

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... [ ] an amended return/report [ ] a short plan year 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 [ ] the DFVC program [ ] special 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: CONTINENTAL GRAIN COMPANY PENSION PLAN
1b Three-digit plan number (PN): 013
1c Effective date of plan: 01/01/1951
2a Plan sponsor's name (employer, if for a single-employer plan): CONTINENTAL GRAIN COMPANY
2b Employer Identification Number (EIN): 36-0947870
2c Plan Sponsor's telephone number: 212-207-5100
2d Business code (see instructions): 523130

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 entries for JOSEPH J. BONGIORNO dated 10/15/2025.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2783
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	22
	<b>6a(2)</b>	20
	<b>6b</b>	1119
	<b>6c</b>	1494
	<b>6d</b>	2633
	<b>6e</b>	0
	<b>6f</b>	2633
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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

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

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

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

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>CONTINENTAL GRAIN COMPANY PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>013</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CONTINENTAL GRAIN COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-0947870</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>103543416</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>111058842</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1148</u>	<u>53022379</u>
	<b>b</b> For terminated vested participants .....	<u>1630</u>	<u>48062523</u>
	<b>c</b> For active participants .....	<u>22</u>	<u>5614837</u>
	<b>d</b> Total .....	<u>2800</u>	<u>106699739</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.13 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>400000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>400000</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/23/2025</u> Date
	<u>WILLIAM C. WALTER, JR.</u> Type or print name of actuary	<u>23-05710</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>212-309-3588</u> Telephone number (including area code)
	<u>200 LIBERTY STREET NEW YORK, NY 10022</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	2972452	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	303	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	2972149	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.16</u> % .....	212806	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.07</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	3184955	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	101.06 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	104.05 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	104.00 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> 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		
			<b>Totals ▶</b>	<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0
<b>20</b> Quarterly contributions and liquidity shortfalls:			
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**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
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**b** Applicable month (enter code) ..... **21b** 61

**22** Weighted average retirement age ..... **22** 61

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

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

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	400000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	400000

32 Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment.....	0	0

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

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> 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)

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

**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

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

<b>A</b> Name of plan <b>CONTINENTAL GRAIN COMPANY PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>013</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONTINENTAL GRAIN COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-0947870</b>	

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

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	1412523	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)

STRATEGIC INVESTMENT MANAGEMENT

52-1540171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	318451	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)

SEYFARTH SHAW LLP

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	111434	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"/>

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	103078	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)

PKF O'CONNOR DAVIES, LLP

27-1728945

(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 99	NONE	44000	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)

VOYA INSTITUTIONAL PLAN SERVICES

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	8724	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.

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CONTINENTAL GRAIN COMPANY PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>013</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONTINENTAL GRAIN COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-0947870</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	430566      5101781
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	36098656      28507311
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	5067046      5521704
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	4443333      4117742
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	57843870      56983288

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	103883471	100231826
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	319284	272393
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	319284	272393
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	103564187	99959433

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	1723469	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1723469
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	225690	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		225690
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		999259
<b>c</b> Other income .....	<b>2c</b>		4343095
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		7291513

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	8341180	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		8341180
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	44000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	438806	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	1412523	
(8) Legal fees .....	<b>2i(8)</b>	111434	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	103077	
(11) Other expenses .....	<b>2i(11)</b>	445247	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2555087
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		10896267

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-3604754
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: PKF O'CONNOR DAVIES, LLP

(2) EIN: 27-1728945

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		2500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548055.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>CONTINENTAL GRAIN COMPANY PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>013</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL GRAIN COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-0947870</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 36-1561860

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	56
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 22.0 % Private Equity: 20.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 32.0 %  
 High-Yield Debt: \_\_\_\_\_ % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: \_\_\_\_\_ % Other: 26.0 %

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

**Continental Grain Company Pension Plan**

Financial Statements

December 31, 2024 and 2023

# Continental Grain Company Pension Plan

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December 31, 2024 and 2023

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## Independent Auditors' Report

