

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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 [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: DEL MONTE FRESH PRODUCE (HAWAII) INC. PINEAPPLE PENSION PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1990
2a Plan sponsor's name (employer, if for a single-employer plan): DEL MONTE FRESH PRODUCE HAWAII INC.
2b Employer Identification Number (EIN): 99-0274671
2c Plan Sponsor's telephone number: 305-520-8400
2d Business code (see instructions): 424500

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	458
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	336
	6c	51
	6d	387
	6e	43
	6f	430
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan <u>DEL MONTE FRESH PRODUCE (HAWAII) INC. PINEAPPLE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DEL MONTE FRESH PRODUCE HAWAII INC.</u>	D Employer Identification Number (EIN) <u>99-0274671</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>11391829</u>
	b Actuarial value	2b	<u>11687733</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>394</u>	<u>9854184</u>
	b For terminated vested participants	<u>64</u>	<u>1663571</u>
	c For active participants	<u>0</u>	<u>0</u>
	d Total	<u>458</u>	<u>11517755</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	<u>5.11 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>80000</u>
	c Target normal cost	6c	<u>80000</u>

Statement by Enrolled Actuary

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

SIGN HERE			
	Signature of actuary	<u>08/20/2025</u>	Date
	<u>MICHAEL J. ROZSA</u>	<u>23-07655</u>	Most recent enrollment number
	<u>BUCK GLOBAL, LLC</u>	<u>201-902-2658</u>	Telephone number (including area code)
	<u>200 JEFFERSON PARK 2ND FLOOR WHIPPANY, NJ 07981</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	106692
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	100000
9	Amount remaining (line 7 minus line 8)	0	6692
10	Interest on line 9 using prior year's actual return of <u>14.96</u> %	0	1001
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7693

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.40 %
15	Adjusted funding target attainment percentage	15	101.47 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.79 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶	18(b)	0
				18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0	0
	(4) 4th	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	80000	
b Excess assets, if applicable, but not greater than line 31a	31b	80000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)	
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021	

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan DEL MONTE FRESH PRODUCE (HAWAII) INC. PINEAPPLE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 DEL MONTE FRESH PRODUCE HAWAII INC.	D Employer Identification Number (EIN) 99-0274671	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BANK OF AMERICA/MERRILL LYNCH

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 27 28	TRUSTEE	61710	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SOCCORO PARTNERS

93-4284995

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	24749	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUCK CONSULTANTS, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	11340	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DEL MONTE FRESH PRODUCE (HAWAII) INC. PINEAPPLE PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 DEL MONTE FRESH PRODUCE HAWAII INC.	D Employer Identification Number (EIN) 99-0274671

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	215
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)	0	313711
(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)	11391828	11032034
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11391828	11345960
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	3273	4198
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3273	4198
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11388555	11341762

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	24653	
(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)		24653
(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)	310905	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		310905
(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		841475
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1177033

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1126027	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1126027
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)	24749	
(5) Investment advisory and investment management fees	2i(5)	43824	
(6) Bank or trust company trustee/custodial fees	2i(6)	17886	
(7) Actuarial fees	2i(7)	11340	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		97799
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1223826

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-46793
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SOCORRO PARTNERS**

(2) EIN: **93-4284995**

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 558271.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>DEL MONTE FRESH PRODUCE (HAWAII) INC. PINEAPPLE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEL MONTE FRESH PRODUCE HAWAII INC.</u>	D Employer Identification Number (EIN) <u>99-0274671</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 59-0385440

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

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

3		0
---	--	---

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

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

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

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

**Del Monte Fresh Produce (Hawaii) Inc.
Pineapple Pension Plan**

Financial Statements

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Employee Benefits Committee
Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan

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

We have performed an audit of the accompanying financial statements of the Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the Financial Statements

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) 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 Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan's ability to continue as a going concern for within one year after the date the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements 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 auditors' 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 Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension 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 Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at year end) as of December 31, 2024 and the schedule of reportable transactions as of 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Socorro CPAs & Advisors, LLC

