QBQ2 BP CAP MARKETS AMERICA 3.379% 02/08/2061-2060	91,512	75,907
ADOBE INC SR	00724PAG4 ADOBE INC SR 4.95% 4/4/2034	74,854	74,387
APPALACHIAN PWR CO	03773SDA2 APPALACHIAN PWR CO 4.5% 08/01/2032-2032	74,043	70,563
TOYOTA MTR CR CORP	89236TMS1 TOYOTA MTR CR CORP 4.35% 10/8/2027	70,094	69,510
DTE ELEC CO	23338VAG1 DTE ELEC CO 3.75% 08/15/2047-2047	79,535	67,741
ENTERPRISE PRODS OPER LLC	29379VAG8 ENTERPRISE PRODS OPER LLC 6.125% 10/15/2039	71,165	67,384
CATERPILLAR INC	149123CF6 CATERPILLAR INC 3.25% 09/19/2049-2049	80,074	65,951
MICROSOFT CORP	594918CD4 MICROSOFT CORP 2.675% 06/01/2060-2059	79,391	64,424
FACEBOOK INC	30303M8G0 FACEBOOK INC 3.5% 08/15/2027-2027	61,992	63,543
ABBVIE INC SR NT	00287YDT3 ABBVIE INC SR NT 4.95% 3/15/2031	60,662	59,988
JPMORGAN CHASE & CO	46647PBK1 JPMORGAN CHASE & CO 2.083% 04/22/2026-2025	56,719	59,485
REINSURANCE	759351AN9 REINSURANCE 3.9% 05/15/2029-2029	57,678	57,295
SEMPRA ENERGY	816851BJ7 SEMPRA ENERGY 4% 02/01/2048-2047	58,170	56,706
PNC FINL SVCS GROUP INC	693475BV6 PNC FINL SVCS GROUP INC 5.30% 1/21/2028	55,590	55,472
AIR LEASE CORPORATION	00914AAE2 AIR LEASE CORPORATION 3.25% 10/1/2029	52,306	55,383
STATE STR CORP	857477BN2 STATE STR CORP SR GLBL 0.00% 3/30/2031	53,693	54,968
HCA INC	404119BU2 HCA INC 4.5% 02/15/2027-2026	53,298	54,481

RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF CHIQUITA BRANDS L.L.C.

SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR) - DECEMBER 31, 2024
EIN:31-1192704 **PIN: 002**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	ANHEUSER-BUSCH COMPANIES LLC	03522AAH3 ANHEUSER-BUSCH COMPANIES LLC 4.7% 02/01/2036-2035	53,682	52,169
	HEWLETT PACKARD ENTERPRISE CO	42824CAY5 HEWLETT PACKARD ENTERPRISE CO 6.35% 10/15/2045-2045	52,386	51,891
	TOYOTA MTR CR CORP FR	89236TKJ3 TOYOTA MTR CR CORP FR 4.55% 09/20/2027	49,379	49,996
	RAYMOND JAMES FINL INC	754730AF6 RAYMOND JAMES FINL INC 4.95% 07/15/2046	48,486	49,366
	BRISTOL MYERS SQUIBB CO	110122BB3 BRISTOL MYERS SQUIBB CO 3.25% 02/27/2027	49,589	48,780
	DTE ELEC CO	23338VAK2 DTE ELEC CO 2.25% 3/1/2030	47,592	48,478
	GOLDMAN SACHS GROUP INC	38141GFD1 GOLDMAN SACHS GROUP INC 6.75% 10/01/2037	51,521	48,175
	GOLDMAN SACHS GROUP INC	38141GYC2 GOLDMAN SACHS GROUP INC SNR NTS 3.21% 4/22/2042	49,946	47,367