### The Administrative Committee of Continental Grain Company Pension Plan

#### *Opinion*

We have audited the accompanying financial statements of Continental Grain Company Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits as of December 31, 2024 (liquidation basis) and December 31, 2023 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 (liquidation basis) and December 31, 2023 (ongoing), and the statements of accumulated plan benefits as of June 30, 2024 (liquidation basis) and December 31, 2023 (ongoing), and statement of changes in accumulated plan benefits for the period from January 1, 2024 to June 30, 2024 (liquidation basis) and for the year ended December 31, 2023 (ongoing), and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 (liquidation basis) and December 31, 2023 (ongoing), and the changes in its net assets available for benefits for the years ended December 31, 2024 (liquidation basis) and December 31, 2023 (ongoing), and the accumulated plan benefits as of June 30, 2024 (liquidation basis) and December 31, 2023 (ongoing), and the changes in its accumulated plan benefits for the period and year ended June 30, 2024 (liquidation basis) and December 31, 2023 (ongoing), in accordance with accounting principles generally accepted in the United States of America.

#### *Basis for Opinion*

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

#### *Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting*

As discussed in Note 1 to the financial statements, the Board of Trustees voted to terminate the Plan effective June 30, 2024. The assets of the Plan are in the process of being distributed. As a result of the termination, the Plan changed its basis of accounting from the going concern basis to the liquidation basis. Our opinion is not modified with respect to this matter.

***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 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.

***Auditors' Responsibilities for the Audit of the Financial Statements***

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

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

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

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***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of: (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) (Liquidation Basis) as of December 31, 2024 and (2) Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions (Liquidation Basis) for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*PKF O'Connor Davies, LLP*

October 15, 2025

## Continental Grain Company Pension Plan

### Statements of Net Assets Available for Benefits

	December 31,	
	2024 (Liquidation Basis)	2023 (Ongoing)
<b>ASSETS</b>		
Investments, at Fair Value	<u>\$ 95,130,045</u>	<u>\$ 103,452,905</u>
Receivables		
Accrued dividends and interest	393,686	430,566
Due from broker	<u>365,000</u>	<u>-</u>
Total Receivables	<u>758,686</u>	<u>430,566</u>
Accrued liquidation basis adjustments, net	<u>4,343,095</u>	<u>-</u>
Total Assets	100,231,826	103,883,471
<b>LIABILITIES</b>		
Accrued expenses	218,504	191,616
Due to broker	<u>53,889</u>	<u>127,668</u>
Total Liabilities	<u>272,393</u>	<u>319,284</u>
Net Assets Available for Benefits	<u>\$ 99,959,433</u>	<u>\$ 103,564,187</u>

See notes to financial statements

## Continental Grain Company Pension Plan

### Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2024 (Liquidation Basis)	2023 (Ongoing)
<b>ADDITIONS</b>		
Investment Income		
Interest, dividends and other income	\$ 1,949,159	\$ 1,823,883
Net appreciation in fair value of investments	999,259	6,052,979
	2,948,418	7,876,862
Less investment expenses	438,806	443,497
Total Additions	2,509,612	7,433,365
<b>DEDUCTIONS</b>		
Benefits paid to participants	8,341,180	7,972,877
Administrative expenses	2,116,281	1,459,400
Total Deductions	10,457,461	9,432,277
Net Decrease	(7,947,849)	(1,998,912)
Liquidation basis adjustments	4,343,095	-
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	103,564,187	105,563,099
End of year	\$ 99,959,433	\$ 103,564,187

See notes to financial statements

## Continental Grain Company Pension Plan

### Statements of Accumulated Plan Benefits

	<u>June 30, 2024</u>	<u>December 31, 2023</u>
	(Liquidation Basis)	(Ongoing)
Vested Benefits		
Active employees	\$ 5,208,302	\$ 4,990,725
Participants with deferred benefits	42,652,810	41,789,359
Participants receiving benefits	<u>48,141,208</u>	<u>48,713,357</u>
Total Vested Benefits	96,002,320	95,493,441
Non-vested benefits	<u>29,687</u>	<u>33,694</u>
 Total Actuarial Present Value of Accumulated Plan Benefits	 <u>\$ 96,032,007</u>	 <u>\$ 95,527,135</u>

