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

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
- [X] 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
- [X] special extension (enter description) EXT 10/15 CA-2025-01 FEMA 4856

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
SUNKIST RETIREMENT PLAN N

1b Three-digit plan number (PN) ▶ 335

1c Effective date of plan 01/01/1960

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)
SUNKIST RETIREMENT BOARD

27770 N. ENTERTAINMENT DRIVE
VALENCIA, CA 91355-1092

27770 N. ENTERTAINMENT DRIVE
VALENCIA, CA 91355-1092

2b Employer Identification Number (EIN)
95-3007164

2c Plan Sponsor's telephone number
661-290-8900

2d Business code (see instructions)
111300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	KELLEE NELSON
	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

SUNKIST GROWERS, INC. KELLEE NELSON

27770 N. ENTERTAINMENT DRIVE
VALENCIA, CA 91355-1092

3b Administrator's EIN: 95-0595000

3c Administrator's telephone number: 661-290-8900

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**	70
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	19
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	15
b	Retired or separated participants receiving benefits	**6b**	20
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	48
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f	Total. Add lines **6d** and **6e**.	**6f**	61
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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
SUNKIST RETIREMENT PLAN N

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SUNKIST RETIREMENT BOARD

D Employer Identification Number (EIN)
95-3007164

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**	3919278
b Actuarial value	**2b**	3919278

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	28	2377753	2377753
b For terminated vested participants	23	453392	453392
c For active participants	19	796084	796084
d Total	70	3627229	3627229

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**	5.12 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	210000
c Target normal cost	**6c**	210000

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

10/14/2025
Date

DONALD J. HSU, FSA, EA
Type or print name of actuary

23-08446
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

949-253-5200
Telephone number (including area code)

2010 MAIN STREET, SUITE 1050,
IRVINE, CA 92614
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

14	Funding target attainment percentage	14	108.05 %
15	Adjusted funding target attainment percentage	15	%
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	%
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)		18(c)

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	
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

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

22 Weighted average retirement age	**22**	58

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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..... [X] Yes [ ] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... [ ] Yes [X] No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	**27**	1

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	**29**	
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**	
b Excess assets, if applicable, but not greater than line 31a	**31b**	

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

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**	

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

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

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

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

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

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
SUNKIST RETIREMENT BOARD

D Employer Identification Number (EIN)
95-3007164

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

WILLIS TOWERS WATSON US LLC

500 N. AKARD ST., SUITE 4100
DALLAS, TX 75201

53-0181291

(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	NONE	260118	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUNKIST GROWERS, INC.

27770 N. ENTERTAINMENT DRIVE
VALENCIA, CA 91355

95-0595000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	SPONSOR	42821	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRUCKER HUSS

135 MAIN STREET, 9TH FLOOR
SAN FRANCISCO 94105 CA

94-3216063

(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?
29	NONE	41048	Yes [ ] No [X]	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)

HUTCHINSON AND BLOODGOOD LLP

550 N. BRAND BLVD., 14TH FLOOR
GLENDALE, CA 91203

95-0858589

(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	NONE	31250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPTRUST FINANCIAL ADVISORS

4208 SIX FORKS ROAD, SUITE 1700
RALEIGH, NC 27609

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	8000	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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
SUNKIST RETIREMENT PLAN N

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
SUNKIST RETIREMENT BOARD

D Employer Identification Number (EIN)
95-3007164

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	139000	98000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3780000	2808000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3919000	2906000
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	20000	16000
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	20000	16000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3899000	2890000

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)	0	
(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)	3000	
(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)		3000
(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)	151000	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		151000
(3) Rents	2b(3)		
(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)		
(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)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-119000
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		35000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	653000	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		653000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	31000	
(5) Investment advisory and investment management fees	2i(5)	8000	
(6) Bank or trust company trustee/custodial fees	2i(6)	4000	
(7) Actuarial fees	2i(7)	260000	
(8) Legal fees	2i(8)	41000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	47000	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		391000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1044000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1009000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: HUTCHINSON AND BLOODGOOD LLP **(2)** EIN: 95-0858589

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 547623.

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
SUNKIST RETIREMENT PLAN N

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
SUNKIST RETIREMENT BOARD

D Employer Identification Number (EIN)
95-3007164

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** |

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): 41-6271370

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** | 8

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 SUNKIST RETIREMENT PLAN N	**B** Three-digit Plan number (PN)..... ▶ 335
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF SUNKIST GROWERS, INC. KELLEE NELSON	**D** Administrator's EIN 95-0595000

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☒ other multiple-employer pension plan (Describe) SEE ATTACHED (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
SEE ATTACHED		0.00	0
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☐ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

Sunkist Retirement Plan N

Financial Statements

December 31, 2024 (Liquidation Basis)
and 2023 (Going Concern Basis)

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YOUR PARTNER FOR SUCCESS
SINCE 1922

(818) 637-5000
550 N. Brand Blvd., 14th Floor
Glendale, CA 91203

INDEPENDENT AUDITOR'S REPORT

Sunkist Pension Plan Board,
Sunkist Retirement Plan N
Valencia, California

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

We have performed audits of the financial statements of Sunkist Retirement Plan N (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 (liquidation basis) and 2023 (going concern basis), and the related statements of changes in net assets available for benefits for the year the years ended December 31, 2024 (liquidation basis) and 2023 (going concern basis), and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to Section 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 Section 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter

As discussed in Note 9 to the financial statements, the Board of Directors of the Plan Sponsor voted to terminate the Plan effective May 31, 2024. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter - Supplemental Schedules Required by ERISA

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

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The 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).

Glendale, California
October 1, 2025

SUNKIST RETIREMENT PLAN N

Statements of Net Assets Available for Benefits
December 31, 2024 (Liquidation Basis) and 2023 (Going Concern Basis)
(*in thousands of dollars*)

	2024 (Liquidation Basis)	2023 (Going Concern Basis)
ASSETS		
Investments, at fair value:		
Mutual funds	**$ 2,808**	$ 3,780
Cash and cash equivalents	**98**	139
Total investments	**2,906**	3,919
Total assets	**2,906**	3,919
LIABILITIES		
Accrued liabilities	**16**	20
Net assets available for benefits	**$ 2,890**	$ 3,899

The Notes to Financial Statements are an integral part of these financial statements.

SUNKIST RETIREMENT PLAN N

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 (Liquidation Basis) and 2023 (Going Concern Basis)
(in thousands of dollars)

	2024 (Liquidation Basis)	2023 (Going Concern Basis)
ADDITIONS (REDUCTIONS)		
Investment income:		
Net appreciation (depreciation) in fair value of investments	**$ (119)**	$ 96
Dividends, interest, and other investment income	**154**	125
Employer contributions	**--**	85
Total additions, net	**35**	306
DEDUCTIONS		
Benefit payments	**653**	416
Purchase of single life annuity contracts	**--**	1,421
PBGC premium	**1**	3
Administrative and clerical	**50**	59
Investment counsel	**8**	15
Professional services	**332**	170
Total deductions	**1,044**	2,084
Net decrease	**(1,009)**	(1,778)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	**3,899**	5,677
End of year	**$ 2,890**	$ 3,899

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Sunkist Retirement Plan N (the Plan), a multiple employer plan, is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General: The Sunkist Retirement Plans cover employees of (a) Sunkist Growers, Inc. (Sunkist), (b) member local associations, packinghouses, or district exchanges of Sunkist (as defined in the by-laws of Sunkist) which have elected to participate (Participating Companies), and (c) any affiliated organization, as designated by the Board of Directors of Sunkist. The Sunkist Retirement Plans, as adopted January 1, 1960 and subsequently amended, was split into four separate pension plans, including the Sunkist Retirement Plan N, in order to comply with certain requirements of the Tax Reform Act of 1986. The restructured plans all had identical benefits.

The Plan is a defined benefit plan that covers employees of certain Participating Companies that joined the Plan after January 1, 1989.

Effective January 1, 2005, the Plan was frozen. There will be no new participants on or after the effective date and existing participants no longer accrue benefits under this Plan. As disclosed in Note 9, the Board of Directors resolved to terminate the Plan effective May 31, 2024. As a result, all participants became fully vested in their accrued benefits.

