

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 BUNGE NORTH AMERICA PENSION PLAN FOR HOURLY UNION EMPLOYEES
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 09/01/2001
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) BUNGE NORTH AMERICA EAST, L.L.C. 1391 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017
2b	Employer Identification Number (EIN) 20-0537386
2c	Plan Sponsor's telephone number 314-292-2394
2d	Business code (see instructions) 311200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	JESSICA WHEELER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		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	621
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)	179
		6a(2)	198
		6b	249
		6c	71
		6d	518
		6e	113
		6f	631
		6g(1)	
		6g(2)	
		6h	1
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:

1B 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 BUNGE NORTH AMERICA PENSION PLAN FOR HOURLY UNION EMPLOYEES	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BUNGE NORTH AMERICA EAST, L.L.C.	D Employer Identification Number (EIN) 20-0537386
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	35244732	
b	Actuarial value	2b	35244732	
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	361	24295964	24295964
b	For terminated vested participants	83	1832294	1832294
c	For active participants	179	6780163	7529236
d	Total	623	32908421	33657494
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.20 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	479279	
b	Expected plan-related expenses	6b	166000	
c	Target normal cost	6c	645279	

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 PHILIP HELPPI, FSA Type or print name of actuary MERCER Firm name ONE TOWNE SQUARE, SUITE 1100 SOUTHFIELD, MI 48076 Address of the firm	10/08/2025 Date 23-08575 Most recent enrollment number 773-530-6120 Telephone number (including area code)
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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>10.39</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)		849
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>5.28</u> %		45
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		894
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	104.71 %
15	Adjusted funding target attainment percentage	15	104.71 %
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	99.28 %
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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	645279	
b Excess assets, if applicable, but not greater than line 31a	31b	645279	
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
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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 BUNGE NORTH AMERICA PENSION PLAN FOR HOURLY UNION EMPLOYEES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BUNGE NORTH AMERICA EAST, L.L.C.	D Employer Identification Number (EIN) 20-0537386	

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)

MERCER

13-2834414

(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 50 14 17	CONSULTANT	93257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOLDMAN SACHS ASSET MGMT LP

13-3575636

(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?
22 50	CONSULTANT	30085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARMANINO LLP

33-2514127

(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	CONSULTANT	19320	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)

NORTHERN TRUST COMPANY

36-1561860

(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?
19 21 50	CUSTODIAN	12873	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 ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name: CORINNE ACTON	b EIN: 13-2834414
c Position: ENROLLED ACTUARY	
d Address: ONE NATIONWIDE PLAZA W NATIONWIDE BLVD COLUMBUS, OH 43215	e Telephone: 800-882-2822

Explanation: THE ENROLLED ACTUARY FOR THE PLAN HAS CHANGED FROM CORINNE ACTON (EA #23-08377) TO PHILIP HELPPI (EA #23-08575), DUE TO CORINNE ACTON LEAVING EMPLOYMENT AT MERCER. THERE HAS BEEN NO CHANGE IN THE FIRM PROVIDING ACTUARIAL SERVICES TO THE PLAN.

a Name: ARMANINO LLP	b EIN: 94-6214841
c Position: ACCOUNTANT	
d Address: 6 CITYPLACE DRIVE ST. LOUIS, MO 63141	e Telephone: 314-983-1200

Explanation: CHANGE IN EIN ONLY FOR ARMANINO LLP

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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		
A Name of plan BUNGE NORTH AMERICA PENSION PLAN FOR HOURLY UNION EMPLOYEES	B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BUNGE NORTH AMERICA EAST, L.L.C.	D Employer Identification Number (EIN) 20-0537386	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: SS MSCI ACWI IMI INDEX NON-LENDING			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY			
c EIN-PN 90-0337987-161	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 726970	
a Name of MTIA, CCT, PSA, or 103-12 IE: GS CT LONG DURATION CREDIT FUND			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS ASSET MANAGEMENT, L.P.			
c EIN-PN 13-4166989-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12397982	
a Name of MTIA, CCT, PSA, or 103-12 IE: GS CT INTER DURATION CREDIT FUND			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS ASSET MANAGEMENT, L.P.			
c EIN-PN 13-4166989-034	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13112523	
a Name of MTIA, CCT, PSA, or 103-12 IE: GS CT LONG TREASURY STRIPS FUND			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS ASSET MANAGEMENT, L.P.			
c EIN-PN 13-4166989-030	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4318552	
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI MANAGER NON CORE FIXED FUND			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS ASSET MANAGEMENT, L.P.			
c EIN-PN 47-2386732-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 590801	
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI MANAGER REAL ASSET STRAT FUND			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS ASSET MANAGEMENT, L.P.			
c EIN-PN 47-3185136-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161350	
a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INV FUND			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.			
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 558667	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 BUNGE NORTH AMERICA PENSION PLAN FOR HOURLY UNION EMPLOYEES	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 BUNGE NORTH AMERICA EAST, L.L.C.	D Employer Identification Number (EIN) 20-0537386

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	766000	2660
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	17485	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	200641	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	34049104	31866845
(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)	233204	1790550
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

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	35266434	33660055
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	35266434	33660055

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)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	177114	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		177114
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		552085
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		729199

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2085917	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2085917
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	19320	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	28458	
(6) Bank or trust company trustee/custodial fees	2i(6)	14370	
(7) Actuarial fees	2i(7)	124512	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	63001	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		249661
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2335578

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1606379
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: **ARMANINO LLP**

(2) EIN: **33-2514127**

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?	☒		25000000
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 560328.