### Statements of Changes in Accumulated Plan Benefits

	<u>January 1, 2024 to June 30, 2024</u>	<u>Year Ended December 31, 2023</u>
	(Liquidation Basis)	(Ongoing)
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 95,527,135</u>	<u>\$ 97,963,194</u>
Increase (decrease) during the year attributable to:		
Actuarial (gains) losses	-	(1,987,946)
Decrease in the discount period	2,990,860	6,018,469
Benefits paid	(4,190,455)	(7,972,877)
Assumption changes	<u>1,704,467</u>	<u>1,506,295</u>
Net Increase	<u>504,872</u>	<u>(2,436,059)</u>
 Actuarial Present Value of Accumulated Plan Benefits at June 30, 2024 and December 31, 2023	 <u>\$ 96,032,007</u>	 <u>\$ 95,527,135</u>

# Continental Grain Company Pension Plan

Notes to Financial Statements  
December 31, 2024 and 2023

## 1. Description of Plan

The following description of the Continental Grain Company Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

### **General**

The Plan is a defined benefit plan for eligible employees of Continental Grain Company (the "Company" or "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective August 1, 2019, the Plan was amended to allow each eligible participant to receive an immediate distribution of the actuarial equivalent of the portion of the participant's vested accrued benefit regardless of whether the participant had attained the earliest benefit commencement date permitted under the Plan. The benefit commencement date of such benefits was October 1, 2019. In lieu of the immediate lump-sum distribution, each eligible participant may elect to receive the immediate benefit in the form of an immediate annuity if they meet certain eligibility requirements. For purposes of determining the amount of the alternative annuity forms, each annuity form has been determined as the actuarial equivalent of the 5 year certain and life annuity.

Effective April 1, 2022, the Plan was amended to revise the early retirement factors applicable to certain participants who commence benefits at age 59 or earlier.

Effective June 30, 2024, the Company terminated the Plan with Board consent (executed April 22, 2024) and a plan amendment (executed May 16, 2024). During the year ended December 31, 2024, the Plan was required to accrue and separately present activity for future periods related to (1) any contributions made by the Company, (2) any costs that it expects to incur, (3) any interest and dividends it expects to earn during liquidation; and (4) any adjustments to investments through the liquidation period.

The remaining descriptions were applicable to the Plan prior to the Plan's termination.

### **Pension Benefits**

#### **Continental Grain Company Salaried Employees**

##### **Eligibility and Vesting**

Generally, up until January 1, 2009, employees of the Company were eligible for participation in the Plan after completion of one year of service. After completion of 5 years of service, a participant becomes fully vested in the Plan. A participant is required to complete 10 years of service to qualify for early retirement benefits, which is at age 55.

Benefits for participants retiring upon reaching the normal retirement age of 65 are based upon the average highest five consecutive years' annual salary and on the number of years of credited service.

Participants may elect early retirement after having reached age 55 and having completed 10 years of service. Benefits upon election of early retirement are reduced for each month by which the retirement date precedes age 65.

## Continental Grain Company Pension Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 1. Description of Plan (*continued*)

#### *Pension Benefits (continued)*

#### *Continental Grain Company Salaried Employees (continued)*

#### *Eligibility and Vesting (continued)*

The normal form of benefit payment is payable on a single life annuity basis for single employees, commencing on normal retirement date, and a 50% joint and survivor annuity basis for married participants. Several other payment options are also available to participants upon retirement.

Participants who have attained the age of 72 and are still working may elect to commence collection of their pension benefits.

As of December 31, 2008, the Company froze the benefit service accrual and salary growth recognition for the salaried population. As of January 1, 2009, no new salaried participants have been enrolled in the Plan.

As of January 1, 2016, the Plan was amended to provide a limited period of time in which participants who were not otherwise eligible to commence benefit payments (not yet 55 or those 55-65 who did not have 10 years of service) and who terminated employment prior to April 1, 2016, with a vested interest could elect a distribution, including a lump-sum payment, under the Plan.

As of September 1, 2020, the Plan was amended to provide a limited period of time in which (1) certain salaried participants who terminated employment prior to January 1, 2020, with a vested interest and (2) certain surviving spouses of salaried participants with a vested interest, may elect a distribution, including a lump sum payment, under the Plan of certain benefits.