The Sunkist Pension Plan Board administers the Plan. U.S. Bank, N.A., serves as the trustee of the Plan. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended and restated on January 1, 2013, to incorporate various amendments, including a special one-time lump-sum distribution offer. In August 2014, the Plan was amended to make the lump sum distribution option available to participants terminating on or after June 30, 2014, with respect to distributions payable on or after August 1, 2014.

The Plan was amended on January 1, 2015, to (1) conform the Plan with certain provisions of the Cooperative and Small Employer Charity Pension Flexibility Act of 2014; (2) clarify and modify the Plan's provisions regarding withdrawal of a participating employer; and (3) add provisions regarding the purchase of annuities with respect to certain retired participants and beneficiaries currently receiving benefits.

The Plan was amended on October 1, 2017, to discontinue the Voluntary Investment Plan feature and Sunkist Individual Tax Reduction Account feature, and to modify the provisions regarding purchase of annuities with respect to certain retired participants and beneficiaries currently receiving benefits.

The Plan was amended on January 28, 2019, to modify certain time limits related to claims. The Plan was amended on July 1, 2019 to modify the provisions regarding withdrawal of participating employers.

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

The Plan was amended on January 1, 2020, to modify certain age limits related to lump sum distributions.

The Plan was amended on January 28, 2020 to modify the provisions regarding lump sum distributions to a surviving spouse.

The Plan was amended on April 26, 2022 to modify the provisions regarding the purchase of annuities with respect to certain retired participants and beneficiaries currently receiving benefits.

The Plan was amended on August 10, 2023 to (1) modify the provisions regarding the purchase of annuities with respect to certain retired participants and beneficiaries currently receiving benefits; and (2) modify provisions regarding distributions.

The Plan was amended on February 27, 2024 to reflect the Plan termination and to make certain design changes due to the Plan termination.

Investment Trust: During the year ended December 31, 2013, the Sunkist Investment Trust (Investment Trust) was formed. Upon establishment of the Investment Trust, effective January 1, 2013, all assets, except for those in the Voluntary Investment Plan, became part of the Investment Trust, a 103-12 investment entity. U.S. Bank, N.A. facilitates collective investment of the Plan, and of certain other Participating Companies' plans. The Investment Trust provided a defined benefit to participants in the Plan, either as a fixed monthly benefit or a lump sum benefit, until April 2023, at which time the Plan ceased to be a part of the Investment Trust.

Pension Benefits: Employees with five or more years of service at the freeze date, January 1, 2005, are entitled to annual pension benefits beginning at normal retirement age (65) equaling up to 65% of their highest five-year average compensation, less 60% of their primary social security amount. Employees with a full 30 years of service earn the entire 65% benefit, with a pro-rated reduction going to employees with at least 5 years but less than 30 years of service. The Plan permits early retirement with reduced benefits at ages 55–64. If employees terminate before rendering five years of service, they forfeit the right to receive their accumulated plan benefits. Employees receive the value of their benefits as a life annuity payable monthly, or as a lump sum as described above. If employees have accumulated plan benefits of less than $7,000 at the time of termination or retirement, the benefits will automatically be paid in a lump sum.

Death and Disability Benefits: If a participant dies after completing at least five years of vesting service, the surviving spouse or other designated beneficiary will be eligible to receive an annuity. Active employees who become totally disabled are entitled to receive disability retirement benefits starting at age 65.

NOTE 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.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Risks and Uncertainties: The Plan invests in mutual funds and various investment instruments held by the Investment Trust. 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.

Contributions Receivable from Withdrawing Employers: The Plan records receivables from withdrawing employers for withdrawal liability when entitlement has been determined and the amount is reasonably determinable. Amounts are not recorded if the withdrawal liability has not yet been assessed, is in dispute or if collection is in doubt.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

Investment Valuation and Income Recognition: Accounting guidance establishes a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. There were no changes in methodologies during the years ended December 31, 2024 and 2023.

Level 1: Inputs are quoted prices for identical instruments in active markets.

Level 2: Inputs are quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3: Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

Money Market Funds: Carrying value approximates fair value.

Mutual Funds: Valued at the closing price reported on the active market, which represents the net assets value (NAV) of shares held by the Plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The following table summarizes the Plan's investments at December 31, 2024 based on the inputs used to value them:

	(in thousands of dollars) Fair Value Measurements Using			
	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments measured at fair value				
Money market fund	$ 98	$ --	$ --	$ 98
Mutual funds	2,808	--	--	2,808
Total investments at fair value	$ 2,906	$ --	$ --	$ 2,906

The following table summarizes the Plan's investments at December 31, 2023 based on the inputs used to value them:

	(in thousands of dollars) Fair Value Measurements Using			
	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments measured at fair value				
Money market fund	$ 139	$ --	$ --	$ 139
Mutual funds	3,780	--	--	3,780
Total investments at fair value	$ 3,919	$ --	$ --	$ 3,919

NOTE 3. PURCHASE OF A SINGLE PREMIUM ANNUITY

During the year ended December 31, 2023, in accordance with the Plan Amendment adopted on August 10, 2023, Sunkist entered into the agreement with Pacific Life Insurance Company (PL), to purchase a Single Premium Group Annuity (SPGA), which is a guaranteed buy-out product that allows transfer of pension risk to PL. The amount of fully paid-up annuity contracts purchased on behalf of certain participants during the year ended December 31, 2023, was approximately $1,421,000. The funds that were allocated and applied to purchase annuity contracts (that is, PL is obligated to pay the related pension benefits) were excluded from the Plan's assets.

NOTE 4. FUNDING POLICY

The Plan's policy is to have an independent actuary determine the funding amounts for each Participating company at the beginning of a plan year, using the projected unit credit method of funding. Sunkist and the Participating Companies are obligated to make cash payments throughout the Plan's year. The policy requires contribution amounts to at least meet the minimum requirements of ERISA but may exceed such minimum requirements if determined to be beneficial to Sunkist or the Participating Companies for cost recoverability, tax, or other regulatory reasons. Sunkist and the Participating Companies met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

NOTE 5. 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 effect of any Plan amendments on accumulated Plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of accumulated plan benefits as of January 1, 2024 (liquidation basis) is as follows:

	(in thousands of dollars)
Vested benefits:	
Participants and/or beneficiaries currently receiving payments	$ 448
Other participants	3,155
Total vested benefits	3,603
Non-vested benefits	--
Total actuarial present value of accumulated plan benefits	$ 3,603

NOTE 5. ACCUMULATED PLAN BENEFITS (Continued)

The changes in the actuarial value of the accumulated plan benefits for the year ended January 1, 2024 (liquidation basis) are as follows:

	(in thousands of dollars)
Actuarial present value of accumulated plan benefits-January 1, 2023	$ 5,352
Increase (decrease) during the year attributable to:	
Actuarial losses	(111)
Increase in interest	211
Change in actuarial assumptions	(12)
Annuity purchase premium during 2023	(1,421)
Benefits paid	(416)
Actuarial present value of accumulated plan benefits – January 1, 2024	$ 3,603

Significant assumptions underlying the January 1, 2024 actuarial computations are as follows:

- Rate of Return-5.25% per annum.
- Mortality: Separate rates for non-annuitants (based on Pri-2012 Employee table without collar or amount adjustments, projected generationally using Scale MP-2021) and annuitants (based on Pri-2012 Healthy Retiree table without collar or amount adjustments, projected generationally using Scale MP-2021). The Pri-2012 contingent mortality tables were used only after the death of a participant.
- Retirement Age-Rates ranging from 25% at age 55 to 61 to 50% at age 65 to 69 to 100% at age 70. All vested terminations are assumed to retire at age 65.

The effect of any Plan amendments on accumulated Plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of accumulated plan benefits as of January 1, 2023 (going concern basis) is as follows:

	(in thousands of dollars)
Vested benefits:	
Participants and/or beneficiaries currently receiving payments	$ 1,715
Other participants	3,637
Total vested benefits	5,352
Non-vested benefits	--
Total actuarial present value of accumulated plan benefits	$ 5,352

NOTE 5. ACCUMULATED PLAN BENEFITS (Continued)

The changes in the actuarial value of the accumulated plan benefits for the year ended January 1, 2023 (going concern basis) are as follows:

	(in thousands of dollars)
Actuarial present value of accumulated plan benefits-January 1, 2022	$ 9,858
Increase (decrease) during the year attributable to:	
Actuarial losses	(140)
Increase in interest	263
Change in actuarial assumptions	(1,091)
Annuity purchase premium during 2022	(1,959)
Benefits paid	(1,579)
Actuarial present value of accumulated plan benefits – January 1, 2023	$ 5,352

Significant assumptions underlying the January 1, 2023 actuarial computations are as follows:

- Rate of Return-5.25% per annum.
- Mortality: Separate rates for non-annuitants (based on Pri-2012 Employee table without collar or amount adjustments, projected generationally using Scale MP-2021) and annuitants (based on Pri-2012 Healthy Retiree table without collar or amount adjustments, projected generationally using Scale MP-2021). The Pri-2012 contingent mortality tables were used only after the death of a participant.
- Retirement Age-Rates ranging from 25% at age 55 to 61 to 50% at age 65 to 69 to 100% at age 70. All vested terminations are assumed to retire at age 65.