Miami, FL
October 14, 2025

**DEL MONTE FRESH PRODUCE (HAWAII) INC.
PINEAPPLE PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at Fair Value	<u>\$ 11,345,960</u>	<u>\$ 11,391,828</u>
Total Assets	<u>11,345,960</u>	<u>11,391,828</u>
Liabilities		
Administrative Expenses Payable	<u>4,198</u>	<u>3,273</u>
Total Liabilities	<u>4,198</u>	<u>3,273</u>
Net Assets Available for Benefits	<u>\$ 11,341,762</u>	<u>\$ 11,388,555</u>

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

**DEL MONTE FRESH PRODUCE (HAWAII) INC.
PINEAPPLE PENSION PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions to Net Assets		
Investment Income		
Net appreciation in fair value of investments	\$ 841,475	\$ 1,264,545
Dividends and interest	<u>310,905</u>	<u>301,410</u>
Net Investment Income	1,152,380	1,565,955
Employer contributions	<u>24,653</u>	<u>21,581</u>
Total Additions	1,177,033	1,587,536
Deductions from Net Assets		
Benefits paid to participants	1,126,027	1,193,243
Administrative expenses	<u>97,799</u>	<u>72,927</u>
Total Deductions	1,223,826	1,266,170
Net Increase	(46,793)	321,366
Net Assets Available for Benefits - Beginning	<u>11,388,555</u>	<u>11,067,189</u>
Net Assets Available for Benefits - Ending	<u>\$ 11,341,762</u>	<u>\$ 11,388,555</u>

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

Del Monte Fresh Produce (Hawaii) Inc.
Pineapple Pension Plan
Notes to Financial Statements

Note 1 – Description of Plan

The Del Monte Pension Plan (the “Prior Plan”) was established effective March 1, 1956, by Del Monte Corporation to provide retirement benefits for regular, full-time employees of Del Monte’s Hawaiian division who were covered by a collective bargaining agreement between Del Monte and the International Longshore & Warehouse Union (“ILWU”) Local 142. Effective January 1, 1989, sponsorship of the Prior Plan transferred to RJR Nabisco, Inc. In addition, the Del Monte Retirement Plan for Hourly Employees of the Hawaiian Division – Fresh Fruit Operations (the “Fresh Fruit Plan”) merged into the Prior Plan. All service for purposes of vesting and eligibility, and all Credited Service, which participants in the Fresh Fruit Plan had accrued under the Fresh Fruit Plan as in effect on December 31, 1988, was transferred to the Prior Plan. On January 1, 1990, PPI Del Monte Fresh Produce (Hawaii) Inc. (the “Company”), established the Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan (the “Plan”) to provide retirement benefits to employees of the Company. Participants in this Plan receive credit for all service counted for eligibility, vesting and benefit accrual purposes under the Prior Plan.

The following description of the Plan provides only general information. Participants should refer to the Plan agreement, which is available from the Employee Benefits Committee, for a complete description of the Plan’s provisions.

General

The Plan is a noncontributory defined benefit plan that covered substantially all hourly employees of the Company who were members of the ILWU Local 142 and had more than one year of service. The Plan provides retirement, death and disability benefits.

On November 21, 2006, Fresh Del Monte Produce, Inc., which wholly owns the Company, announced the accelerated closing of the Hawaii production facility. All active participants ceased accruing benefits and all participants were deemed to be 100% vested under the Plan, effective January 23, 2007. As of December 31, 2008, all non-retirement eligible active participants were terminated and all retirement eligible active participants retired from service with the Company.

Funding Policy

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Company’s present intention is to make a contribution to the Plan each year in amounts sufficient to fund the Plan’s current years’ service cost and the initial past service cost plus interest. The Plan is subject to the Employee Retirement Income Security Act (“ERISA”) of 1974, as amended, and has met the minimum funding requirements for the years ended December 31, 2024 and 2023. The minimum funding requirement for the year ended December 31, 2024, was calculated utilizing the provisions of the Pension Protection Act, and all subsequent legislation.

Del Monte Fresh Produce (Hawaii) Inc.
Pineapple Pension Plan
Notes to Financial Statements

Note 1 – Description of Plan, continued

Benefits

The Plan is a defined benefit plan whereby a participant's accrued benefit is defined as a final average pay plan.