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 BUNGE NORTH AMERICA PENSION PLAN FOR HOURLY UNION EMPLOYEES				B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 BUNGE NORTH AMERICA EAST, L.L.C.				D Employer Identification Number (EIN) 20-0537386	
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): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3 0	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Bunge North America Pension Plan For Hourly Union Employees

Financial Statements
and Supplemental Schedules

December 31, 2024 and 2023



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INDEPENDENT AUDITOR'S REPORT

To the Participants and Bunge U.S. Retirement Plan
Committee of the
Bunge North America Pension Plan For Hourly Union Employees

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

We have performed audits of the accompanying financial statements of Bunge North America Pension Plan For Hourly Union Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years 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 Bunge North America Pension Plan For Hourly Union Employees' financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Bunge North America Pension Plan For Hourly Union Employees 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audits does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Bunge North America Pension Plan For Hourly Union Employees' ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Bunge North America Pension Plan For Hourly Union Employees' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Bunge North America Pension Plan For Hourly Union Employees' ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year then ended (collectively, "supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Armanino LLP

St. Louis, Missouri

October 8, 2025

Bunge North America Pension Plan For Hourly Union Employees
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash and cash equivalents	\$ 2,660	\$ 200,641
Investments		
Investments at fair value	<u>33,657,395</u>	<u>34,282,308</u>
Total investments	<u>33,657,395</u>	<u>34,282,308</u>
Receivables		
Employer contributions	<u>-</u>	<u>766,000</u>
Total receivables	<u>-</u>	<u>766,000</u>
Accrued investment income	<u>-</u>	<u>17,485</u>
Net assets available for benefits	<u><u>\$ 33,660,055</u></u>	<u><u>\$ 35,266,434</u></u>

The accompanying notes are an integral part of these financial statements.

Bunge North America Pension Plan For Hourly Union Employees
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of assets	\$ 552,085	\$ 3,355,621
Interest and dividend income	<u>177,114</u>	<u>86,799</u>
Total investment income	<u>729,199</u>	<u>3,442,420</u>
Contributions		
Employer contributions	<u>-</u>	<u>766,000</u>
Total contributions	<u>-</u>	<u>766,000</u>
Total additions	<u>729,199</u>	<u>4,208,420</u>
Deductions		
Benefits paid directly to participants	2,085,917	2,887,297
Administrative expenses	<u>249,661</u>	<u>236,323</u>
Total deductions	<u>2,335,578</u>	<u>3,123,620</u>
Net increase (decrease) in net assets available for benefits	(1,606,379)	1,084,800
Net assets available for benefits, beginning of year	<u>35,266,434</u>	<u>34,181,634</u>
Net assets available for benefits, end of year	<u><u>\$ 33,660,055</u></u>	<u><u>\$ 35,266,434</u></u>

The accompanying notes are an integral part of these financial statements.

Bunge North America Pension Plan For Hourly Union Employees
Notes to Financial Statements
December 31, 2024 and 2023

1. PLAN DESCRIPTION

The following description of the Bunge North America Pension Plan for Hourly Union Employees (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions, which is available from the Plan Administrator.

General

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Bunge U.S. Retirement Plans Committee (the "Pension Committee") appointed by the Board of Directors of Bunge North America, Inc. administers the Plan.

The Plan is a noncontributory, defined benefit pension plan covering substantially all eligible hourly bargaining unit employees at participating domestic plant locations and domestic subsidiaries of Bunge North America (East), L.L.C. (the "Company"), a 100% owned subsidiary of Bunge North America, Inc. For the period January 1, 2023 through February 29, 2024, and for the period December 1, 2023 through December 31, 2024, U.S. Bank National Association and The Northern Trust Company served as the Trustees for the Plan, respectively.

Benefits

The Plan provides that upon normal retirement at age 65, a participant receives an annual pension benefit from the Plan. The annual pension benefit is a graduated amount based on the date of retirement and the participant's years of credited service. Participants may choose to receive their benefit in the form of a single life annuity option, or joint survivor and survivor option in the form of 100%, 75% or 50% as defined in the Plan document. The Plan also allows for early retirement and a disability pension upon meeting certain criteria, as defined in the Plan document. In the event of a vested participant's death prior to commencement of benefits, a 50% joint and survivor benefit is payable to the surviving spouse of the vested participant in accordance with Plan provisions.

Effective September 12, 2021, the Plan's participation was frozen to new participants for those members employed at the Company's Indianapolis, Indiana facility. Notwithstanding anything in the Plan to the contrary, for the Plan year commencing on January 1, 2021, eligible employees employed at the Company's Indianapolis, Indiana facility will be credited with a pro rata part of a year of Benefit Service based on the ratio of their hours of employment credited from January 1, 2021 through September 12, 2021 to 2,000 hours. No full or partial year of benefit service will be earned by such individuals for service completed on or after September 12, 2021. An individual hired on or after September 12, 2021, will not be eligible to participate in the Plan, moreover, an individual rehired or reemployed on or after September 12, 2021, will not be able to re-enter the Plan and will not be able to accrue additional benefits under the Plan.