NOTE 6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by U.S. Bank, N.A., the trustee of the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan directly for management advisory and trustee services were approximately $4,500 and $21,900 for the years ended December 31, 2024 and 2023, respectively.

Sunkist may perform various administrative functions on behalf of the Plan. No reimbursements were made during 2024 and 2023 as no such services were performed by Sunkist.

NOTE 7. INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of compliance permitted by Section 29 CFR 2520.103-8 of the Department of Labor (DOL)'s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the financial information included in the Plan's financial statements as it relates to investment assets, investment transactions, investment income (loss), and the schedule of assets (held at end of year) have been derived from information certified as complete and accurate by U.S. Bank, N.A. the trustee of the Plan, in accordance with Section 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 8. TAX STATUS

The Internal Revenue Service issued a final determination letter dated May 7, 2025, stating that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC) and stating that the termination of the Plan does not adversely affect its qualification for federal tax purposes.

Accounting principles generally accepted in the United States of America require the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and concluded that, as of December 31, 2024 and 2023, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements.

As of December 31, 2024, returns for years subsequent to 2021 are subject to examination by taxing authorities.

NOTE 9. PLAN TERMINATION

The Company made contributions to the Plan in accordance with the minimum funding requirements established by the IRS that would ensure that Plan assets were sufficient to pay Plan participants' accrued benefits. In 2024, the Company's Board of Directors adopted a resolution to terminate the Plan effective May 31, 2024. The Plan was fully funded as of May 31, 2024. As a result, management determined that liquidation was imminent.

In March 2024, a Notice of Interested Parties was distributed to the Plan participants, advising that an application would be filed for approval of the Plan's termination with the IRS. The application was subsequently filed and the Plan received a favorable determination of the Plan's termination application from the IRS on May 7, 2025 (see Note 8).

In addition, in November 2024, a Notice of Plan Benefits was distributed to Plan participants and subsequently a Standard Termination Notice was filed with the Pension Benefit Guaranty Corporation (PBGC). The Notice of Plan Benefits is a statement of a participant's accrued benefit under the Plan, including an estimate of the amount of a single cash payment to which the participant would be entitled.

As a result of the resolution to terminate the Plan, each employee with an accrued benefit under the Plan had the following choices to have the present value of his accrued benefit: (a) used to purchase an annuity contract or (b) distributed in a single cash payment either (i) directly to him or (ii) as a direct rollover by the Plan's trustee into the participant's rollover Individual Retirement Account.

Each former employee with an accrued benefit under the Plan whose present value was $7,000 or less, was automatically paid in the form of a single lump sum. Each former employee with an accrued benefit under the Plan whose present value was over $7,000 had the following choices to have the present value of his accrued benefit: (a) used to purchase an annuity under an annuity contract or (b) distributed in a single cash payment either (i) directly to him or (ii) as a direct rollover by the Plan's trustee into the participant's rollover Individual Retirement Account.

NOTE 10. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 1, 2025, the date on which the financial statements were available to be issued and has determined that except as discussed in Note 9, there are no other items that need to be disclosed or accrued.

Supplemental Schedules

SUNKIST RETIREMENT PLAN N

EIN: 95-3007164
Plan Number 335

Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2024 (Liquidation Basis)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	First American Government Fund	Money market fund	$ 98,230	$ 98,230
	iShares 7-10 Year Treasury Bond	Mutual funds	629,842	586,225
	Vanguard Long-Term Investment -Grade Fund	Mutual funds	1,121,579	1,059,001
	Vanguard Intm-Term Investment -Grade Fund	Mutual funds	1,153,526	1,162,683
			$ 3,003,177	$ 2,906,139

See Independent Auditor's Report.

SUNKIST RETIREMENT PLAN N

EIN: 95-3007164
Plan Number 335

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024 (Liquidation Basis)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	**Description of Asset (include Interest Rate and Maturity in Case of a Loan)**	**Purchase Price**	**Selling Price**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Net Gain**
First American Government Fund	Money market fund	$ 249,738	$ --	$ 249,738	$ 249,738	$ --
First American Government Fund	Money market fund	--	214,254	214,254	214,254	--
Vanguard Long-Term Investment Grade	Mutual Fund	200,000	--	200,000	200,000	--
Vanguard Long-Term Investment Grade	Mutual Fund	--	200,000	196,521	200,000	3,479
Vanguard Intm-Term Investment Grade	Mutual Fund	--	250,000	246,412	250,000	3,588
Vanguard Intm-Term Investment Grade	Mutual Fund	--	220,000	218,770	220,000	1,230

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was amendment 2020-2. The plan was amended to terminate effective May 31, 2024.

Covered employees	All employees of participating employers.
Participating Employers	California Citrus Cooperative; Dunlap (consisting of Coachella Valley Citrus and D.D. Dunlap Company); Glen Curtis, Inc.; Redlands Foothill Groves; and Somis Pacific Ag Management, Inc. including withdrawn employers Central Valley, Inc.; Golden Valley Citrus, Inc.; and Goodell Packing Corporation
Participation date	An eligible employee participates on the day he/she completes 500 Hours of Service in the first 12 months of employment, or any Plan Year thereafter following adoption of the Plan by his/her employer. Any Eligible Employee, who first becomes eligible on January 1, 1989 as a result of the restatement of the Plan, shall commence participation on January 1, 1989. Participation was frozen on December 31, 2004.

Definitions

Vesting service	One year of vesting service is earned for each plan year in which a participant completes 500 or more hours of service (before and after the plan freeze).
Credited service	**Prior to January 1, 2005**: One year of benefit service is earned for each plan year in which a Participant completes at least 2,000 hours of service. A partial year of service equal to hours of service divided by 2,000 is earned for any plan year in which a Participant completes between 500 and 2,000 hours of service. No credit is earned for plan years in which the Participant completes less than 500 hours of service or for any plan year prior to the plan year the Participant's employer elected to participate in the Plan. **After December 31, 2004**: No service after December 31, 2004 is considered for benefit accruals, except for the continuing transition benefit. **After December 31, 2009**: No service after December 31, 2009 is considered for benefit accruals.

SCHEDULE SB ATTACHMENTS

Pensionable pay

Base salary plus bonus paid in cash, limited by 401(a)(17).

Average monthly compensation during the 60 consecutive months that give the highest monthly average. For this purpose, compensation shall be annualized to reflect less than full time service.

The Plan was frozen effective January 1, 2005. Compensation after December 31, 2004 is not considered, except for the continuing transition benefit. Compensation after December 31, 2009 is not considered for any benefit.

Primary Social Security Amount

(i) At Normal Retirement Date (NRD), the Social Security Primary Insurance Amount (PIA) determined under the Social Security Act (Act) in effect on the Participant's Normal Retirement Date, reduced for early commencement if the Participant's normal retirement age (SSRA) under such Act is greater than 65.

(ii) On any date prior to NRD, the PIA determined under the Act in effect on such date assuming the Participant receives no future earnings after such date, reduced for early commencement at age 65 if the Participant's SSRA is greater than 65.

(iii) If actual retirement occurs after NRD, the PIA is determined as of age 65 reduced for early commencement if the Participant's SSRA is greater than 65.

Past wages are estimated by applying a salary scale projected backwards from the date of termination assuming an annual change of 6.00%.

For early retirement or termination, we assume the employee receives no future compensation until normal retirement date.

The Plan was frozen effective January 1, 2005. The frozen Primary Social Security Amount on January 1, 2005 for active Participants was calculated as if they terminated on December 31, 2004.