The Plan provides for transition benefits for employees who were participants in the Plan on December 31, 1988. Participant cash balance accounts are maintained for these transitioned employees and are credited on an annual basis with amounts derived from a formula utilizing the participants' years of service and eligible earnings, as defined by the Plan. These employees continued to accrue benefits under grandfathered provisions through December 31, 2008, or termination, if earlier. The grandfathered provisions were based on the greater of the monthly minimum retirement benefit (\$10.00 multiplied by year of credited service after June 30, 1982) or the monthly basis retirement benefit (1/12 of 1% of total earnings on and after July 1, 1982) plus the life annuity equivalent of any retirement benefit accrued prior to July 1, 1982 under the Fresh Fruit Plan. Upon termination or retirement, these employees will receive the greater of the transition benefit or their cash balance account.

For all other participants, upon termination or retirement, these employees will receive the greater of the monthly minimum retirement benefit (\$10.00 multiplied by years of credited service) or the monthly basic retirement benefit (the sum of 1/12 of 1% of earnings on and after February 1, 1983, plus the greater of 8/10 of 1% of the January 31, 1983, classified hourly rate of pay multiplied by 173.3 multiplied by years of credited service prior to February 1, 1983, but after age 30) or the monthly basic retirement benefit under the prior plan as of January 31, 1983, plus the life annuity equivalent of any benefit based on employee contributions under the Del Monte Retirement Plan for periods of service prior to March 1, 1956.

Certain participants may elect to receive the value of their accumulated plan benefits as a lumpsum distribution upon retirement or termination. All remaining participants receive their benefits as a life annuity payable monthly. If a participant dies, death benefits are payable as defined by the Plan, to the participant's designated beneficiary.

Plan Termination

The Company, at the direction of the Board of Directors, has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the Plan and ERISA.

Should the Plan terminate at some future time, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") and the assets of the Plan would be distributed among participants of the Plan in the order as described by ERISA. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time.

Del Monte Fresh Produce (Hawaii) Inc.
Pineapple Pension Plan
Notes to Financial Statements

Note 1 – Description of Plan, continued

Vesting

Participants become fully vested in the Plan after five years of service, or if a participant's termination occurred prior to January 1, 1989, the participant will become fully vested if they had at least 10 years of service. A participant will also become fully vested when he or she reaches the normal retirement age (65). Due to the closure of the Hawaiian production facility mentioned above, all active participants ceased accruing benefits and all participants were deemed to be 100% vested under the Plan, effective January 23, 2007.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

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

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

Benefit Payments

Benefit payments to participants are recorded when paid.

Valuation of Investments Held and Income Recognition

Investments are stated at fair value. Funds are invested with Bank of America N.A. ("Bank of America"), a party-in-interest as of December 31, 2024 and 2023. Funds are principally invested in marketable securities.

In accordance with the Accounting Standards Codification ("ASC") guidance on Fair Value Measurements and Disclosures, assets measured at fair value are categorized into the fair value hierarchy described in Note 4. The Plan's Employee Benefits Committee determines the Plan's valuation policies utilizing information provided by the record keeper and trustee.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are those estimated future periodic payments that are attributable under the Plan's provisions for services rendered by the employees to the freeze date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the employees' compensation during their period of employment. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the freeze date.

**Del Monte Fresh Produce (Hawaii) Inc.
Pineapple Pension Plan
Notes to Financial Statements**

Note 2 – Summary of Significant Accounting Policies, continued

Administrative Expenses

Legal, accounting and certain administrative expenses are paid by the Company on behalf of the Plan. Other administrative expenses are paid by the Plan.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”) requires the Plan’s management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Actual results could differ from those estimates and those differences may be material.

Note 3 – Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits as of and for the years ended January 1, 2024 and 2023, was determined by the Plan’s actuary, Buck Global, LLC. The valuation represents the present value of benefits earned by participants at the valuation date, determined using actuarial assumptions that reflect the time value of money (through the use of discount rates) and the probability of future payment (based on assumed rates of mortality, disability, withdrawal, and retirement) from the valuation date to the expected date of benefit payment.