#### *Hourly Employees*

Benefits for participants retiring upon reaching the normal retirement age of 65 are based upon the participants' years of benefit service credited to the date of termination or the date of the freeze (whichever is first) and the benefit level in effect at the date of termination or plan freeze (whichever is first) for the participant's location.

Participants may elect early retirement after having reached age 55 and having completed 10 years of service. Benefits upon election of early retirement are reduced for each month by which the retirement date precedes age 65.

The normal form of benefit payment is payable on a single life annuity basis for single participants, commencing on normal retirement date, and a 50% joint and survivor annuity basis for married participants. Several other payment options are also available to participants upon retirement.

## Continental Grain Company Pension Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 1. Description of Plan (*continued*)

#### ***Hourly Employees (continued)***

Effective April 1, 2000, participants employed by Wayne Farms LLC, a subsidiary of the Company, who are not subject to a collectively bargained agreement earned a supplemental cash balance benefit equal to \$650 credited annually, prorated for benefit service less than one year. The cash balance is increased by interest credit each year based on the average annual yield on 30-year Treasury bonds for the current year. Participants who have attained the age of 72 and are still working may elect to commence collection of their pension benefits.

At June 30, 2009, all nonunion hourly Wayne Farms locations froze their benefits. Union locations listed below froze their benefits at the dates indicated:

12/31/2008:	Guntersville, AL Decatur East, AL Enterprise, AL (Feed Mill)
3/31/2009:	Albertville, AL Decatur Fresh, AL
11/30/2009:	Maysville, GA
3/31/2010:	Enterprise, AL
5/31/2010:	Union Springs, AL (Feed Mill) Troy, AL
3/31/2011:	Decatur West, AL (Plant) Laurel, MS (Plant and Feed Mill)
4/30/2011:	Danville, AR (Plant and Feed Mill)
6/30/2011:	Union Springs, AL (Plant)

As each location's defined benefit plan was frozen, a 401(k) plan was put in its place. In September of 2015, the Plan was amended to provide a limited period of time in which certain Wayne Farms participants who terminated employment prior to April 1, 2015, with a vested interest could elect a distribution, including a lump-sum payment, under the Plan.

#### ***Contributions***

The Company's policy is designed to contribute such amounts as are necessary to provide sufficient assets to meet the benefits paid to Plan participants in accordance with at least the minimum funding requirements of ERISA. The earnings of the Plan serve to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. The Company has met the minimum funding requirements of ERISA for 2024 and 2023.

## Continental Grain Company Pension Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 2. Summary of Significant Accounting Policies

#### ***Basis of Accounting and Use of Estimates***

As a result of the Plan termination (see Note 1), the Plan changed its basis of accounting from the going concern basis to the liquidation basis. The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”). The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

#### ***Fair Value Measurements***

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Pursuant to U.S. GAAP guidance, alternative investments where fair value is measured using the Net Asset Value (“NAV”) per share as a practical expedient is not categorized within the fair value hierarchy.

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

Investments in marketable equity securities, mutual funds, and U.S. government and agency obligations are valued based on quoted market prices.

The Plan’s interest in commingled funds are based on the fair value of the commingled funds’ underlying investments as based on information reported by the investment advisor using the audited financial statements of the commingled funds at year-end.

The fair value of the common/collective trusts and alternative investments has been estimated using the NAV as reported by the management of the respective alternative investment fund. U.S. GAAP guidance provides for the use of NAV as a “*Practical Expedient*” for estimating fair value of alternative investments. NAV reported by the common/collective trusts and each alternative investment fund is used as a practical expedient to estimate the fair value of the Plan’s interest therein.

## Continental Grain Company Pension Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 2. Summary of Significant Accounting Policies *(continued)*

#### ***Investment Valuation and Income Recognition (continued)***

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be realized in the immediate settlement of the financial asset and does not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset.

Because the NAV reported by each private equity investment and hedge fund is used as a practical expedient to estimate fair value of the Plan's interest therein, they are not classified within the fair value hierarchy.