Bunge North America Pension Plan For Hourly Union Employees
Notes to Financial Statements
December 31, 2024 and 2023

1. PLAN DESCRIPTION (continued)

Vesting

A participant is credited with one year of vesting service for each Plan year in which the participant works 1,000 hours or more. A participant's accrued benefit shall be 100% vested upon one of the following: (1) the participant's completion of at least five years of vesting service, or (2) the participant's attainment of age 65 while employed by the Company.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of estimates

The preparation of financial statements in accordance with U.S. GAAP requires the Plan Administrator and management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Valuation of investments

Investments are stated at fair value or net asset value ("NAV"). Fair value of a financial instrument is the amount 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. Quoted market prices are used to value all mutual funds. 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. Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Expenses

Administrative expenses of the Plan are paid by the Plan.

Bunge North America Pension Plan For Hourly Union Employees
Notes to Financial Statements
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Reclassifications

Certain 2023 amounts within the financial statement footnotes have been reclassified, where appropriate, to conform to the presentation used in the 2024 financial statements.

Subsequent events

The Plan has evaluated subsequent events for potential recognition and disclosure through October 8, 2025, the date the financial statements were available to be issued.

3. CERTIFICATION OF INVESTMENT INFORMATION BY THE TRUSTEES (UNAUDITED)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations and Disclosure under ERISA. U.S. Bank National Association, for the period January 1, 2023 through February 29, 2024, and The Northern Trust Company ("Northern Trust"), for the period December 1, 2023 through December 31, 2024, the Trustees, have certified the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the supplemental Schedule H, Part IV, Line 4(i) Schedule of Assets (Held at End of Year) as of December 31, 2024, the supplemental Schedule H, Part IV, Line 4(j) Schedule of Reportable Transactions during the year ended December 31, 2024, and the information related to investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

4. FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

Bunge North America Pension Plan For Hourly Union Employees
Notes to Financial Statements
December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS (continued)

- 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.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

Collective Trust Funds - Valued at the NAV of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 1,790,550</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 1,790,550
Investments measured at NAV (a)				<u>31,866,845</u>
				<u>\$ 33,657,395</u>

Bunge North America Pension Plan For Hourly Union Employees
Notes to Financial Statements
December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS (continued)

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 3,953,556</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 3,953,556
Investments measured at NAV (a)				<u>30,328,752</u>
				<u>\$ 34,282,308</u>

(a) Collective trust funds are typically collective trusts valued at NAV that are calculated by the investment manager or sponsor of the fund and have daily or monthly liquidity. Using the practical expedient in ASC 820, *Fair Value Measurements*, these investments are not categorized within the fair value hierarchy, but are included in the table above so that they can be reconciled to the line items presented in the statements of net assets available for benefits.

5. FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NET ASSET VALUE

The following table summarizes the Plan's investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024:

<u>Description</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective trust funds	\$ 31,866,845	\$0	Daily	Daily

The following table summarizes the Plan's investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2023:

<u>Description</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective trust funds	\$ 30,328,752	\$0	Daily	Daily

Bunge North America Pension Plan For Hourly Union Employees
Notes to Financial Statements
December 31, 2024 and 2023

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated Plan benefits as of January 1 is as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants and/or beneficiaries currently receiving payments	\$ 20,635,654	\$ 20,810,327
Other participants	<u>6,857,740</u>	<u>7,858,116</u>
	27,493,394	28,668,443
Nonvested benefits	<u>606,809</u>	<u>654,377</u>
	<u><u>\$ 28,100,203</u></u>	<u><u>\$ 29,322,820</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended January 1, 2024, are as follows:

Actuarial present value of accumulated benefits - January 1, 2023	\$ 29,322,820
Benefits accumulated and (gains) and losses	580,142
Increase for interest due to decrease in discount period	1,748,933
Benefits paid	(2,887,297)
Change in actuarial assumption	<u>(664,395)</u>
	<u><u>\$ 28,100,203</u></u>

The significant assumptions used in the January 1, 2024 and 2023, valuations were:

- Actuarial cost method - Unit Credit as of January 1, 2024 and 2023.
- Investment return - 6.54% (net of 0.2% for administrative expenses expected to be paid) as of January 1, 2024, and 6.30% (net of 0.2% for administrative expenses expected to be paid) as of January 1, 2023.

Bunge North America Pension Plan For Hourly Union Employees
Notes to Financial Statements
December 31, 2024 and 2023

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

- Mortality - Non-annuitants: Pri-2012 employee sex distinct base table with no contingent survivor adjustments and blue collar adjustments applied. Annuitants: The Mercer Industry Longevity Experience Study generational annuitant only mortality table, with blue collar adjustments for the Consumer Goods and Food and Drink industry as of January 1, 2021, and January 1, 2020. Both tables are projected using the mortality improvement projection scale implied by the Social Security Administration's rate of mortality.
- Retirement age - Graded rates as of January 1, 2024 and 2023 were 55 to 70 and 55 to 71, respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

7. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

8. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

Certain Plan investments were managed by U.S. Bank National Association for the year ended December 31, 2023. U.S. Bank National Association is considered a Trustee of the Plan for the period January 1, 2023 through February 29, 2024, therefore, these transactions qualify as party-in-interest transactions.