The accumulated plan benefits and changes thereto as of and for the years ended January 1, 2024 and 2023, are as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Inactive participants with deferred benefits	\$ 1,327,335	\$ 1,447,876
Inactive participants receiving benefits	8,574,996	8,683,106
Total vested benefits	<u>\$ 9,902,331</u>	<u>\$ 10,130,982</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 10,130,982	\$ 10,861,804
Increase (decrease) due to:		
Benefits accumulated and other plan experience	275,404	150,797
Interest	668,813	667,886
Benefits paid	(1,172,868)	(1,192,032)
Assumption changes	-	(357,473)
Net decrease	<u>(228,651)</u>	<u>(730,822)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 9,902,331</u>	<u>\$ 10,130,982</u>

Del Monte Fresh Produce (Hawaii) Inc.
Pineapple Pension Plan
Notes to Financial Statements

Note 3 – Accumulated Plan Benefits, continued

Significant assumptions and the method underlying the actuarial computations for 2024 and 2023 are:

Actuarial Cost Method	The Funding Target is the present value of accrued benefits based on compensation and service to date.
Assumed rate of return on investments (2024 and 2023)	7.00%
Mortality basis	Pri-2012 Blue Collar Employee and Retiree Mortality Tables applied (base year 2012 projected generationally with Mortality Improvement Scale), except for current beneficiaries of deceased participants for which Pri-2012 Blue Collar Contingent Survivor Mortality Tables were applied.

These actuarial assumptions were based on the presumption that the Plan would continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 4 – Fair Value Measurements

The ASC defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The ASC includes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the ASC are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Del Monte Fresh Produce (Hawaii) Inc.
Pineapple Pension Plan
Notes to Financial Statements

Note 4 – Fair Value Measurements, continued

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

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

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

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Registered Investment Company Investments

These investments are mutual funds valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. These investments are classified within Level 1 of the fair value hierarchy.

Del Monte Fresh Produce (Hawaii) Inc.
Pineapple Pension Plan
Notes to Financial Statements

Note 4 – Fair Value Measurements, continued

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets carried at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered Investment Companies	\$ 11,345,960	\$ -	\$ -	\$ 11,345,960
Total Assets in the Fair Value Hierarchy	\$ 11,345,960	\$ --	\$ --	\$ 11,345,960
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Registered Investment Companies	\$ 11,391,828	\$ --	\$ --	\$ 11,391,828
Total Assets in the Fair Value Hierarchy	\$ 11,391,828	\$ --	\$ --	\$ 11,391,828

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2, or 3.

Note 5 – Investments Certified by the Trustee

Investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and the net appreciation of fair value of investments, investment income and expenses for the years then ended, were obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by Bank of America, the trustee of the plan, to the best of its knowledge.

Bank of America has certified to the completeness and accuracy of \$11,345,960 and \$11,391,828 in registered investment companies for the years ended December 31, 2024 and 2023, respectively. Bank of America has certified to the completeness and accuracy of \$841,475 and \$1,264,545 of net appreciation of fair value (including gains and losses on investments bought and sold, as well as held during the year) of mutual funds and \$310,905 and \$301,410 of interest and dividend income related to the aforementioned plan assets for the years ended December 31, 2024 and 2023, respectively.

Del Monte Fresh Produce (Hawaii) Inc.
Pineapple Pension Plan
Notes to Financial Statements

Note 6 – Risks and Uncertainties

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

The Pension Protection Act of 2006, as amended by subsequent legislation, imposes certain benefit limitations for qualified defined benefit plans that do not meet certain funding thresholds. The calculation of a plan's funded status is generally based on the ratio of the plan's actuarial value of assets to the actuarial present value of accrued benefits and is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP"). Internal Revenue Code section 436(d) requires a tax qualified defined benefit pension plan whose funding target percentage is: (i) less than 60% to implement full benefit restrictions (i.e., prohibit accelerated benefit distributions and cease benefit accruals under the Plan), or (ii) less than 80% but greater than 60% to implement partial benefit restrictions and partially prohibit accelerated benefit distributions (e.g., lump sum payments) under the Plan. Such restrictions would remain in place until the Plan's funding exceeds the threshold levels.