Purchases and sales of securities are recorded on a trade-date basis. Gains or losses on sales of securities are calculated on the average cost basis. Dividend income is recorded on the ex-dividend dates. Interest income is recorded as earned. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Transactions in other currencies are translated into U.S. dollars at the exchange rates in effect at the date of transactions. Monetary assets and liabilities denominated in non-U.S. currency are reported at the exchange rates in effect at year end. Any gain or loss arising from a change in exchange rates subsequent to the date of the transaction is included in the net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

#### ***Due from/to Broker***

The due from/to broker amounts consist of cash due from/to broker for the sales/purchases of securities executed during the plan year that settled in the subsequent plan year.

#### ***Payment of Benefits***

Benefit payments are recorded when paid.

#### ***Administrative and Investment Expenses***

All fees and expenses of the Plan are paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

## Continental Grain Company Pension Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 2. Summary of Significant Accounting Policies *(continued)*

#### ***Subsequent Events Evaluation by Management***

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 15, 2025.

### 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered through the date the Plan was frozen or the date of their termination, whichever occurred earlier. Accumulated plan benefits are expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died; and (c) present employees vested in the Plan or to their beneficiaries.

Effective December 31, 2008, the salaried component of the Plan was frozen and effective June 30, 2009 the non-union hourly component of the Plan was frozen. At various times beginning December 31, 2009, union participant benefits were frozen. No further benefit accruals are permitted after those respective freeze dates and no new participants were admitted to the Plan. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by Towers Watson, the Company's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2023 are as follows:

#### Expected Long-Term

Rate of Return: 6.40%

Mortality Rates: Pri-2012 base mortality tables with separate tables of rates for annuitants and non-annuitants with no collar adjustment, sex distinct, separate beneficiary mortality after the annuitant's death, using MP-2021 generational improvement scale.

#### Retirement Age

Salaried: Earlier of age 58 and 10 years of service or age 65 and 5 years of service

Hourly: Age 65 and 5 years of service

## Continental Grain Company Pension Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 3. Actuarial Present Value of Accumulated Plan Benefits *(continued)*

The actuarial assumptions used are the same as those used in the prior valuation. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2024, there would be no material differences.

The Plan was terminated effective June 30, 2024. The actuary prepared a valuation report that reflects a short plan year from January 1, 2024 through the termination date of June 30, 2024. The actuarial assumptions from the December 31, 2023 valuation were unchanged for the June 30, 2024 valuation, except as follows: (1) the lump sum conversion was updated to IRC Section 417(e) 3-segment interest rates from September 2024 for lump sums to be paid in 2025 (4.17% for 5 years, 4.76% for payments in the next 15 years, and 5.25% for payments beyond 20 years); (2) IRC Section 417(e) 2025 unisex mortality table without any adjustment; and (3) the interest crediting rate for RGA balances was changed from 4.94% for 2024 and 4.25% for 2025 and thereafter to 2.46% for all years.

### 4. Investments

The following are major categories of investments measured at fair value grouped by the fair value hierarchy as of December 31:

	2024				
	Level 1	Level 2	Level 3	Other Investments Measured at NAV *	Total
Fixed Income Securities	\$ -	\$ 28,507,311	\$ -	\$ -	\$ 28,507,311
Mutual Fund	4,117,742	-	-	-	4,117,742
Private Equity Investments	-	-	-	5,521,704	5,521,704
Commingled Funds	-	-	13,726,754	-	13,726,754
Common/Collective Trusts	-	-	-	18,222,630	18,222,630
Hedge Funds	-	-	-	25,033,904	25,033,904
	<u>\$ 4,117,742</u>	<u>\$ 28,507,311</u>	<u>\$ 13,726,754</u>	<u>\$ 48,778,238</u>	<u>\$ 95,130,045</u>
	2023				
	Level 1	Level 2	Level 3	Other Investments Measured at NAV *	Total
Fixed Income Securities	\$ -	\$ 36,098,656	\$ -	\$ -	\$ 36,098,656
Mutual Fund	4,443,333	-	-	-	4,443,333
Private Equity Investments	-	-	-	5,067,046	5,067,046
Commingled Funds	-	-	15,804,222	-	15,804,222
Common/Collective Trusts	-	-	-	18,327,050	18,327,050
Hedge Funds	-	-	-	23,712,598	23,712,598
	<u>\$ 4,443,333</u>	<u>\$ 36,098,656</u>	<u>\$ 15,804,222</u>	<u>\$ 47,106,694</u>	<u>\$ 103,452,905</u>

\*As discussed in Note 2, investments that are measured using the practical expedient are not classified within the fair value hierarchy.