	SOUTHERN CAL EDISON	842400GK3 SOUTHERN CAL EDISON 4.125% 03/01/2048-2047	51,088	46,685
	COMCAST CORP	20030NEG2 COMCAST CORP NEW 5.50% 5/15/2064	50,533	46,631
	UNITEDHEALTH GROUP INC	91324PAR3 UNITEDHEALTH GROUP INC 5.8% 03/15/2036	51,290	46,425
	MOODY'S CORPORATION	615369AM7 MOODY'S CORPORATION 3.25% 01/15/2028-2027	43,513	43,112
	WELLS FARGO & CO SR	95000U2S1 WELLS FARGO & CO SR NT 2.393% 6/2/2028	41,010	42,382
	ANHEUSER-BUSCH INBEV WORLDWIDE I	035240AV2 ANHEUSER-BUSCH INBEV WORLDWIDE I 3.5% 06/01/2030-2030	41,809	42,190
	BERKSHIRE HATHAWAY	084664BU4 BERKSHIRE HATHAWAY 4.4% 05/15/2042	43,785	40,887
	CITIGROUP INC	172967FX4 CITIGROUP INC NT 5.875% 01/30/2042	44,278	40,882
	UNITED PARCEL SERVICE	911312BU9 UNITED PARCEL SERVICE 2.5% 09/01/2029-2029	41,153	40,831
	REINSURANCE GROUP	759351AS8 REINSURANCE GROUP 5.75% 9/15/2034	39,882	40,315
	CHENIERE CORPUS CHRISTI HLDGS	16412XAG0 CHENIERE CORPUS CHRISTI HLDGS LL 5.125% 06/30/2027	40,060	40,215
	BERKSHIRE HATHAWAY INC	084670BS6 BERKSHIRE HATHAWAY INC 3.125% 03/15/2026-2025	39,716	39,386
	T-MOBILE USA INC	87264ABD6 T-MOBILE USA INC 3.75% 04/15/2027-2027	38,683	39,078
	SCHWAB CHARLES CORP	808513BF1 SCHWAB CHARLES CORP .9% 03/11/2026-2026	35,663	38,266
	MYLAN N V	62854AAP9 MYLAN N V 5.25% 06/15/2046-2045	35,523	37,889
	NORTHERN TRUST CORP	665859AX2 NORTHERN TRUST CORP 6.125% 11/02/2032-2032	35,186	36,923
	CONSOLIDATED EDISON CO	209111GD9 CONSOLIDATED EDISON CO 6.15% 11/15/2052-2052	40,191	36,673
	HCA INC	404119BV0 HCA INC 5.5% 06/15/2047-2046	36,373	36,320
	ENERGY TRANSFER PARTNERS L P	29273RAR0 ENERGY TRANSFER PARTNERS L P SR NT 6.5% 02/01/2042-2041	36,374	36,246
	COMMONWEALTH EDISON	202795JS0 COMMONWEALTH EDISON 3.00% 3/1/2050	37,464	35,462
	GOLDMAN SACHS GROUP INC	38141GZK3 GOLDMAN SACHS GROUP INC 2.64% 02/24/2028-2027	34,403	35,289
	AFLAC INC	001055AY8 AFLAC INC 4.75% 01/15/2049-2048	39,890	35,027
	ENABLE MIDSTREAM PARTNERS LP	292480AL4 ENABLE MIDSTREAM PARTNERS LP 4.95% 05/15/2028-2028	34,944	34,938
	BRISTOL MYERS SQUIBB CO	110122DS4 BRISTOL MYERS SQUIBB CO 2.55% 11/13/2050-2050	42,408	34,728
	BK OF AMERICA CORP	06051GGF0 BK OF AMERICA CORP FR 3.824% 01/20/2028-2027	34,143	34,294
	LOWES COMPANIES INC	548661EM5 LOWES COMPANIES INC 5.625% 04/15/2053	34,814	33,635