For the Plan year beginning January 1, 2024, the Plan's final AFTAP was approximately 101%. As the final AFTAP was greater than 80%, the Plan is not subject to benefit restrictions.

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

Note 7 – Contract with Insurance Company

An allocated investment contract with John Hancock Life Insurance Company has been excluded from Plan assets at December 31, 2024 and 2023. Benefits under this agreement are held separately at John Hancock. At the time benefits are due and payable, John Hancock wires the appropriate funds to the trustee for payment processing and distribution. These assets have also been excluded from the Plan's accumulated plan benefits in Note 3. No dividends were paid to the Plan or additional contracts purchased by the Plan for the years ended December 31, 2024 and 2023.

Note 8 – Tax Status

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated March 8, 2018, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Del Monte Fresh Produce (Hawaii) Inc.
Pineapple Pension Plan
Notes to Financial Statements

Note 8 – Tax Status, continued

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 – Plan Termination

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual’s monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024, that ceiling is \$7,108 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination.

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

SUPPLEMENTAL SCHEDULES

**DEL MONTE FRESH PRODUCE (HAWAII) INC.
PINEAPPLE PENSION PLAN**

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

EIN: 99-0274671

PLAN 003

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
I Shares Core S&P US Value ETF	Registered Investment Companies	\$ 1,400,632	\$ 2,419,840	
I Shares Core S&P US Growth ETF	Registered Investment Companies	914,962	2,014,862	
I Shares US Treasury Bond	Registered Investment Companies	1,545,822	1,514,589	
Vanguard Mortgage - Backed SEC	Registered Investment Companies	1,336,948	1,214,931	
I Shares Broad USD	Registered Investment Companies	1,204,292	1,100,076	
Vanguard FTSE Developed Markets	Registered Investment Companies	807,518	940,380	
Vanguard Russell 2000	Registered Investment Companies	774,206	802,809	
Vanguard FTSE Emerging Markets	Registered Investment Companies	647,384	627,086	
Vanguard Total International	Registered Investment Companies	331,363	334,030	
BLF FedFund Cash Reserve	Registered Investment Companies	257,311	257,311	
SPDR Portfolio Long Term	Registered Investment Companies	70,412	63,432	
Blackrock Liquidity Fund	Registered Investment Companies	<u>56,614</u>	<u>56,614</u>	
Total Investments		<u>\$ 9,347,464</u>	<u>\$ 11,345,960</u>	

See independent auditors' report.

**DEL MONTE FRESH PRODUCE (HAWAII) INC.
PINEAPPLE PENSION PLAN**

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2024

EIN: 99-0274671

PLAN 003

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Number of Transactions	Cost of Asset	Current Value on Transaction Date	Net Gain (Loss)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Security Trades in excess of 5%							
	BLF FedFund Cash Reserve	\$ 1,485,002	\$ --	90	\$ 1,485,002	\$ 1,485,002	\$ --
	BLF FedFund Cash Reserve	\$ --	\$ 2,014,830	38	\$ 2,014,830	\$ 2,014,830	\$ --

See independent auditors' report.

Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan

EIN/PN: 99-0274671 / 003

Schedule SB, Part V – Actuarial Assumptions and Methods

Funding assumptions selection and rationale

Actuarial Standard of Practice No. 27 ("ASOP 27") provides guidance to actuaries on economic assumptions for measuring pension obligations. Actuarial Standard of Practice No. 35 ("ASOP 35") provides guidance to actuaries on demographic and other non-economic assumptions for measuring pension obligations. Under these ASOPs, for each assumption that has a significant effect on the measurement and that the actuary has selected, the actuary should disclose the information and analysis used to support the actuary's determination that, in the actuary's professional judgement, it is reasonable for the purpose of the measurement. No information or analysis is needed for any assumption prescribed by law or regulation.

The interest rates and mortality assumption used for this measurement have a significant impact on the Funding Target and are prescribed by law.