## Continental Grain Company Pension Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 4. Investments *(continued)*

The hedge funds consists of event driven and multi-strategy funds. Event driven investing generally involves investment in spin-offs, mergers and acquisitions, bankruptcy reorganizations, recapitalizations and share buybacks. The portfolio of some managers may focus on merger arbitrage or distressed and value debt securities; however, others may not have a particular focus. Instruments include: (1) long and short common and preferred stocks, (2) debt securities and (3) options. Some managers may use leverage. In addition, they may hedge against market risk by purchasing Standard & Poor's put options or put option spreads. Funds that employ a multi-strategy may employ a variety of strategies.

Redemptions for the hedge funds are effected as of the last business day of each calendar quarter, upon ninety days advance notice. The redemption frequency of the commingled funds is monthly. The redemption notice period is thirty days. The unfunded commitments for the private equity investments amounted to \$16,137 and \$16,137 for the years ended December 31, 2024 and 2023. For the private equity investments, the Plan's interest may not be sold, assigned, pledged, or otherwise transferred without the consent of the general partner of the fund. Additionally, the Plan's interest cannot be redeemed.

The following investments represent 10% or more of the Plan's net assets available for benefits at December 31:

	2024	2023
CF Strategic (Restricted) Limited SPC-Alpha Segregated	\$ 21,143,793	\$ 20,153,448

The following is a reconciliation of the beginning and ending balances for assets measured at fair value using significant unobservable inputs (Level 3) during the years ended December 31, 2024 and 2023:

	Commingled Funds (a)
Balance, January 1, 2023	\$ 17,573,618
2023	
Purchases and other acquisitions	890,000
Sales proceeds and other settlements	(5,420,000)
Net appreciation in fair value of investments	<u>2,760,604</u>
Balance, December 31, 2023	15,804,222
2024	
Purchases and other acquisitions	-
Sales proceeds and other settlements	(4,225,000)
Net appreciation in fair value of investments	<u>2,147,532</u>
Balance, December 31, 2024	<u>\$ 13,726,754</u>

## Continental Grain Company Pension Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 4. Investments *(continued)*

- (a) The Plan invests in commingled funds, and these funds typically invest equity capital into a portfolio of private companies. These funds may invest in an array of companies, industries, sectors, countries and geographies.

### 5. Parties-in-Interest Transactions

Northern Trust Company is the Plan's trustee. The Plan pays Northern Trust Company investment fees and therefore, these transactions qualify as exempt party-in-interest transactions under ERISA. Fees paid by the Plan to Northern Trust Company amounted to \$103,078 and \$225,984 for the years ended December 31, 2024 and 2023.

### 6. Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the plan administrator by a letter dated December 16, 2020, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). On May 14, 2025, the IRS issued a determination letter approving the Plan's termination effective June 30, 2024. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

### 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risk. 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.

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

\* \* \* \* \*

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

### Schedule of Active Participant Data as of January 1, 2024 January 1, 2017

Number distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service <sup>2</sup>													Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	1	0	0	0	0	0	0	0	0	0	1
50-54	0	0	0	0	0	1	2	0	0	0	0	0	0	3
55-59	0	0	0	0	1	2	2	1	1	0	0	0	0	7
60-64	1	0	0	0	0	1	0	0	3	0	0	0	0	5
65-69	0	0	0	0	0	0	1	1	0	1	1	0	0	4
70 & over	0	0	0	0	0	0	1	0	0	1	0	0	0	2
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>22</b>
Average:	Age	61	Number of Participants:				Fully vested	22	Males				14	
	Service	15					Partially vested	0	Females				8	
Census data as of January 1, 2024														