Normal retirement date (NRD)

First of the month coinciding with or next following the attainment of age 65 and the fifth anniversary of Plan participation or completion of five years of vesting service, whichever is earlier.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	65% of Final Average compensation at Normal Retirement Date less 60% of Primary Social Security Amount. Such difference reduced by 1/30th for each year by which the participant's total years of Credited service are less than 30. Certain participants actively at work on December 31, 2004 were eligible to receive a continuing transition benefit. The transition benefit accrual for the period after December 31, 2004, but before January 1, 2010 is 77% of 1/30th. Certain additional participants (satisfying eligibility criteria defined in the 2007, 2008, and 2009 amendments) received transition benefit accruals (in some cases, in reduced amounts) for 2005 through 2009.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.
Special Early retirement	Retirement before NRD and on or after both attaining age 60 and completing twenty-five years of Credited service.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Eligibility for disability benefits is based upon complete inability of the Participant to perform each and every duty of his own regular occupation and entitled to Social Security disability benefits.
Preretirement death benefit	Death prior to retirement, with a surviving spouse, after completing five years of vesting service.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events	
Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	Accrued benefit payable at normal retirement date actuarially reduced for each month that early retirement commencement precedes normal retirement date. For Participants who have at least 25 years of vesting service and have attained age 60, the accrued benefit formula (without actuarial reduction for early commencement) modified so as not to include the full reduction for the Primary Social Security Amount until the Participant attains Social Security Normal Retirement Age.
Postponed retirement	Benefit calculated in the same manner as the normal retirement benefit, based on service and pay as of the actual retirement date, and social security amount as of age 65 if the participant receives a Suspension of Benefit Notice on time. Participants are entitled to an actuarial increase from Normal Retirement Date if the participant does not receive a Suspension of Benefits Notice on time.
Vested termination	The monthly pension benefit determined as of the termination date.
Disablement	The disability benefit amount is equal to the accrued benefit assuming service continues to be credited from date of disability through recovery or normal retirement date and compensation continues at the lesser of the Participant's compensation at the time of disability or 120% of the Participant's highest consecutive 60 month average earnings at the time of disability. The Plan was frozen effective January 1, 2005. Service and Compensation after December 31, 2004 is not considered, except for the continuing transition benefit. Service and compensation after December 31, 2009 is not considered for any benefit.
Preretirement death	The spouse shall be entitled to the greater of A and B, A) 50% Joint & Survivor Annuity B) 50% of ((a.) less (b.)): a. 65% of final Average Pensionable Pay multiplied by a fraction, up to a maximum of 1.0, where the numerator is the potential years of Credited Service if the employee remained employed until age 65 and the denominator is 30.

SCHEDULE SB ATTACHMENTS

b. Social Security Benefit of the Surviving Spouse, assuming the spouse cares for a child under age 16.

Other Plan Provisions

Normal Form of payment	The normal form of payment for unmarried participants is a Single Life Annuity. The normal form of payment for married participants is a 50% Joint and Survivor annuity, which is subsidized if the participant terminated after being eligible for early, normal, or postponed retirement.
Optional Forms of Payment	Employees may elect an actuarial equivalent 75% or 100% Joint and Survivor benefit, a 10 Year Certain and Life benefit, or any of the Joint and Survivor benefits with a 10 Year Certain component. Any participant who retires prior to age 62 (age 65 if retiring on a special early retirement date) is eligible for a Level Income Benefit. Annuities with a present value less than or equal to $5,000 are automatically paid as a single lump sum payment. For benefits commencements on or after August 1, 2014, participants may elect to receive a single lump sum payment that is actuarially equivalent to their monthly benefit.
Pension Increases	None.
Plan participants' contributions	On and after January 1, 1976, participants are not required nor are they allowed to make contributions. A participant shall always be 100% vested in his accumulated contributions. Upon termination of employment, an employee who does not have at least five Years of Vesting Service shall receive a lump sum distribution of his accumulated contributions. Interest is credited at an annual rate equal to 5% until January 1, 1988 and shall thereafter be credited at 120 percent of the Federal mid-term rate as in effect for the first month of each Plan Year, compounded annually from the December 31, coinciding with or next following the date the contribution is made and credited to the date on which the determination is being made.
Maximum on benefits	All benefits may not exceed the maximum limitations in IRC Section 415. This limit is indexed annually. For 2024, the limit changed from $265,000 to $275,000.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

The plan was amended to terminate effective May 31, 2024.

SUNKIST RETIREMENT PLAN N

EIN: 95-3007164
Plan Number 335

Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2024 (Liquidation Basis)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	First American Government Fund	Money market fund	$ 98,230	$ 98,230
	iShares 7-10 Year Treasury Bond	Mutual funds	629,842	586,225
	Vanguard Long-Term Investment -Grade Fund	Mutual funds	1,121,579	1,059,001
	Vanguard Intm-Term Investment -Grade Fund	Mutual funds	1,153,526	1,162,683
			$ 3,003,177	$ 2,906,139

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

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

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

Average: Age: 57
Service: 25

Census data as of January 1, 2024

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

Plan Name: Sunkist Retirement Plan - N
EIN / PN: 95-3007164/335
Plan Sponsor: Sunkist Retirement Board
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

Sunkist Retirement Board

Statement of Assumptions

The assumptions disclosed in this Appendix are for the January 1, 2024 funding valuation.

Actuarial Assumptions and Methods

Economic Assumptions

Interest rates:

Interest rate basis for PPA

• Interest rate basis	Full Yield Curve
• 10-year rate	5.07%
• 20-year rate	5.22%
• 30-year rate	5.17%
• Effective interest rate	5.12%

Annual rates of increase

• Compensation	N/A

As permitted by law, a yield curve reflecting returns on high quality corporate bonds (A, AA and AAA) is used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are prescribed by law and reflect current market conditions (specifically, the average market conditions for the month preceding the valuation date) they may from time to time be inconsistent with other economic assumptions used in the valuation, which may reflect both current economic conditions and assumed future conditions.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality:	
• Healthy: Funding Target	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
• Lump sum mortality	Mortality used to convert annuities to lump sums is prescribed under IRC 417(e).
• Pre 1995 Disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995.
• Post 1994 Disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits.

SCHEDULE SB ATTACHMENTS

Termination

Termination rates are based on experience study results adopted by the board in January 2020. Rates are summarized in the table below.

Percentage leaving during the year		
Attained Age	Males	Females
Under age 55	11.0%	11.0%
55 and over	0.0%	0.0%

Retirement rates

Retirement rates are based on experience study results adopted by the board in January 2020. Rates are summarized in the table below.

Percentage retiring during the year		
Age	Pre-25 years of service	Post-25 years of service
Under age 55	0.0%	0.0%
55 – 61	25.0%	25.0%
62	45.0%	45.0%
63 – 64	30.0%	30.0%
65 – 69	50.0%	50.0%
70 and over	100.0%	100.0%

Benefit commencement date for active participants:

Benefit commencement dates for active participants are based on experience study results adopted by the board in January 2020 and are summarized in the table below.

Age at Retirement	Immediate Commencement	Defer Commencement to Age 65
Under 65	50%	50%
65 and over	100%	0%

Benefit commencement date for deferred benefits:

- Preretirement death benefit

The later of the death of the active participant or the date the participant would have attained age 55.

SCHEDULE SB ATTACHMENTS

- Deferred vested benefit — Age 65.
- Disability benefit — Upon disablement.
- Retirement benefit — Upon termination of employment.

Form of payment

Form of payment assumptions are based on experience study results adopted by the board in January 2020 and are summarized in the tables below.

Participants not eligible for bridge benefits:

	Commence Immediately			Defer to Age 65		
Age	**Lump Sum**	**Single Life**	**50% J&S**	**Lump Sum**	**Single Life**	**50% J&S**
Under age 65	50%	0%	0%	50%	0%	0%
65 and over	80%	5%	15%	0%	0%	0%

Participants eligible for bridge benefit:

Active Retirements			
Age	**Lump Sum**	**Single Life**	**50% J&S**
Under age 60	N/A	N/A	N/A
60 and over	50%	10%	40%

Percent married

80% of males and females.

Spouse age

Wives are assumed to be two years younger than husbands.

The assumed age difference for spouses is based on experience study results adopted by the board in January 2020.

Administrative and investment expenses

$210,000 load to normal cost (actual trust expenses, rounded up to the next $1,000, through Date of Plan Termination of May 31, 2024).