	DELL INTERNATIONAL L.L.C.	24703TAK2 DELL INTERNATIONAL L.L.C. AND EM 8.35% 07/15/2046-2046	33,807	33,070
	SELECTIVE INSURANCE GROUP INC	816300AH0 SELECTIVE INSURANCE GROUP INC 5.375% 03/01/2049-2048	32,560	31,843
	VALERO ENERGY CORP	91913YAL4 VALERO ENERGY CORP 6.625% 06/15/2037	31,751	31,468
	WYETH	983024AN0 WYETH 5.95% 04/01/2037	33,461	31,319
	WELLS FARGO & CO	95000U2J1 WELLS FARGO & CO SR NT 2.572% BDS 11/02/31	29,904	30,866
	SIMON PPTY GROUP LP SR	828807DX2 SIMON PPTY GROUP LP SR 6.65% 1/15/2054	25,009	27,826
	CSX CORP NT	126408GX5 CSX CORP NT 4.4% 03/01/2043-2042	27,440	25,945
	BRISTOL MYERS SQUIBB CO	110122DW5 BRISTOL MYERS SQUIBB CO 3.7% 03/15/2052-2051	29,242	25,485
	SOUTHERN CAL EDISON	842400GT4 SOUTHERN CAL EDISON 3.65% 2/1/2050	26,710	25,000
	APPLE INC	037833AL4 APPLE INC 3.85% 05/04/2043	23,574	24,850
	NORFOLK SOUTHERN CORP	655844CJ5 NORFOLK SOUTHERN CORP 4.1% 05/15/2121-2120	26,343	24,220
	CAPITAL ONE FINL CORP	14040HCH6 CAPITAL ONE FINL CORP 1.878% 11/2/2027	21,739	23,623
	MERCK & CO INC	58933YAT2 MERCK & CO INC 3.7% 02/10/2045-2044	26,563	23,233
	ELI LILLY & CO SR	532457CS5 ELI LILLY & CO SR 5.05% 8/14/2054	24,910	23,158
	BERKSHIRE HATHAWAY	084664DB4 BERKSHIRE HATHAWAY 3.85% 03/15/2052-2051	23,442	22,711
	META PLATFORMS INC	30303M8Q8 Meta Platforms Inc DTD 5/3/2023 5.60% 5/15/2053	17,972	19,995
	CISCO SYS INC	17275RBU5 CISCO SYS INC SR 5.30% 2/26/2054	20,431	19,440
	META PLATFORMS INC	30303M8V7 META PLATFORMS INC 5.40% 8/15/2054	20,094	19,367
	AIR LEASE CORP	00912XAV6 AIR LEASE CORP 3.625% 04/01/2027-2027	19,035	19,328
	CONOCOPHILLIPS SR	20826FBG0 CONOCOPHILLIPS SR NT 5.55% 3/15/2054	20,350	19,227
	AMERICAN WTR CAP	03040WBC8 AMERICAN WTR CAP 5.45% 3/1/2054	19,819	19,125
	SOUTHWESTERN ELEC	845437BT8 SOUTHWESTERN ELEC 3.25% 11/01/2051-2051	20,042	18,995
	GENERAL MTRS FINL CO INC	37045XCY0 GENERAL MTRS FINL CO INC 3.6% 06/21/2030-2030	17,863	18,334
	EXXON MOBIL CORPORATION	30231GBE1 EXXON MOBIL CORPORATION 2.44% 08/16/2029-2029	18,302	18,252
	WAL-MART STORES INC	93114ZE22 WAL-MART STORES INC 4.5% 09/09/2052	17,728	17,446
	PHILLIPS 66 CO.	718547AW2 PHILLIPS 66 CO. 5.65% 6/15/2054	17,493	16,987
	GOLDMAN SACHS GROUP INC	38141GYJ7 GOLDMAN SACHS GROUP INC 2.383% 07/21/2032-2031	16,460	16,668