Certain Plan investments are managed by Northern Trust for the period December 1, 2023 through December 31, 2024. Northern Trust is considered a Trustee of the Plan for the period December 1, 2023 through December 31, 2024, therefore, these transactions qualify as party-in-interest transactions.

Certain Plan investments are managed by Goldman Sachs who is the investment advisor of the Plan, and, therefore, considered a party-in-interest.

Bunge North America Pension Plan For Hourly Union Employees
Notes to Financial Statements
December 31, 2024 and 2023

9. PLAN TERMINATION

The Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive the benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guarantee while other benefits may not be provided for at all.

10. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated October 31, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related Trust is tax-exempt. As a result, no provision for income taxes has been recorded in the Plan's financial statements.

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

11. RISKS AND UNCERTAINTIES

The Plan invests in a money market fund, collective trust funds and various mutual funds. 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 financial statements.

Bunge North America Pension Plan For Hourly Union Employees
Notes to Financial Statements
December 31, 2024 and 2023

11. RISKS AND UNCERTAINTIES (continued)

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

SUPPLEMENTAL SCHEDULES

Bunge North America Pension Plan For Hourly Union Employees
 EIN: 20-0537386; Plan: 002
 Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
 December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Units/ Par Value	(d) Cost	(e) Current Value
Mutual Funds				
*	Goldman Sachs Global Managed Beta Fund	119,689	\$ 1,790,550	\$ <u>1,790,550</u> <u>1,790,550</u>
Collective Trust Funds				
*	Goldman Sachs Collective Trust Intermediate Duration Credit	1,183,441	\$ 13,112,523	13,112,523
*	Goldman Sachs Collective Trus Long Duration Credit Fund	847,436	\$ 12,397,982	12,397,982
*	Goldman Sachs Collective Trus Long Treasury Strips INST	566,739	\$ 4,318,552	4,318,552
	SSGA Msci Acwi Ex USA Imi Scr NI Ctf	13,563	\$ 726,970	726,970
*	Goldman Sachs Multi Manager Non Core Fi Fund	79,090	\$ 590,801	590,801
*	NT Collective Short Term Investment Fund	557,101	\$ 558,667	558,667
*	Goldman Sachs Multi Manager Real Asset Strategy Fund	16,790	\$ 161,350	<u>161,350</u> <u>31,866,845</u>
				<u>\$ 33,657,395</u>

* Indicated party-in-interest to the Plan

Bunge North America Pension Plan For Hourly Union Employees
EIN: 20-0537386; Plan: 002
Schedule H, Part IV Line 4(j) - Schedule of Reportable Transactions
December 31, 2024

(a) Identity of Party Involved	Total Number of Transactions	Purchase Price (1)(2)	Selling Price (2)	Cost of Asset (1)	(i) Net Gain or (Loss)
Single transaction exceeds 5%					
Northern Trust Collective Short Term Investment Fund	1	\$ 3,452,000	\$ -	\$ 3,452,000	\$ -
Northern Trust Collective Short Term Investment Fund	1	\$ -	\$ 3,450,000	\$ 3,450,000	\$ -
Goldman Sachs Trust Global Managed Beta Fund	1	\$ -	\$ 2,090,000	\$ 1,673,421	\$ 416,579
Series of transactions by issue in excess of 5%					
Goldman Sachs Collective Trust Intermediate Duration Credit Fund	3	\$ 1,547,000	\$ -	\$ 1,547,000	\$ -
Goldman Sachs Collective Trust Long Duration Credit Fund	6	\$ 1,609,000	\$ 815,000	\$ 807,941	\$ 7,059
Goldman Sachs Long Treasury Strips	11	\$ 1,383,000	\$ 376,000	\$ 420,184	\$ (44,184)
Goldman Sachs Trust Global Managed Beta Fund	8	\$ 180,170	\$ 452,000	\$ 694,171	\$ (242,171)
Northern Trust Short Term Investment Fund	121	\$ 5,993,533	\$ 8,098,458	\$ 7,637,859	\$ 460,599

(1) Current value on transaction date is the same as the purchase price and cost of asset.

(2) The commissions and fees related to the purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the trustees.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25		7									7
25–29		9	5								14
30–34		8	11	2							21
35–39	1	8	3	1	2						15
40–44		8	7	4	9	1					29
45–49		9	3	2	1	1	6				22
50–54		5	5	1	6	1	4	1			23
55–59		2	3	6	5	3	4	4			27
60–64			3	3	3	1	1	3			14
65–69							1	3		3	7
70 & up											
Total	1	56	40	19	26	7	16	11		3	179

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections				
•	Segment rates or full yield curve	Segment		
•	Look-back months	0		
		Stabilized	Nonstabilized	PBGC
•	First 5 years	4.75%	4.37%	5.01%
•	Next 15 years	4.96%	4.96%	5.13%
•	Over 20 years	5.59%	4.95%	5.15%
Mortality sponsor elections				
•	Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations, in accordance with the IRS regulation 1.430(h)(3)-1. These tables are based on the Pri-2012 mortality tables projected with the IRS- modified MP-2021 mortality improvement scale.		
Other economic assumptions				
•	Salary increases	Not Applicable		
•	Flat-dollar benefit increases	Not Applicable		
•	Social Security taxable wage base increases	Not Applicable		
•	Inflation	Not Applicable		
•	Expected investment return	Not Applicable		
•	Expenses	\$166,000 added to current year normal cost		

Rationale for economic assumptions

- Discount rate – Assumption is prescribed by the IRS.
- Expenses – The expected expenses for the current year are based on the actual expenses paid from the trust for the prior year adjusted for the increase in the PBGC flat rate premium for the current year.