Plan Name: Sunkist Retirement Plan - N
EIN / PN: 95-3007164/335
Plan Sponsor: Sunkist Retirement Board
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Funding Target Liability (for maximum deductible calculation)	The funding target is computed using the traditional unit credit method of funding.
Actuarial value of assets	Market value of assets.
Cooperative and Small Employer Charity ("CSEC") Pension Flexibility Act	The sponsor elected to adopt CSEC on July 30, 2014.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount Rate	Minimum Funding: We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. Maximum Deductible: The basis chosen was based on PPA prescribed rates.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.
Administrative and investment expenses	Administrative and investment expenses are actual trust expenses through Date of Plan Termination of May 31, 2024.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Minimum Funding: Given the size of the plan, a separate mortality experience study has not been performed. Due to a lack of a prescribed mortality table under §433, the mortality assumptions used for funding are based on best expectations for pension population in general. Maximum Deductible: The basis chosen was selected by the plan sponsor from among choices prescribed by law.
Termination	Termination rates were based on an experience study conducted in 2019 and adopted by the board in January 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2019 and adopted by the board in January 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement date for active participants:	Benefit commencement for active participants is based on an experience study conducted in 2019 and adopted by the board in January 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement date for deferred benefits:	
• Preretirement death benefit	Assumption used is consistent with the plan provisions.
• Deferred vested benefit	The assumption used reflects prior experience.
Form of payment	The percentage of retiring participants assumed to take lump sums and joint and survivor annuities, and the assumed survivor percentages, are based on observed experience over the period 2015-2019.

SCHEDULE SB ATTACHMENTS

Prescribed Methods

Funding methods	The methods described in Appendix A used to determine PPA and PBGC liabilities, the CSEC certification and funding purposes, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 and IRC §433, or were selected by the plan sponsor from a range of methods permitted by IRC §430 and IRC §433.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	The yield curve used to calculate the maximum deductible contribution was updated to the current valuation date as required by IRC §430. The mortality table for the PPA Funding Target Liability was updated to the Pri-2012 Society of Actuaries study and to include one additional year of projected mortality improvement, as required by guidance issued by IRS under IRC §430. The lump sum mortality was changed from 2023 IRC 417(e) mortality to 2024 IRC 417(e) mortality. The administrative and investment expenses load to normal cost was changed from $140,000 to $210,000 to reflect actual amount paid from trust through Date of Plan Termination of May 31, 2024.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The administrative and investment expenses load to normal cost was changed from $140,000 to $210,000 to reflect actual amount paid from trust through Date of Plan Termination of May 31, 2024.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Sunkist Retirement Board
EIN/PN	95-3007164/335
Plan Name	Sunkist Retirement Plan - N
Valuation Date	January 1, 2024
Enrolled Actuary	Donald J. Hsu, FSA, EA
Enrollment Number	23-08446

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

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

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
Cal Citrus Cooperatives	95-3550165	0.00%
Central Valley Management, Inc.	77-0465728	0.00%
D.D. Dunlap	95-3028064	0.00%
Glen Curtis, Inc.	86-0358185	0.00%
Golden Valley Citrus, Inc.	94-2841952	0.00%
Goodell Packing Corp.	77-0353937	0.00%
Marling Packing Company	86-0626981	0.00%
Redlands Foothill Groves	95-1138040	0.00%
Somis Pacific	33-0327403	0.00%

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2024

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 58.

(A)	(B)	(C)	(D)	(E)
Retirement Age	**Retirement Percent**	**Lx**	**Number of employees expected to retiree (B) x (C)**	**(A) x (D)**
55	25.00%	10,000	2,500	137,500
56	25.00%	7,500	1,875	105,000
57	25.00%	5,625	1,406	80,156
58	25.00%	4,219	1,055	61,172
59	25.00%	3,164	791	46,670
60	25.00%	2,373	593	35,596
61	25.00%	1,780	445	27,142
62	45.00%	1,335	601	37,242
63	30.00%	734	220	13,876
64	30.00%	514	154	9,867
65	50.00%	360	180	11,692
66	50.00%	180	90	5,936
67	50.00%	90	45	3,013
68	50.00%	45	22	1,529
69	50.00%	22	11	776
70	100.00%	11	11	787
Total			10,000	577,952
Average				57.80

Plan Name: Sunkist Retirement Plan - N
EIN / PN: 95-3007164/335
Plan Sponsor: Sunkist Retirement Board
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 27
Actuarial Information Based on Pre-PPA Funding Rules

The Schedule B form and attachments are included on the following pages as attachments to this 2024 Schedule SB, Line 27 reflecting the actuarial information based on Pre-PPA funding rules.

Plan Name:	Sunkist Retirement Plan - N
EIN / PN:	95-3007164/335
Plan Sponsor:	Sunkist Retirement Board
Valuation Date:	January 1, 2024

SCHEDULE B (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

► **Attach to Form 5500 or 5500-EZ if applicable.**
► **See separate instructions.**

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection (except when attached to Form 5500-EZ).

For calendar plan year 2007 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 SUNKIST RETIREMENT - PLAN N	**B** Three-digit plan number ... ► 335
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ. SUNKIST RETIREMENT BOARD	**D** Employer Identification Number 95-3007164
E Type of plan: (1) ☐ Multiemployer (2) ☐ Single-employer (3) ☒ Multiple-employer	**F** ☐ 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 1 Day 1 Year 2,024

b Assets:		
(1) Current value of assets	**b(1)**	3,919,278
(2) Actuarial value of assets for funding standard account	**b(2)**	3,919,278
c (1) Accrued liability for plans using immediate gain methods	**c(1)**	3,603,464
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	**c(2)(a)**	0
(b) Accrued liability under entry age normal method	**c(2)(b)**	0
(c) Normal cost under entry age normal method	**c(2)(c)**	0

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

SIGN HERE Donald Hsu

Signature of actuary

10/14/2025
Date

DONALD J. HSU, FSA, EA
Type or print name of actuary

G 23-08446
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

(949) 253-5200
Telephone number (including area code)

2010 MAIN STREET, SUITE 1050,
IRVINE CONCOURSE
IRVINE,CA 92614
Address of the firm

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

0 8 0 7 3 5 0 1 0 0

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1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	**d(1)**	0
(2) "RPA '94" information:		
(a) Current liability	**d(2)(a)**	3,484,271
(b) Expected increase in current liability due to benefits accruing during the plan year	**d(2)(b)**	0
(c) Current liability computed at highest allowable interest rate (see instructions)	**d(2)(c)**	3,484,271
(d) Expected release from "RPA '94" current liability for the plan year	**d(2)(d)**	286,252
(3) Expected plan disbursements for the plan year	**d(3)**	286,252

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	**2a**	3,919,278

b "RPA '94" current liability:

	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	28	2,299,042	2,299,042
(2) For terminated vested participants	23	428,253	428,253
(3) For active participants	19	756,976	756,976
(4) Total	70	3,484,271	3,484,271

c If the percentage resuting from dividing line 2a by line 2b(4), column (3) is less than 70%, enter such percentage **2c** %

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

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
		3 Totals ►	**(b)**		**(c)**

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	**4a**	110.63%

b If line 4a is less than 100%, 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

Official Use Only

5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit)

d ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium

g ☐ Individual aggregate **h** ☐ Other (specify) ▶

i Has a change been made in funding method for this plan year? ☐ Yes ☒ No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year

6 Checklist of certain actuarial assumptions:

a Interest rates for "RPA '94" current liability	**6a**		5.59 %	☐ N/A
b Weighted average retirement age	**6b**		58	☐ N/A
		Pre-retirement	Post-retirement	
c Rates specified in insurance or annuity contracts ☐ N/A	**6c**	☐ Yes ☒ No	☐ Yes ☒ No	☐ N/A
d Mortality table code for valuation purposes:				
(1) Males	**d(1)**	A	A	
(2) Females	**d(2)**	A	A	
e Valuation liability interest rate ☐ N/A	**6e**	5.25 %	5.25 %	☐ N/A
f Expense loading ☐ N/A	**6f**	%	85.90 %	☐ N/A
		Male	Female	
g Annual withdrawal rates:		Rate Code	Rate Code	
(1) Age 25	**g(1)**	11.00 %	11.00 %	
(2) Age 40	**g(2)**	11.00 %	11.00 %	
(3) Age 55	**g(3)**	0.00 %	0.00 %	
h Salary scale ☒ N/A	**6h**	%	%	☒ N/A
i Estimated investment return on actuarial value of assets for year ending on the valuation date	**6i**		6.13 %	
j Estimated investment return on current value of assets for year ending on the valuation date	**6j**		6.13 %	