	ENTERGY TEX INC	29365TAK0 ENTERGY TEX INC 1.75% 3/15/2031	16,363	16,482
	MERCK & CO INC	58933YBF1 MERCK & CO INC 2.75% 12/10/2051-2051	18,389	15,151
	VISA INC	92826CAD4 VISA INC 3.15% 12/14/2025-2025	14,965	14,830
	ENTERGY LA LLC	29364WBN7 ENTERGY LA LLC 5.70% 3/15/2054	14,747	14,822
	DOMINION ENERGY INC	25746UBM0 DOMINION ENERGY INC 4.9% 08/01/2041	13,188	13,424
	TARGET CORP	87612EBN5 TARGET CORP 2.95% 01/15/2052-2051	14,273	12,747
	MERCK & CO INC	58933YBE4 MERCK & CO INC 2.15% 12/10/2031-2031	12,973	12,545
	CORPORATE OFFICE PPTYS L P	22003BAP1 CORPORATE OFFICE PPTYS L P 2.9% 12/01/2033-2033	12,086	12,051
	DELL INTERNATIONAL L.L.C. AND EM	24703TAG1 DELL INTERNATIONAL L.L.C. AND EM 5.3% 10/01/2029-2029	10,136	10,096
	DELL INTERNATIONAL L.L.C. AND EM	24703TAE6 DELL INTERNATIONAL L.L.C. AND EM 4.9% 10/01/2026-2026	10,220	10,028
	SAN DIEGO	797440BU7 SAN DIEGO 2.5% 05/15/2026-2026	9,591	9,727
	TARGET CORP	87612EBH8 TARGET CORP 3.375% 04/15/2029-2029	9,720	9,491
	MEDTRONIC INC	58505SBT2 MEDTRONIC INC 4.375% 03/15/2035	10,218	9,386
	BAKER HUGHES A GE CO LLC / BAKER	05723KAG5 BAKER HUGHES A GE CO LLC / BAKER 3.138% 11/07/2029-2029	9,233	9,231
	ELI LILLY	532457CM8 ELI LILLY 5.00% 02/09/2054 5.00% 2/9/2054	9,943	9,190
	NORFOLK SOUTHN CORP	655844CT3 NORFOLK SOUTHN CORP SR 5.55% 3/15/2034	5,014	5,100
	THE TORONTO-DOMINION BANK	89115A2H4 THE TORONTO-DOMINION BANK 4.693% 09/15/2027	197,723	199,556
	RIO TINTO	767201AT3 RIO TINTO 2.75% 11/02/2051-2051	107,964	88,432
	BHP BILLITON FIN USA LTD	055451BE7 BHP BILLITON FIN USA LTD SR NT 5.25% 9/8/2033	59,703	60,294
	ROYAL BANK OF CANADA	78016HZT0 ROYAL BANK OF CANADA 4.875% 1/19/2027	19,769	20,076
	TOTALENERGIES CAP	89157XAB7 TOTALENERGIES CAP 5.488% 4/5/2054	15,000	14,376
	SHELL INTL FIN B V	822582AT9 SHELL INTL FIN B V US822582AT91 3.625% 08/21/2042	12,064	11,681
	BHP FINANCE USA	055451AV0 BHP FINANCE USA LTD SR NT 5% 09/30/2043	9,658	9,343
DEBT SECURITIES - MORTGAGE BACKED SECURITIES				
	FEDERAL NATL MTG ASSN	31418EFJ8 FEDERAL NATL MTG ASSN 5.000 5.00% 9/1/2052	205,036	194,786
	FHLMC POOL	3132DWJ38 FHLMC POOL #SD-8382 5.00% 12/1/2053	189,777	188,295
EQUITY SECURITIES - COMMON STOCK				
	MICROSOFT CORP	594918104 MICROSOFT CORP	104,775	153,848

RETIREMENT PLAN FOR SALARIED TROPICAL EMPLOYEES OF CHIQUITA BRANDS L.L.C.

SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR) - DECEMBER 31, 2024
EIN:31-1192704 PIN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	AMAZON COM INC	23135106 AMAZON COM INC	68,346	117,154
	BROADCOM INC	11135F101 BROADCOM INC	45,192	95,285
	SERVICENOW INC	81762P102 SERVICENOW INC	49,054	81,629
	LILLY ELI & CO	532457108 LILLY ELI & CO	28,869	77,200
	VISA INC CL A	92826C839 VISA INC CL A	47,761	76,482
	UNITEDHEALTH GROUP INC	91324P102 UNITEDHEALTH GROUP INC	73,069	73,350
	WALT DISNEY CO	254687106 WALT DISNEY CO	51,999	61,354
	TAKE-TWO INTERACTIVE SOFTWARE	874054109 TAKE-TWO INTERACTIVE SOFTWARE	41,469	57,249
	CADENCE DESIGN SYS	127387108 CADENCE DESIGN SYS	42,064	57,087
	AMERIPRISE FINL INC	03076C106 AMERIPRISE FINL INC	27,744	56,438
	APOLLO GLOBAL MANAGEMENT INC COM	03769M106 APOLLO GLOBAL MANAGEMENT INC COM	39,139	56,320
	T-MOBILE US INC	872590104 T-MOBILE US INC	49,089	54,962
	TJX COMPANIES INC NEW	872540109 TJX COMPANIES INC NEW	27,490	54,123
	ZSCALER INC	98980G102 ZSCALER INC	53,764	51,597
	MARSH & MCLENNAN COS INC	571748102 MARSH & MCLENNAN COS INC	36,738	48,854
	GE VERNOVA LLC COM	36828A101 GE VERNOVA LLC COM	28,485	47,695
	COSTCO WHOLESALE CORP	22160K105 COSTCO WHOLESALE CORP	24,922	45,814
	FIRST HORIZON NATIONAL CORP	320517105 FIRST HORIZON NATIONAL CORP	44,914	45,456
	MONGODB INC	60937P106 MONGODB INC	48,346	44,466
	KONINKLIJKE (ROYAL) PHILIPS	500472303 KONINKLIJKE (ROYAL) PHILIPS	32,978	42,411
	AECOM TECHNOLOGY CORP DELAWARE	00766T100 AECOM TECHNOLOGY CORP DELAWARE	35,468	39,417
	HALEON PLC SPON ADS	405552100 HALEON PLC SPON ADS	36,916	38,637
	AUTODESK INC (DEL)	52769106 AUTODESK INC (DEL)	37,179	38,423
	LATTICE SEMICONDUCTOR CORP	518415104 LATTICE SEMICONDUCTOR CORP	41,424	36,596
	INGERSOLL RAND INC COM	45687V106 INGENSOLL RAND INC COM	17,400	36,365
	CF INDS HLDGS INC	125269100 CF INDS HLDGS INC	33,134	34,469
	CANADIAN PACIFIC KANSAS CITY ORD	13646K108 CANADIAN PACIFIC KANSAS CITY ORD	33,185	33,869
	MICRON TECHNOLOGY INC	595112103 MICRON TECHNOLOGY INC	30,064	33,243
	KEYENCE CO JPY50 ORDS	J32491102 KEYENCE CO JPY50 ORDS	30,687	32,825
	UNIVERSAL MUSIC GROUP NV	N90313102 UNIVERSAL MUSIC GROUP NV	30,844	30,085
	WESTERN DIGITAL CORP	958102105 WESTERN DIGITAL CORP	31,851	29,875
	SCHLUMBERGER LTD	806857108 SCHLUMBERGER LTD	37,326	28,602
	REGAL BELOIT CORP WISCONSIN	758750103 REGAL BELOIT CORP WISCONSIN	23,939	28,079
	PROGRESSIVE CORP	743315103 PROGRESSIVE CORP	25,757	27,316
	BIO RAD LABORATORIES INC CL A	90572207 BIO RAD LABORATORIES INC CL A	36,941	26,937