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

Demographic assumptions			
• Withdrawal	Special table of select and ultimate rates based on the 2003 Society of Actuaries Turnover Study with modifications for rates from age 46 to 54. See table of sample rates.		
• Disability incidence	1985 Pension Disability Study (class 3) conducted by the Conference of Consulting Actuaries. See table of sample rates.		
• Retirement age	Attained age	Percentage	
	Under 55	0%	
	55-59	2%	
	60	5%	
	61	2%	
	62-64	10%	
	65-69	45%	
	70 and above	100%	
• Benefit commencement age for			
— Future vested deferred	Age 63, if more than 10 Years of Vesting Service, else age 65.		
— Current vested deferred	Age 63, if more than 10 Years of Vesting Service, else age 65.		
• Spouse assumptions	Male participants	Female participants	
— Percentage married	50%	50%	
— Spouse age difference	2 years younger	2 years older	
Form of payment	Single life	100% J&S	50% J&S
• Active retirements	40%	60%	0%
• Future vested deferred	35%	65%	0%
• Future disabilities	40%	60%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	35%	65%	0%
Unpredictable contingent event assumptions	Not Applicable		

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained age	Percentage							
	Withdrawal						Disability incidence	
	0 year of service	1 year of service	2 years of service	3 years of service	4 years of service	Ultimate	Male	Female
20	42.6%	28.3%	21.6%	17.6%	22.0%	18.5%	0.15%	0.09%
25	37.0%	24.1%	18.1%	14.5%	17.6%	13.8%	0.22%	0.15%
30	32.0%	20.4%	15.0%	11.7%	13.8%	9.6%	0.31%	0.25%
35	30.1%	19.0%	13.8%	10.6%	12.3%	8.1%	0.43%	0.39%
40	28.5%	17.8%	12.8%	9.7%	11.0%	7.4%	0.60%	0.55%
45	26.9%	16.6%	11.8%	8.8%	10.1%	6.8%	0.83%	0.78%
50	25.3%	15.4%	10.8%	8.3%	9.5%	6.1%	1.22%	1.20%
55	23.7%	14.3%	10.3%	7.8%	8.9%	5.4%	2.12%	1.96%
60	22.2%	13.7%	9.8%	7.4%	8.2%	4.7%	3.24%	2.33%
65	21.4%	13.1%	9.3%	6.9%	7.6%	4.1%	4.37%	2.72%

Rationale for demographic assumptions

- Mortality – This assumption is prescribed by the IRS.
- Withdrawal – This assumption is based on an experience study covering the period from January 1, 2018 to December 31, 2021 and the expectation that future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied.
- Retirement age – This assumption is based on an experience study covering the period from January 1, 2018 to December 31, 2021 and the expectation that future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- Benefit commencement age – This assumption is based on an experience study covering the period from January 1, 2018 to December 31, 2021 and the expectation that future experience and circumstances of the employer will not differ significantly from the period studied.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial methods for funding****Asset methods**

The asset valuation method is the fair market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** Mercer's Retirement Administration team, on behalf of the plan sponsor, provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Bunge North America Pension Plan For Hourly Union Employees
EIN: 20-0537386; Plan: 002
Schedule H, Part IV Line 4(j) - Schedule of Reportable Transactions
December 31, 2024

(a) Identity of Party Involved	Total Number of Transactions	Purchase Price (1)(2)	Selling Price (2)	Cost of Asset (1)	(i) Net Gain or (Loss)
Single transaction exceeds 5%					
Northern Trust Collective Short Term Investment Fund	1	\$ 3,452,000	\$ -	\$ 3,452,000	\$ -
Northern Trust Collective Short Term Investment Fund	1	\$ -	\$ 3,450,000	\$ 3,450,000	\$ -
Goldman Sachs Trust Global Managed Beta Fund	1	\$ -	\$ 2,090,000	\$ 1,673,421	\$ 416,579
Series of transactions by issue in excess of 5%					
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Goldman Sachs Long Treasury Strips	11	\$ 1,383,000	\$ 376,000	\$ 420,184	\$ (44,184)
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Northern Trust Short Term Investment Fund	121	\$ 5,993,533	\$ 8,098,458	\$ 7,637,859	\$ 460,599

(1) Current value on transaction date is the same as the purchase price and cost of asset.

(2) The commissions and fees related to the purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the trustees.