7 New amortization bases established in the current plan year:

(1) Type of Base	**(2)** Initial Balance	**(3)** Amortization Charge/Credit
4	-12,144	-1,512
1	-50,395	-11,136

8 Miscellaneous information:

a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year

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8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accodance with the instructions ►

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ☑ Yes ☐ No

9	Funding standard account statement for this plan year:				
	Charges to funding standard account:				
a	Prior year funding deficiency, if any			**9a**	0
b	Employer's normal cost for plan year as of valuation date			**9b**	210,000
c	Amortization charges as of valuation date:	Outstanding Balance			
	(1) All bases except funding waivers ►	($ 2,932,538)		**c(1)**	493,293
	(2) Funding waivers ►	($ 0)		**c(2)**	0
d	Interest as applicable on lines 9a, 9b, and 9c			**9d**	36,923
e	Additional interest charge due to late quarterly contributions, if applicable			**9e**	0
f	Adjusted additional funding charge from Part II, line 12q, if applicable ☐ N/A			**9f**	0
g	Total charges. Add lines 9a through 9f			**9g**	740,216
	Credits to funding standard account:				
h	Prior year credit balance, if any			**9h**	1,031,730
i	Employer contributions. Total from column (b) of line 3			**9i**	0
		Outstanding Balance			
j	Amortization credits as of valuation date ►	($ 1,900,808)		**9j**	248,817
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j			**9k**	67,229
l	Full funding limitation (FFL) and credits				
	(1) ERISA FFL (accrued liability FFL)	**l(1)**	974,527		
	(2) "RPA '94" override (90% current liability FFL)	**l(2)**	0		
	(3) FFL credit			**l(3)**	0
m	**(1)** Waived funding deficiency			**m(1)**	0
	(2) Other credits			**m(2)**	0.00
n	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)			**9n**	1,347,776
o	Credit balance: If line 9n is greater than line 9g, enter the difference			**9o**	607,560
p	Funding deficiency: If line 9g is greater than line 9n, enter the difference			**9p**	0
	Reconciliation account:				
q	Current year's accumulated reconciliation account:				
	(1) Due to additional funding charges as of the beginning of the plan year	**q(1)**	0		
	(2) Due to additional interest charges as of the beginning of the plan year	**q(2)**	0		
	(3) Due to waived funding deficiencies:				
	(a) Reconciliation outstanding balance as of valuation date	**q(3)(a)**	0		
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	**q(3)(b)**	0		
	(4) Total as of valuation date ►			**q(4)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable			**10**	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

0 8 0 7 3 5 0 4 0 R

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Part II Additional Information for Certain Plans Other Than Multiemployer Plans

Please see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.

12 Additional required funding charge (see instructions):

a Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.
If line 12a is at least 90%, go to line 12q and enter -0-.
If line 12a is less than 80%, go to line 12b.
If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0-. Otherwise, go to line 12b **12a** 112.48%

b "RPA '94" current liability. Enter line 1d(2)(a) **12b**

c Adjusted value of assets (see instructions) **12c**

d Funded current liability percentage. Divide line 12c by 12b and multiply by 100 . . . . . **12d** %

e Unfunded current liability. Subtract line 12c from line 12b. **12e**

f Liability attrubutable to any unpredicable contingent event benefit **12f**

g Outstanding balance of unfunded old liability **12g**

h Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative **12h**

i Unfunded new liability amount (_____ % of line 12h) **12i**

j Unfunded old liability amount **12j**

k Deficit reduction contribution. Add lines 12i, 12j and 1d(2)(b) **12k**

l Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero **12l**

m Unpredictable contingent event amount:

(1)	Benefits paid during year attributable to unpredictable contingent event . . .	**m(1)**	0
(2)	Unfunded current liability percentage. Subtract the percentage on line 12d from 100%	**m(2)**	0.00%
(3)	Enter the product of lines 12m(1) and 12m(2)	**m(3)**	
(4)	Ammortization of all unpredictable contingent event liabilities	**m(4)**	
(5)	"RPA '94" additional amount (see instructions)	**m(5)**	
(6)	Enter the greatest of lines 12m(3), 12m(4), or 12m(5)		**m(6)**

n Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest **12n**

o Contributions needed to increase current liability percentage to 100% (see instructions) **12o**

p Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o **12p**

q Adjusted additional funding charge. (.0% of line 12p) **12q**

Statement of actuarial assumptions and methods

Plan Sponsor

Sunkist Retirement Board

Statement of Assumptions

The assumptions disclosed in this Appendix are for the January 1, 2024 funding valuation.

Actuarial Assumptions and Methods

Economic Assumptions

Interest rates:

Funding	5.25%
RPA ’94 Current Liability	5.59%

Interest rate basis for PPA

• Interest rate basis	Full Yield Curve
• 10-year rate	5.07%
• 20-year rate	5.22%
• 30-year rate	5.17%
• Effective interest rate	5.12%
▪	

Annual rates of increase

▪ Compensation	N/A

As permitted by law, a yield curve reflecting returns on high quality corporate bonds (A, AA and AAA) is used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are prescribed by law and reflect current market conditions (specifically, the average market conditions for the month preceding the valuation date) they may from time to time be inconsistent with other economic assumptions used in the valuation, which may reflect both current economic conditions and assumed future conditions.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality:	
• Healthy: Accrued Liability	Separate rates for non-annuitants (based on Pri-2012 Employee table without collar or amount adjustments, projected generationally using Scale MP-2021) and annuitants (based on Pri-2012 Healthy Retiree table without collar or amount adjustments, projected generationally using Scale MP-2021). The Pri-2012 contingent mortality tables were used only after the death of a participant.
• Healthy: Current Liability and Funding Target	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
• Lump sum mortality	Mortality used to convert annuities to lump sums is prescribed under IRC 417(e).
• Pre 1995 Disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995.
• Post 1994 Disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits.

Termination

Termination rates are based on experience study results adopted by the board in January 2020. Rates are summarized in the table below.

Percentage leaving during the year		
Attained Age	Males	Females
Under age 55	11.0%	11.0%
55 and over	0.0%	0.0%

Retirement rates

Retirement rates are based on experience study results adopted by the board in January 2020. Rates are summarized in the table below.

Percentage retiring during the year		
Age	Pre-25 years of service	Post-25 years of service
Under age 55	0.0%	0.0%
55 – 61	25.0%	25.0%
62	45.0%	45.0%
63 – 64	30.0%	30.0%
65 – 69	50.0%	50.0%
70 and over	100.0%	100.0%

Benefit commencement date for active participants:

Benefit commencement dates for active participants are based on experience study results adopted by the board in January 2020 and are summarized in the table below.

Age at Retirement	Immediate Commencement	Defer Commencement to Age 65
Under 65	50%	50%
65 and over	100%	0%

Benefit commencement date for deferred benefits:

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit — Age 65.
- Disability benefit — Upon disablement.
- Retirement benefit — Upon termination of employment.

Form of payment

Form of payment assumptions are based on experience study results adopted by the board in January 2020 and are summarized in the tables below.

Participants not eligible for bridge benefits:

	Commence Immediately			Defer to Age 65		
Age	**Lump Sum**	**Single Life**	**50% J&S**	**Lump Sum**	**Single Life**	**50% J&S**
Under age 65	50%	0%	0%	50%	0%	0%
65 and over	80%	5%	15%	0%	0%	0%

Participants eligible for bridge benefit:

Active Retirements			
Age	**Lump Sum**	**Single Life**	**50% J&S**
Under age 60	N/A	N/A	N/A
60 and over	50%	10%	40%

Percent married

80% of males and females.

Spouse age

Wives are assumed to be two years younger than husbands.

The assumed age difference for spouses is based on experience study results adopted by the board in January 2020.

Administrative and investment expenses

$210,000 load to normal cost (actual trust expenses, rounded up to the next $1,000, through Date of Plan Termination of May 31, 2024).