The economic assumption that has a significant effect on the measurement is the expected rate of return on plan assets. The expected asset return assumption is determined based on an analysis performed by the plan's investment advisor and other supplemental information. The signing actuary has independently used economic information and tools provided by Gallagher's Financial Risk Management ("FRM") practice to verify the reasonability of the expected rate of return on plan assets. The demographic and other noneconomic assumptions having a significant impact on the measurement of the Funding Target are retirement rates and the frequency of optional forms of payment. These demographic assumptions are based on a combination of recent plan experience and anticipated demographic patterns of the plan sponsor. The actuary has taken into account current retirement expectations and the assumptions are reasonable given historic gain and loss experience of the plan. Actual experience is reviewed each year and compared to the assumption. Changes are then made, as appropriate, based on this review.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

**Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan
EIN/PN: 99-0274671 / 003**

Schedule SB, Part V – Actuarial Assumptions and Methods (continued)

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

For 2024 Plan Year: Full Yield Curve as of January 1, 2024

Effective Interest Rate: 5.11%

For 2023 Plan Year: Full Yield Curve as of January 1, 2023

Effective Interest Rate: 5.06%

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan

EIN/PN: 99-0274671 / 003

Schedule SB, Part V – Actuarial Assumptions and Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

Expenses

Expected plan administrative expenses of \$80,000 were added to the Target Normal Cost. The Methodology for calculating the Expense Load uses the average of the prior three years of actual expenses (after increasing by assumed inflation of 2% and adjusting for changes in the categories expected to be paid from the trust). The result is then rounded to the nearest \$10,000.

Salary increases

Not Applicable.

Social Security

Not Applicable.

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Retirement rates

Age	Rates
55	50%
56-64	0%
65+	100%

Disability rates

Not Applicable.

Withdrawal rates

Not Applicable.

Frequency of optional payment forms

75% of future retirees and terminations are assumed to take a life annuity. Those future retirees and terminations who are assumed not to take a life annuity are assumed to take a Joint and Survivor 50% Option with 15% probability or a Joint and Survivor 100% Option with 10% probability.

Late Retirement

Terminated vested deferred participants are assumed to receive actuarial increases from age 65.

Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan

EIN/PN: 99-0274671 / 003

Schedule SB, Part V – Actuarial Assumptions and Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2024 Expected Return	7.00%	5.59%	5.59%
2023 Expected Return	7.00%	5.74%	5.74%
2022 Expected Return	6.50%	5.92%	5.92%

Summary of Changes from the January 1, 2023 Valuation

- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1(e)(4).
- The mortality assumption was updated according to the projection as specified in IRS Regulation Section 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.
- Changes in assumptions listed above increased the Funding Target by \$227,000.

Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan
EIN/PN: 99-0274671 / 003

Schedule SB – Statement by Enrolled Actuary

In preparing this Schedule SB, the actuary relied upon other parties for – and applied reasonability tests to – information on assets, contributions, plan provisions and data on people covered by the plan.

**DEL MONTE FRESH PRODUCE (HAWAII) INC.
PINEAPPLE PENSION PLAN**

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2024

EIN: 99-0274671

PLAN 003

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Number of Transactions (e)	Cost of Asset (f)	Current Value on Transaction Date (g)	Net Gain (Loss) (h)
Security Trades in excess of 5%							
	BLF FedFund Cash Reserve	\$ 1,485,002	\$ --	90	\$ 1,485,002	\$ 1,485,002	\$ --
	BLF FedFund Cash Reserve	\$ --	\$ 2,014,830	38	\$ 2,014,830	\$ 2,014,830	\$ --

See independent auditors' 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 DEL MONTE FRESH PRODUCE (HAWAII) INC. PINEAPPLE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DEL MONTE FRESH PRODUCE HAWAII INC.	D Employer Identification Number (EIN) 99-0274671	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I	Basic Information		
1	Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>	
2	Assets:		
	a Market value	2a	11,391,829
	b Actuarial value	2b	11,687,733
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	394	9,854,184
	b For terminated vested participants	64	1,663,571
	c For active participants	0	0
	d Total	458	11,517,755
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	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	5.11%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	80,000
	c Target normal cost	6c	80,000

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	Michael J. Rozsa MJR	08/20/2025
	Signature of actuary	Date
	Michael J. Rozsa	2307655
	Type or print name of actuary	Most recent enrollment number
	Buck Global, LLC	201-902-2658
	Firm name	Telephone number (including area code)
	200 Jefferson Park 2nd Floor Whippany NJ 07981	
	Address of the firm	