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 BUNGE NORTH AMERICA PENSION PLAN FOR HOURLY UNION EMPLOYEES	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BUNGE NORTH AMERICA EAST, L.L.C.	D Employer Identification Number (EIN) 20-0537386
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	35,244,732	
b Actuarial value	2b	35,244,732	
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	361	24,295,964	24,295,964
b For terminated vested participants	83	1,832,294	1,832,294
c For active participants	179	6,780,163	7,529,236
d Total	623	32,908,421	33,657,494
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.20%	
6 Target normal cost			
a Present value of current plan year accruals	6a	479,279	
b Expected plan-related expenses	6b	166,000	
c Target normal cost	6c	645,279	

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	10/8/2025 Date
PHILIP HELPPI, FSA Type or print name of actuary		2308575 Most recent enrollment number
MERCER Firm name		773-530-6120 Telephone number (including area code)
ONE TOWNE SQUARE, SUITE 1100 SOUTHFIELD MI 48076 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>10.39</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)		849
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>5.28</u> %		45
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		894
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	104.71 %
15 Adjusted funding target attainment percentage	15	104.71 %
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	99.28 %
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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	645,279	
b Excess assets, if applicable, but not greater than line 31a	31b	645,279	
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
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.0%	100.0	2.00	110.00
56	2.0%	98.0	1.96	109.76
57	2.0%	96.04	1.92	109.49
58	2.0%	94.12	1.88	109.18
59	2.0%	92.24	1.84	108.84
60	5.0%	90.39	4.52	271.18
61	2.0%	85.87	1.72	104.76
62	10.0%	84.16	8.42	521.76
63	10.0%	75.74	7.57	477.16
64	10.0%	68.17	6.82	436.26
65	45.0%	61.35	27.61	1,794.46
66	45.0%	33.74	15.18	1,002.14
67	45.0%	18.56	8.35	559.53
68	45.0%	10.21	4.59	312.33
69	45.0%	5.61	2.53	174.31
70	100.0%	3.09	3.09	216.13
Total			100.00	6,417
Average				64.17

The weighted average retirement age is the total for column E divided by the total of column D.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections				
•	Segment rates or full yield curve	Segment		
•	Look-back months	0		
		Stabilized	Nonstabilized	PBGC
•	First 5 years	4.75%	4.37%	5.01%
•	Next 15 years	4.96%	4.96%	5.13%
•	Over 20 years	5.59%	4.95%	5.15%
Mortality sponsor elections				
•	Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations, in accordance with the IRS regulation 1.430(h)(3)-1. These tables are based on the Pri-2012 mortality tables projected with the IRS- modified MP-2021 mortality improvement scale.		
Other economic assumptions				
•	Salary increases	Not Applicable		
•	Flat-dollar benefit increases	Not Applicable		
•	Social Security taxable wage base increases	Not Applicable		
•	Inflation	Not Applicable		
•	Expected investment return	Not Applicable		
•	Expenses	\$166,000 added to current year normal cost		

Rationale for economic assumptions

- Discount rate – Assumption is prescribed by the IRS.
- Expenses – The expected expenses for the current year are based on the actual expenses paid from the trust for the prior year adjusted for the increase in the PBGC flat rate premium for the current year.

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

Demographic assumptions			
• Withdrawal	Special table of select and ultimate rates based on the 2003 Society of Actuaries Turnover Study with modifications for rates from age 46 to 54. See table of sample rates.		
• Disability incidence	1985 Pension Disability Study (class 3) conducted by the Conference of Consulting Actuaries. See table of sample rates.		
• Retirement age	Attained age	Percentage	
	Under 55	0%	
	55-59	2%	
	60	5%	
	61	2%	
	62-64	10%	
	65-69	45%	
	70 and above	100%	
• Benefit commencement age for			
— Future vested deferred	Age 63, if more than 10 Years of Vesting Service, else age 65.		
— Current vested deferred	Age 63, if more than 10 Years of Vesting Service, else age 65.		
• Spouse assumptions	Male participants	Female participants	
— Percentage married	50%	50%	
— Spouse age difference	2 years younger	2 years older	
Form of payment	Single life	100% J&S	50% J&S
• Active retirements	40%	60%	0%
• Future vested deferred	35%	65%	0%
• Future disabilities	40%	60%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	35%	65%	0%
Unpredictable contingent event assumptions	Not Applicable		

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained age	Percentage							
	Withdrawal						Disability incidence	
	0 year of service	1 year of service	2 years of service	3 years of service	4 years of service	Ultimate	Male	Female
20	42.6%	28.3%	21.6%	17.6%	22.0%	18.5%	0.15%	0.09%
25	37.0%	24.1%	18.1%	14.5%	17.6%	13.8%	0.22%	0.15%
30	32.0%	20.4%	15.0%	11.7%	13.8%	9.6%	0.31%	0.25%
35	30.1%	19.0%	13.8%	10.6%	12.3%	8.1%	0.43%	0.39%
40	28.5%	17.8%	12.8%	9.7%	11.0%	7.4%	0.60%	0.55%
45	26.9%	16.6%	11.8%	8.8%	10.1%	6.8%	0.83%	0.78%
50	25.3%	15.4%	10.8%	8.3%	9.5%	6.1%	1.22%	1.20%
55	23.7%	14.3%	10.3%	7.8%	8.9%	5.4%	2.12%	1.96%
60	22.2%	13.7%	9.8%	7.4%	8.2%	4.7%	3.24%	2.33%
65	21.4%	13.1%	9.3%	6.9%	7.6%	4.1%	4.37%	2.72%

Rationale for demographic assumptions

- Mortality – This assumption is prescribed by the IRS.
- Withdrawal – This assumption is based on an experience study covering the period from January 1, 2018 to December 31, 2021 and the expectation that future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied.
- Retirement age – This assumption is based on an experience study covering the period from January 1, 2018 to December 31, 2021 and the expectation that future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- Benefit commencement age – This assumption is based on an experience study covering the period from January 1, 2018 to December 31, 2021 and the expectation that future experience and circumstances of the employer will not differ significantly from the period studied.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial methods for funding****Asset methods**

The asset valuation method is the fair market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** Mercer's Retirement Administration team, on behalf of the plan sponsor, provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Restated plan: January 1, 2015 Plan year: January 1 through December 31
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements. Effective September 12, 2021, no new employees at the Indianapolis, Indiana facility may become a participant in the plan.
Significant events that occurred during the year	The plan offered deferred vested cashout window in 2023.36 Participants elected to receive their benefit as a lump sum during the window.