	UNIVERSAL DISPLAY CORP	91347P105 UNIVERSAL DISPLAY CORP	22,547	26,170
	RIVIAN AUTOMOTIVE INC COM CL A	76954A103 RIVIAN AUTOMOTIVE INC COM CL A	28,546	26,055
	SALESFORCE INC	79466L302 SALESFORCE INC	14,663	25,743
	ALCON INC	H01301128 ALCON INC	20,480	25,552
	MERCADOLIBRE INC	58733R102 MERCADOLIBRE INC	16,242	25,507
	STARBUCKS CORP	855244109 STARBUCKS CORP	22,942	25,185
	ADVANCED DRAIN SYS INC DEL	00790R104 ADVANCED DRAIN SYS INC DEL	27,524	24,160
	ADVANCED MICRO DEVICES INC	7903107 ADVANCED MICRO DEVICES INC	21,025	23,071
	MASCO CORP	574599106 MASCO CORP	16,915	22,569
	MSA SAFETY INC	553498106 MSA SAFETY INC	16,730	22,379
	INTEL CORP	458140100 INTEL CORP	33,751	21,514
	ECOLAB INC	278865100 ECOLAB INC	13,189	18,746
	MONTRORSE ENVIRONMENTAL GROUP INC COM	615111101 MONTRORSE ENVIRONMENTAL GROUP INC COM	32,324	16,454
	LINDE PLC SHS	G54950103 LINDE PLC SHS	10,017	13,816
EQUITY SECURITIES - FOREIGN STOCK				
	LONDON STOCK EXCHANGE GROUP	G5689U103 LONDON STOCK EXCHANGE GROUP	52,080	77,123
	KNORR BREMSE AG	D4S43E114 KNORR BREMSE AG	29,761	30,592
	SPECTRIS PLC	G8338K104 SPECTRIS PLC	33,343	28,494
	MICHELN CL B REGD	F61824870 MICHELN CL B REGD	14,044	15,588
	PRYSMIAN SPA	T7630L105 PRYSMIAN SPA	6,862	14,964
	ASML HOLDING N V	N07059202 ASML HOLDING N V	12,197	12,536
EQUITY SECURITIES - ADR				
	TAIWAN SEMICONDUCTOR SPON	874039100 TAIWAN SEMICONDUCTOR SPON ADR	39,578	68,332
	AXA SA ONE ADR REPRESENTS 1/2	54536107 AXA SA ONE ADR REPRESENTS 1/2	34,684	50,002
	SONY CORP AMERN SH NEW	835699307 SONY CORP AMERN SH NEW ADR	36,803	47,420
	DANONE SPONSORED	23636T100 DANONE SPONSORED ADR	43,919	47,012
	UNILEVER PLC-SPONSORED	904767704 UNILEVER PLC-SPONSORED ADR	32,156	39,917
	ASTRAZENECA PLC SPON	46353108 ASTRAZENECA PLC SPON ADR	34,629	35,708
	EQUINOR ASA	29446M102 EQUINOR ASA ADR	48,576	34,279
	ASHTREAD GROUP PLC	45055100 ASHTREAD GROUP PLC ADR	19,315	25,121
	PT BK MANDIRI PERSERO TBK	69367U105 PT BK MANDIRI PERSERO TBK ADR	14,499	18,047
	HSBC HOLDNGS PLC HOLDINGS PLC-SPON	404280406 HSBC HOLDNGS PLC HOLDINGS PLC-SPON ADR	12,027	18,003
	GENMAB A/S SPONSORED	372303206 GENMAB A/S SPONSORED ADR	22,966	15,987
EQUITY SECURITIES - OPEN END MUTUAL FUNDS				
	BANK IRELAND GROUP	G0756R109 BANK IRELAND GROUP PLC ORD SHS	53,429	46,898
SHORT TERM INVESTMENTS				
	UBS SA	90262Y307 UBS LIQUID ASSETS GOVERNMENT FUND	261,035	261,035
	* COMERICA	SWSTIF001 COMERICA SHORT TERM FUND	6,368	6,368
TOTAL			<u>\$ 13,563,230</u>	<u>\$ 13,868,632</u>