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
-------------------	-------------------	-------------------	--

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

22 Weighted average retirement age **22**

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)..... **31a** 80,000

b Excess assets, if applicable, but not greater than line 31a **31b** 80,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b**

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan

EIN/PN: 99-0274671 / 003

Schedule SB, Part V – Summary of Plan Provisions

Effective date and plan year

Original Plan: January 1, 1990
Restated Plan: January 1, 2006
Plan Year: January 1 through December 31

Status of the Plan

There are no active employees covered under the plan, so the plan is effectively frozen.

Significant events that occurred during the year

None.

Sponsoring employer

Del Monte Fresh Produce.

Covered employees

Certain collectively bargained employees of Del Monte Fresh Produce.

Administration

Del Monte Fresh Produce.

Type of plan

Defined Benefit Pension Plan.

Eligibility

December 5, 1989 for members of the Prior Plan as of December 4, 1989.

Later of the completion of one Year of Service or the date an employee becomes an eligible member of ILWU Local 142 as an hourly employee.

Prior plan

The Del Monte – Hawaiian Division Pineapple Pension Plan, as in effect on December 4, 1989.

Employer contributions

Actuarially determined as required to meet IRS funding standards.

Employee contributions

None allowed.

Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan

EIN/PN: 99-0274671 / 003

Schedule SB, Part V – Summary of Plan Provisions (continued)

Vesting service

Participants are vested in their benefits according to the following schedule:

Years of Service	Percent Vested
Under 5	0%
5+	100%

Anniversary year

A period of 12 consecutive months commencing on an employee's employment date and each anniversary of such date.

Credited service

An anniversary year after May 30, 1976 during which an employee completes not less than 1,000 hours of service. For any period of less than a full anniversary year, 1/12 of a year of service is earned for each month during which the employee has service.

Compensation considered

Regular salary or wages paid while an eligible employee.

Normal retirement pension

Eligibility

Age 65.

Benefit

Fresh Fruit Participants:

The greater of:

- A. The monthly Minimum Retirement Benefit: or
- B. The monthly Basic Retirement Benefit

Plus

- C. The life annuity equivalent of any Retirement Benefit accrued prior to July 1, 1982 under the Del Monte Retirement Plan for Hourly Employees of the Hawaiian Division – Fresh Fruit Operation; and any retirement benefit based upon employee contributions under that plan.

Monthly Minimum Retirement Benefit:

\$10.00 multiplied by years of Credited Service after June 30, 1982.

Other Participants:

The greater of:

- A. The monthly Minimum Retirement Benefit: or
- B. The monthly Basic Retirement Benefit

Plus

- C. The life annuity equivalent of any benefit based on employee contributions under the Del Monte Retirement Plan for periods of service prior to March 1, 1956.

Monthly Minimum Retirement Benefit:

\$10.00 multiplied by years of Credited Service.

Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan

EIN/PN: 99-0274671 / 003

Schedule SB, Part V – Summary of Plan Provisions (continued)

Monthly Basic Retirement Benefit:

The sum of:

- A. $1/12$ of 1% of total Earnings on and after February 1, 1983; plus the greater of:
- B. $8/10$ of 1% of the January 31, 1983 classified hourly rate of pay multiplied by 173.3 multiplied by years of credited service prior to February 1, 1983 but after age 30; or

The monthly Basic Retirement Benefit under the prior plan as in effect on January 31, 1983.

Early retirement pension

Eligibility

Age 55.

Benefit

Normal retirement benefit based on credited service and accumulated earning at date of early retirement, reduced $5/12$ of 1% for each month by which the participant's early retirement date precedes the normal retirement date.

Late retirement pension

Eligibility

Retirement beyond age 65.

Benefit

Normal retirement benefit based on credited service and accumulated earnings at date of late retirement.

Deferred vested pension

Eligibility

5 years of service.

Benefit

Normal retirement benefit based on credited service and accumulated earnings at date of termination, payable at age 65. If a participant elects early commencement, benefits are reduced $5/12$ or 1% for each month by which the participant's early retirement date precedes the normal retirement date. The participant may elect a refund of contributions with interest upon termination. The benefit payable is actuarially reduced to reflect the amount of the refund.