Definitions

• Covered employees	Any hourly production employee who is in a classification of employees at a location, subsidiary or affiliate to which to company has extended the plan other than (a) a non-resident alien, (b) a Leased Employee or (c) a member of a collective bargaining unit that does not provide for participation in this plan after collective bargaining.
• Participation	The first day of the calendar month next following the completion of 12 months of service.
• Employee contributions	Employee contributions are neither required nor permitted.
• Vesting service	One year of service for each calendar year in which an individual completes at least 1,000 hours of service. Partial year of service equal to hours of service divided by 1,000 in the calendar year that employment commences or terminates and fewer than 1,000 hours are completed.
• Credited service	One year of service for each calendar year in which an individual completes at least 2,000 hours of service. Partial year of service equal to hours of service divided by 2,000 in years where more than 1,000 hours and fewer than 2,000 hours are completed or in the year that employment commences or terminates and fewer than 2,000 hours are completed.

Schedule SB, Part V — Summary of Plan Provisions

• Accrued benefit	Monthly benefit times Credited Service. Monthly benefits for the different locations are as follows:
Decatur, IN:	\$32 for service before 01/01/2012
	\$38 for service from 01/01/2012 – 12/31/2014
	\$40 for service from 01/01/2015 – 12/31/2017
	\$41 for service from 01/01/2018 – 12/31/2019
	\$42 for service from 01/01/2020 – 12/31/2020
	\$43 for service from 01/01/2021 – 12/31/2021
	\$44 for service from 01/01/2022 – 12/31/2022
	\$45 for service from 01/01/2023 – 12/31/2023
	\$46 for service from 01/01/2024 – 12/31/2024
	\$47 for service from 01/01/2025 – 12/31/2025
	\$48 for service from 01/01/2026 –
Delphos, OH:	\$27 for service before 05/01/2004
	\$30 for service from 05/01/2004 – 05/13/2007
	\$31 for service from 05/14/2007 – 05/13/2008
	\$32 for service from 05/14/2008 – 05/13/2009
	\$33 for service from 05/14/2009 – 12/31/2010
	\$34 for service from 01/01/2011 – 12/31/2012
	\$35 for service from 01/01/2013 – 12/31/2013
	\$36 for service from 01/01/2014 – 12/31/2014
	\$37 for service from 01/01/2015 – 12/31/2015
	\$38 for service from 01/01/2016 – 12/31/2016
	\$39 for service from 01/01/2017 – 12/31/2017
	\$40 for service from 01/01/2018 – 12/31/2018
	\$41 for service from 01/01/2019 – 12/31/2019
	\$42 for service from 01/01/2020 – 12/31/2020
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	\$45 for service from 01/01/2023 – 12/31/2023
	\$46 for service from 01/01/2024 – 12/31/2024
	\$47 for service from 01/01/2025 –
Gipson City, IL:	\$26 per year of service
Indianapolis, IN:	\$25 for service prior to 05/15/2006
	\$27 for service from 05/15/2006 – 05/14/2007
	\$28 for service from 05/14/2007 – 05/13/2008
	\$29 for service from 05/14/2008 – 05/13/2009
	\$30 for service from 05/14/2009 – 05/13/2010

Schedule SB, Part V — Summary of Plan Provisions

	\$31 for service from 05/14/2010 – 05/13/2011
	\$32 for service from 05/14/2011 – 05/13/2012
	\$33 for service from 05/14/2012 – 12/31/2012
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	\$35 for service from 01/01/2014 – 12/31/2015
	\$36 for service from 01/01/2016 – 12/31/2016
	\$37 for service from 01/01/2017 – 12/31/2017
	\$38 for service from 01/01/2018 – 12/31/2018
	\$39 for service from 01/01/2019 – 12/31/2020
	\$40 for service from 01/01/2021 – 09/12/2021
Normal retirement	
• Eligibility	Age 65
• Benefit	Accrued benefit payable at age 65.
Early retirement	
• Eligibility	Age 55 with 10 years of service or sum of age plus years of service equals 70.
• Benefit	Accrued benefit reduced 0.5% for each month of the first 84 that commencement precedes age 62, and 0.25% for each month that commencement precedes age 55.
Late retirement	
• Eligibility	The first day of the month coinciding with or next following actual retirement after the participant's Normal Retirement Date.
• Benefit	Accrued benefit commencing at late retirement date.
Deferred vested	
• Eligibility	Five years of Vesting Service.
• Benefit	Accrued benefit commencing on the earlier of (a) Normal Retirement Date or (b) elected Early Retirement Date. The amount of such benefit under (b) above shall be reduced in accordance with the Early Retirement Benefit provisions.
Disability	
• Eligibility	Five years of Credited Service. The benefit is payable 90 to 150 days following disability.
• Benefit	Accrued benefit payable at disability eligibility date.
Pre-retirement death	
• Eligibility	Five years of Vesting Service
• Benefit	50% of accrued benefit reduced for early commencement and for 50% joint and survivor option
Form of benefits	
• Automatic form for unmarried participants	Life annuity