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Accrued Liability	The accrued liability for minimum funding calculations is computed using the traditional unit credit method of funding. This method funds each participant's benefits under the plan as they accrue. Because the plan is frozen, there are no future accruals and, therefore, no normal cost.
Current Liability	The current liability is the present value of accrued benefits determined in accordance with IRC Section 412(l). The accrued benefits, including benefits accruing during the year, are valued under two different measures: ▪ The RPA '94 and Gateway current liability are computed using the January 2024 third stabilized segment rate as required under PPA. The required mortality table is the 2024 PPA separate annuitant and non-annuitant mortality table.
Funding Target Liability (for maximum deductible calculation)	The funding target is computed using the traditional unit credit method of funding.
Actuarial value of assets	Market value of assets.
Cooperative and Small Employer Charity ("CSEC") Pension Flexibility Act	The sponsor elected to adopt CSEC on July 30, 2014.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount Rate	Minimum Funding: We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. Maximum Deductible: The basis chosen was based on PPA prescribed rates. RPA '94 Current Liability: The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.
Administrative and investment expenses	Administrative and investment expenses are actual trust expenses through Date of Plan Termination of May 31, 2024.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Minimum Funding: Given the size of the plan, a separate mortality experience study has not been performed. Due to a lack of a prescribed mortality table under §433, the mortality assumptions used for funding are based on best expectations for pension population in general. Maximum Deductible: The basis chosen was selected by the plan sponsor from among choices prescribed by law. RPA '94 Current Liability: The basis chosen was selected by the plan sponsor from among choices prescribed by law.
Termination	Termination rates were based on an experience study conducted in 2019 and adopted by the board in January 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2019 and adopted by the board in January 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement date for active participants:	Benefit commencement for active participants is based on an experience study conducted in 2019 and adopted by the board in January 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement date for deferred benefits:	
• Preretirement death benefit	Assumption used is consistent with the plan provisions.
• Deferred vested benefit	The assumption used reflects prior experience.
Form of payment	The percentage of retiring participants assumed to take lump sums and joint and survivor annuities, and the assumed survivor percentages, are based on observed experience over the period 2015-2019.

Prescribed Methods

Funding methods	The methods described in Appendix A used to determine PPA and PBGC liabilities, the CSEC certification and funding purposes, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 and IRC §433, or were selected by the plan sponsor from a range of methods permitted by IRC §430 and IRC §433.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	The yield curve used to calculate the maximum deductible contribution and the 3rd segment rate used to calculate the current liability were updated to the current valuation date as required by IRC §430. The mortality table for the Current Liability and PPA Funding Target Liability was updated to the Pri-2012 Society of Actuaries study and to include one additional year of projected mortality improvement, as required by guidance issued by IRS under IRC §430. The lump sum mortality was changed from 2023 IRC 417(e) mortality to 2024 IRC 417(e) mortality. The administrative and investment expenses load to normal cost was changed from $140,000 to $210,000 to reflect actual amount paid from trust through Date of Plan Termination of May 31, 2024.

Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was amendment 2020-2. The plan was amended to terminate effective May 31, 2024.

Covered employees	All employees of participating employers.
Participating Employers	California Citrus Cooperative; Dunlap (consisting of Coachella Valley Citrus and D.D. Dunlap Company); Glen Curtis, Inc.; Redlands Foothill Groves; and Somis Pacific Ag Management, Inc. including withdrawn employers Central Valley, Inc.; Golden Valley Citrus, Inc.; and Goodell Packing Corporation
Participation date	An eligible employee participates on the day he/she completes 500 Hours of Service in the first 12 months of employment, or any Plan Year thereafter following adoption of the Plan by his/her employer. Any Eligible Employee, who first becomes eligible on January 1, 1989 as a result of the restatement of the Plan, shall commence participation on January 1, 1989. Participation was frozen on December 31, 2004.

Definitions

Vesting service	One year of vesting service is earned for each plan year in which a participant completes 500 or more hours of service (before and after the plan freeze).
Credited service	**Prior to January 1, 2005**: One year of benefit service is earned for each plan year in which a Participant completes at least 2,000 hours of service. A partial year of service equal to hours of service divided by 2,000 is earned for any plan year in which a Participant completes between 500 and 2,000 hours of service. No credit is earned for plan years in which the Participant completes less than 500 hours of service or for any plan year prior to the plan year the Participant's employer elected to participate in the Plan. **After December 31, 2004**: No service after December 31, 2004 is considered for benefit accruals, except for the continuing transition benefit. **After December 31, 2009**: No service after December 31, 2009 is considered for benefit accruals.
Pensionable pay	Base salary plus bonus paid in cash, limited by 401(a)(17).

Final Average Compensation

Average monthly compensation during the 60 consecutive months that give the highest monthly average. For this purpose, compensation shall be annualized to reflect less than full time service.

The Plan was frozen effective January 1, 2005. Compensation after December 31, 2004 is not considered, except for the continuing transition benefit. Compensation after December 31, 2009 is not considered for any benefit.

Primary Social Security Amount

(i) At Normal Retirement Date (NRD), the Social Security Primary Insurance Amount (PIA) determined under the Social Security Act (Act) in effect on the Participant's Normal Retirement Date, reduced for early commencement if the Participant's normal retirement age (SSRA) under such Act is greater than 65.

(ii) On any date prior to NRD, the PIA determined under the Act in effect on such date assuming the Participant receives no future earnings after such date, reduced for early commencement at age 65 if the Participant's SSRA is greater than 65.

(iii) If actual retirement occurs after NRD, the PIA is determined as of age 65 reduced for early commencement if the Participant's SSRA is greater than 65.

Past wages are estimated by applying a salary scale projected backwards from the date of termination assuming an annual change of 6.00%.

For early retirement or termination, we assume the employee receives no future compensation until normal retirement date.

The Plan was frozen effective January 1, 2005. The frozen Primary Social Security Amount on January 1, 2005 for active Participants was calculated as if they terminated on December 31, 2004.

Normal retirement date (NRD)

First of the month coinciding with or next following the attainment of age 65 and the fifth anniversary of Plan participation or completion of five years of vesting service, whichever is earlier.

Monthly pension benefit	65% of Final Average compensation at Normal Retirement Date less 60% of Primary Social Security Amount. Such difference reduced by 1/30th for each year by which the participant's total years of Credited service are less than 30. Certain participants actively at work on December 31, 2004 were eligible to receive a continuing transition benefit. The transition benefit accrual for the period after December 31, 2004, but before January 1, 2010 is 77% of 1/30th. Certain additional participants (satisfying eligibility criteria defined in the 2007, 2008, and 2009 amendments) received transition benefit accruals (in some cases, in reduced amounts) for 2005 through 2009.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.
Special Early retirement	Retirement before NRD and on or after both attaining age 60 and completing twenty-five years of Credited service.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Eligibility for disability benefits is based upon complete inability of the Participant to perform each and every duty of his own regular occupation and entitled to Social Security disability benefits.
Preretirement death benefit	Death prior to retirement, with a surviving spouse, after completing five years of vesting service.

Benefits Paid Upon the Following Events	
Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	Accrued benefit payable at normal retirement date actuarially reduced for each month that early retirement commencement precedes normal retirement date. For Participants who have at least 25 years of vesting service and have attained age 60, the accrued benefit formula (without actuarial reduction for early commencement) modified so as not to include the full reduction for the Primary Social Security Amount until the Participant attains Social Security Normal Retirement Age.
Postponed retirement	Benefit calculated in the same manner as the normal retirement benefit, based on service and pay as of the actual retirement date, and social security amount as of age 65 if the participant receives a Suspension of Benefit Notice on time. Participants are entitled to an actuarial increase from Normal Retirement Date if the participant does not receive a Suspension of Benefits Notice on time.
Vested termination	The monthly pension benefit determined as of the termination date.
Disablement	The disability benefit amount is equal to the accrued benefit assuming service continues to be credited from date of disability through recovery or normal retirement date and compensation continues at the lesser of the Participant's compensation at the time of disability or 120% of the Participant's highest consecutive 60 month average earnings at the time of disability. The Plan was frozen effective January 1, 2005. Service and Compensation after December 31, 2004 is not considered, except for the continuing transition benefit. Service and compensation after December 31, 2009 is not considered for any benefit.
Preretirement death	The spouse shall be entitled to the greater of A and B, A) 50% Joint & Survivor Annuity B) 50% of ((a.) less (b.)): a. 65% of final Average Pensionable Pay multiplied by a fraction, up to a maximum of 1.0, where the numerator is the potential years of Credited Service if the employee remained employed until age 65 and the denominator is 30. b. Social Security Benefit of the Surviving Spouse, assuming the spouse cares for a child under age 16.