Disability retirement pension

Eligibility

Total and permanent disability after completing 15 years of credited service and the attainment of age 45 but before the attainment of age 55.

Benefit

Normal retirement benefit based on credited service and accumulated earnings at date of disability. The benefit is actuarially reduced for commencement prior to age 65.

Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan

EIN/PN: 99-0274671 / 003

Schedule SB, Part V – Summary of Plan Provisions (continued)

Pre-retirement death benefit

Eligibility

Death after completion of 5 years of service prior to commencement of benefits. A benefit is payable to the surviving spouse, if any, to whom the participant was married for at least one year.

Benefit prior to early retirement

If the participant dies while active but not yet eligible for immediate commencement of benefits; an annuity in the amount the spouse would have received under the Joint and 50% Survivor Annuity form if the participant had terminated immediately, survived to his or her earliest retirement age and then died. Payable at the participant's earliest retirement date.

Benefit after early but before normal retirement

If the participant dies while active and eligible for immediate commencement of benefits; an annuity in the amount that the spouse would have received under the Joint and 50% Survivor Annuity form of payment if the participant had retired immediately prior to his or her death. Payable immediately.

Benefit after normal retirement

As set forth in option elected.

Form of benefits

Automatic form for unmarried participants

Life annuity.

Automatic form for married participants

For participants married for at least one year at benefit commencement date, the normal form is an actuarially equivalent benefit payable under the joint and 50% survivor annuity.

Optional forms of benefit

- Life annuity.
- 50% Joint and survivor annuity.
- 66 2/3% Joint and survivor annuity.
- 100% Joint and survivor annuity.
- Level Income Option:
 - Life annuity reduced by the estimated Social Security benefit at age 62.
- Temporary Annuity for Disability Retirement:
 - Level annual payments from the date of disability to the earlier of date of death or age 65.
- Lump sum of Fresh Fruit prior accrued benefits.

Optional for conversion factors

For joint and survivor annuities, the mortality is the UP 1984 Mortality Table (Unisex) set back two years and the interest rate is 6 1/2%.

For lump sum conversion, the applicable IRS mortality table and the applicable interest rates for the second month preceding the beginning of the plan year in which distribution occurs.

Del Monte Fresh Produce (Hawaii) Inc. Pineapple Pension Plan

EIN/PN: 99-0274671 / 003

Schedule SB, Part V – Summary of Plan Provisions (continued)

Miscellaneous

Maximum compensation

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.

Maximum benefits

Annual benefits may not exceed the limits in IRC Section 415.

Summary of Changes from the January 1, 2023 Valuation

None.

**DEL MONTE FRESH PRODUCE (HAWAII) INC.
PINEAPPLE PENSION PLAN**

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

EIN: 99-0274671

PLAN 003

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
(a)	(b)	(c)	(d)
I Shares Core S&P US Value ETF	Registered Investment Companies	\$ 1,400,632	\$ 2,419,840
I Shares Core S&P US Growth ETF	Registered Investment Companies	914,962	2,014,862
I Shares US Treasury Bond	Registered Investment Companies	1,545,822	1,514,589
Vanguard Mortgage - Backed SEC	Registered Investment Companies	1,336,948	1,214,931
I Shares Broad USD	Registered Investment Companies	1,204,292	1,100,076
Vanguard FTSE Developed Markets	Registered Investment Companies	807,518	940,380
Vanguard Russell 2000	Registered Investment Companies	774,206	802,809
Vanguard FTSE Emerging Markets	Registered Investment Companies	647,384	627,086
Vanguard Total International	Registered Investment Companies	331,363	334,030
BLF FedFund Cash Reserve	Registered Investment Companies	257,311	257,311
SPDR Portfolio Long Term	Registered Investment Companies	70,412	63,432
Blackrock Liquidity Fund	Registered Investment Companies	<u>56,614</u>	<u>56,614</u>
Total Investments		<u>\$ 9,347,464</u>	<u>\$ 11,345,960</u>

See independent auditors' report.