Schedule SB, Part V — Summary of Plan Provisions

• Automatic form for married participants	Reduced 50% joint and survivor annuity.
• Optional forms	Reduced 100%, 75%, and 50% joint and survivor options.
• Optional form conversion factors	RP-2000 Combined Mortality Table (50% male/50% female) and 8% interest.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2015 and amended through the tenth amendment dated October 19, 2023 are included in this valuation:

- **Most recent plan amendments included:** The plan was last amended October 19, 2023.
- **Plan amendments excluded** Amendments adopted after the valuation date or effective after the plan year are excluded from the valuation.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. Additional benefit accruals are assumed to be greater than the actuarial increase for current participants over age 70½. However, there are currently no active participants over age 70½.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

Schedule SB, Part V — Summary of Plan Provisions

- **Benefit accruals:** The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- Maximum benefit amounts under IRS rules were updated from 2023 to 2024.
- The Plan was amended to allow for the deferred vested cashout window that occurred in 2023.
- Benefit multipliers for the Decatur, IN location were updated to \$46 for service from January 1, 2024 to December 31, 2024, to \$46 for service from January 1, 2025 to December 31, 2025 and to \$48 for service after December 31, 2025.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost decreased from \$227,881 to \$166,000 to reflect our expectations for the current plan year.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25		7									7
25–29		9	5								14
30–34		8	11	2							21
35–39	1	8	3	1	2						15
40–44		8	7	4	9	1					29
45–49		9	3	2	1	1	6				22
50–54		5	5	1	6	1	4	1			23
55–59		2	3	6	5	3	4	4			27
60–64			3	3	3	1	1	3			14
65–69							1	3		3	7
70 & up											
Total	1	56	40	19	26	7	16	11		3	179

In each cell, the number is the count of active participants for each age/service combination.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.0%	100.0	2.00	110.00
56	2.0%	98.0	1.96	109.76
57	2.0%	96.04	1.92	109.49
58	2.0%	94.12	1.88	109.18
59	2.0%	92.24	1.84	108.84
60	5.0%	90.39	4.52	271.18
61	2.0%	85.87	1.72	104.76
62	10.0%	84.16	8.42	521.76
63	10.0%	75.74	7.57	477.16
64	10.0%	68.17	6.82	436.26
65	45.0%	61.35	27.61	1,794.46
66	45.0%	33.74	15.18	1,002.14
67	45.0%	18.56	8.35	559.53
68	45.0%	10.21	4.59	312.33
69	45.0%	5.61	2.53	174.31
70	100.0%	3.09	3.09	216.13
Total			100.00	6,417
Average				64.17

The weighted average retirement age is the total for column E divided by the total of column D.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Restated plan: January 1, 2015 Plan year: January 1 through December 31
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• Participation	The first day of the calendar month next following the completion of 12 months of service.
• Employee contributions	Employee contributions are neither required nor permitted.
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Schedule SB, Part V — Summary of Plan Provisions

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Schedule SB, Part V — Summary of Plan Provisions

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• Benefit	Accrued benefit payable at age 65.
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• Eligibility	Age 55 with 10 years of service or sum of age plus years of service equals 70.
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• Benefit	Accrued benefit commencing at late retirement date.
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• Eligibility	Five years of Credited Service. The benefit is payable 90 to 150 days following disability.
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Schedule SB, Part V — Summary of Plan Provisions

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- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
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Schedule SB, Part V — Summary of Plan Provisions

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- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

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Bunge North America Pension Plan For Hourly Union Employees
 EIN: 20-0537386; Plan: 002
 Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
 December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Units/ Par Value	(d) Cost	(e) Current Value
Mutual Funds				
*	Goldman Sachs Global Managed Beta Fund	119,689	\$ 1,790,550	\$ <u>1,790,550</u> <u>1,790,550</u>
Collective Trust Funds				
*	Goldman Sachs Collective Trust Intermediate Duration Credit	1,183,441	\$ 13,112,523	13,112,523
*	Goldman Sachs Collective Trus Long Duration Credit Fund	847,436	\$ 12,397,982	12,397,982
*	Goldman Sachs Collective Trus Long Treasury Strips INST	566,739	\$ 4,318,552	4,318,552
	SSGA Msci Acwi Ex USA Imi Scr Nl Ctf	13,563	\$ 726,970	726,970
*	Goldman Sachs Multi Manager Non Core Fi Fund	79,090	\$ 590,801	590,801
*	NT Collective Short Term Investment Fund	557,101	\$ 558,667	558,667
*	Goldman Sachs Multi Manager Real Asset Strategy Fund	16,790	\$ 161,350	<u>161,350</u> <u>31,866,845</u>
				<u>\$ 33,657,395</u>

* Indicated party-in-interest to the Plan

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost decreased from \$227,881 to \$166,000 to reflect our expectations for the current plan year.