Other Plan Provisions

Normal Form of payment	The normal form of payment for unmarried participants is a Single Life Annuity. The normal form of payment for married participants is a 50% Joint and Survivor annuity, which is subsidized if the participant terminated after being eligible for early, normal, or postponed retirement.
Optional Forms of Payment	Employees may elect an actuarial equivalent 75% or 100% Joint and Survivor benefit, a 10 Year Certain and Life benefit, or any of the Joint and Survivor benefits with a 10 Year Certain component. Any participant who retires prior to age 62 (age 65 if retiring on a special early retirement date) is eligible for a Level Income Benefit. Annuities with a present value less than or equal to $5,000 are automatically paid as a single lump sum payment. For benefits commencements on or after August 1, 2014, participants may elect to receive a single lump sum payment that is actuarially equivalent to their monthly benefit.
Pension Increases	None.
Plan participants' contributions	On and after January 1, 1976, participants are not required nor are they allowed to make contributions. A participant shall always be 100% vested in his accumulated contributions. Upon termination of employment, an employee who does not have at least five Years of Vesting Service shall receive a lump sum distribution of his accumulated contributions. Interest is credited at an annual rate equal to 5% until January 1, 1988 and shall thereafter be credited at 120 percent of the Federal mid-term rate as in effect for the first month of each Plan Year, compounded annually from the December 31, coinciding with or next following the date the contribution is made and credited to the date on which the determination is being made.
Maximum on benefits	All benefits may not exceed the maximum limitations in IRC Section 415. This limit is indexed annually. For 2024, the limit changed from $265,000 to $275,000.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

The plan was amended to terminate effective May 31, 2024.

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 58.

(A)	(B)	(C)	(D)	(E)
Retirement Age	**Retirement Percent**	**Lx**	**Number of employees expected to retiree (B) x (C)**	**(A) x (D)**
55	25.00%	10,000	2,500	137,500
56	25.00%	7,500	1,875	105,000
57	25.00%	5,625	1,406.25	80,156
58	25.00%	4,219	1,054.6875	61,172
59	25.00%	3,164	791.015625	46,670
60	25.00%	2,373	593.2617188	35,596
61	25.00%	1,780	444.9462891	27,142
62	45.00%	1,335	600.6774902	37,242
63	30.00%	734	220.2484131	13,876
64	30.00%	514	154.1738892	9,867
65	50.00%	360	179.8695374	11,692
66	50.00%	180	89.93476868	5,936
67	50.00%	90	44.96738434	3,013
68	50.00%	45	22.48369217	1,529
69	50.00%	22	11.24184608	776
70	100.00%	11	11.24184608	787
Total			10,000	577,952
Average				57.80

Schedule of Active Participant Data for Frozen Plans as of January 1, 2024

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

Average: Age: 57
Service: 25

Census data as of January 1, 2024

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

Amortization Schedule for Minimum Funding Standard and Schedule of Funding Standard Account Bases

Plan Year Beginning **January 1, 2024**

			Amortization Period			Balances		
			Date Established	Initial Years	Years Left	Initial	Outstanding	Beginning-of-Year Payment
A	**Charges**							
	1	2015 Assumption Change	1/1/2015	10	1	5,520,563	661,552	661,552
	2	2020 Assumption Change	1/1/2020	10	6	533,019	344,476	64,999
	3	2021 Assumption Change	1/1/2021	10	7	900,989	666,685	110,463
	4	2022 Actuarial Loss	1/1/2022	5	3	145,262	90,857	31,848
	5	2023 Actuarial Loss	1/1/2023	5	4	1,425,698	1,168,968	315,040
	6	Total Charges				8,525,531	2,932,538	1,183,902
	7	Prorated for Short Plan Year[1]				N/A	N/A	493,293
B	**Credits**							
	1	2016 Assumption Change	1/1/2016	10	2	(238,337)	(55,899)	(28,664)
	2	2017 Assumption Change	1/1/2017	10	3	(194,399)	(66,935)	(23,463)
	3	2018 Assumption Change	1/1/2018	10	4	(90,677)	(40,751)	(10,982)
	4	2019 Assumption and Method Change	1/1/2019	10	5	(15,704)	(8,637)	(1,909)
	5	2020 Actuarial Gain	1/1/2020	5	1	(1,201,199)	(259,454)	(259,454)
	6	2021 Actuarial Gain	1/1/2021	5	2	(419,241)	(177,636)	(91,090)
	7	2022 Assumption Change	1/1/2022	10	8	(255,791)	(212,984)	(31,627)
	8	2023 Assumption Change	1/1/2023	10	9	(1,102,618)	(1,015,973)	(137,323)
	9	2024 Actuarial Loss	1/1/2024	5	5	(50,395)	(50,395)	(11,136)
	10	2024 Assumption Change	1/1/2024	10	10	(12,144)	(12,144)	(1,512)
	11	Total Credits				(3,580,505)	(1,900,808)	(597,160)
	12	Prorated for Short Plan Year[1]				N/A	N/A	(248,817)

C	**Equation of Balance**		
	1	Net amount of amortization bases outstanding on January 1, 2024	1,031,730
	2	Credit balance in funding standard account on January 1, 2024	1,031,730
	3	Unfunded actuarial accrued liability on January 1, 2024 (1 - 2, not less than $0)	0

[1] Prorated to Date of Plan Termination of May 31, 2024.

Schedule B, Line 11 – Justification for Change in Actuarial Assumptions

The yield curve used to calculate the maximum deductible contribution and the 3rd segment rate used to calculate the current liability were updated to the current valuation date as required by IRC §430.

The mortality table for the Current Liability and PPA Funding Target Liability was updated to the Pri-2012 Society of Actuaries study and to include one additional year of projected mortality improvement, as required by guidance issued by IRS under IRC §430.

The lump sum mortality was changed from 2023 IRC 417(e) mortality to 2024 IRC 417(e) mortality.

The administrative and investment expenses load to normal cost was changed from $140,000 to $210,000 to reflect actual amount paid from trust through Date of Plan Termination of May 31, 2024.

SUNKIST RETIREMENT PLAN N

EIN: 95-3007164
Plan Number 335

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024 (Liquidation Basis)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	**Description of Asset (include Interest Rate and Maturity in Case of a Loan)**	**Purchase Price**	**Selling Price**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Net Gain**
First American Government Fund	Money market fund	$ 249,738	$ --	$ 249,738	$ 249,738	$ --
First American Government Fund	Money market fund	--	214,254	214,254	214,254	--
Vanguard Long-Term Investment Grade	Mutual Fund	200,000	--	200,000	200,000	--
Vanguard Long-Term Investment Grade	Mutual Fund	--	200,000	196,521	200,000	3,479
Vanguard Intm-Term Investment Grade	Mutual Fund	--	250,000	246,412	250,000	3,588
Vanguard Intm-Term Investment Grade	Mutual Fund	--	220,000	218,770	220,000	1,230

See Independent Auditor's Report.

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

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
SUNKIST RETIREMENT PLAN - N

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SUNKIST RETIREMENT BOARD

D Employer Identification Number (EIN)
95-3007164

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**	3,919,278
b Actuarial value	**2b**	3,919,278

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	28	2,377,753	2,377,753
b For terminated vested participants	23	453,392	453,392
c For active participants	19	796,084	796,084
d Total	70	3,627,229	3,627,229

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**	5.12%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	210,000
c Target normal cost	**6c**	210,000

Statement by Enrolled Actuary

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

SIGN HERE

DONALD J. HSU

Signature of actuary

10/14/2025

Date

DONALD J. HSU, FSA, EA

Type or print name of actuary

2308446

Most recent enrollment number

WILLIS TOWERS WATSON US LLC

Firm name

949-253-5200

Telephone number (including area code)

2010 MAIN STREET, SUITE 1050
IRVINE CONCOURSE
IRVINE CA 92614

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

14	Funding target attainment percentage	**14**	108.05 %
15	Adjusted funding target attainment percentage	**15**	%
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**	%
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)

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**	
b Contributions made to avoid restrictions adjusted to valuation date	**19b**	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	**19c**	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

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

22 Weighted average retirement age	**22**	58

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

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

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	1

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

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**	

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

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

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

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

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