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Continental Grain Company Pension Plan  
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 Plan Sponsor: Continental Grain Company  
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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	3,550,869	22,315,412	5,432,989	31,299,270
2025	264,606	2,114,193	5,239,211	7,618,010
2026	622,068	2,570,669	5,052,525	8,245,262
2027	188,109	1,955,239	4,859,051	7,002,399
2028	167,127	2,245,867	4,663,489	7,076,483
2029	168,313	2,158,669	4,472,389	6,799,371
2030	327,338	2,262,510	4,280,311	6,870,159
2031	188,259	1,679,920	4,087,550	5,955,729
2032	202,671	1,787,239	3,894,141	5,884,051
2033	134,017	1,751,866	3,700,132	5,586,015
2034	106,816	1,876,227	3,505,572	5,488,615
2035	141,303	1,880,502	3,310,564	5,332,369
2036	46,575	1,931,208	3,115,285	5,093,068
2037	78,977	1,789,757	2,920,015	4,788,749
2038	43,967	1,770,855	2,725,144	4,539,966
2039	42,115	1,876,756	2,531,184	4,450,055
2040	48,737	1,991,569	2,338,801	4,379,107
2041	35,687	1,787,626	2,148,806	3,972,119
2042	33,678	1,620,151	1,962,142	3,615,971
2043	31,609	1,556,622	1,779,857	3,368,088
2044	29,501	1,501,941	1,603,075	3,134,517
2045	27,378	1,540,501	1,432,965	3,000,844
2046	25,265	1,120,160	1,270,674	2,416,099
2047	23,185	1,231,599	1,117,279	2,372,063
2048	21,163	869,414	973,756	1,864,333
2049	19,219	605,315	840,944	1,465,478
2050	17,368	584,982	719,492	1,321,842
2051	15,621	506,123	609,801	1,131,545
2052	13,984	422,575	512,006	948,565
2053	12,460	393,083	425,975	831,518
2054	11,050	363,816	351,313	726,179
2055	9,749	336,330	287,399	633,478
2056	8,554	310,141	233,426	552,121
2057	7,459	284,656	188,452	480,567
2058	6,459	259,998	151,467	417,924
2059	5,549	236,272	121,433	363,254
2060	4,726	213,566	97,327	315,619
2061	3,985	221,752	78,173	303,910
2062	3,326	171,829	63,067	238,222
2063	2,745	152,552	51,205	206,502
2064	2,238	134,513	41,892	178,643
2065	1,802	117,742	34,547	154,091
2066	1,432	102,257	28,692	132,381
2067	1,122	88,073	23,961	113,156
2068	866	75,189	20,076	96,131
2069	659	63,596	16,837	81,092
2070	493	53,270	14,101	67,864
2071	363	44,171	11,767	56,301
2072	262	36,243	9,765	46,270
2073	187	29,418	8,049	37,654

Plan Name: Continental Grain Company Pension Plan  
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# SCHEDULE SB ATTACHMENTS

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

### Assumptions and methods for contribution purposes

#### Economic Assumptions

##### Interest rate basis:

- Applicable month December 2023
- Interest rate basis Full Yield Curve

##### Interest rates:

- 10-year rate 5.13%
- 20-year rate 5.22%
- 30-year rate 5.17%
- Effective interest rate 5.13%

The lump sum interest rate conversion uses the above rates.

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

##### *Rationale*

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

**RGA interest crediting rate** 2024: 4.94%  
2025+: 4.25%

##### *Rationale*

After examining historical corporate bond yields and 30-year treasury rates, and current conditions and future economic expectations, the interest crediting rate is set to the 30-year treasury rate for the initial year and then 4.25% for all future years.

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# SCHEDULE SB ATTACHMENTS

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## **Cost-of-living adjustment on pre-1985 accrued benefits**

- Weighted average 2024: 5.00%  
2025+: 6.00%

### *Rationale*

Assumed increases were chosen by the plan sponsor and they represent an estimate of future experience. A short-term inflation rate of 5.00% is assumed in year one followed by 6.00% for all following years. The assumption was selected to reflect the plan amendment expected to be adopted prior to the termination of the plan in 2025 that will provide for a flat 3.00% semi-annual COLA.

**Administrative expenses** \$400,000

### *Rationale*

Based on actual non-investment expenses for prior year prorated for the six month period through June 30, 2024, the effective Date of Plan Termination.

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# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

### New or rehired employees

It was assumed there will be no new or rehired employees.

### Mortality – Annuities

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Same as described above for Healthy Mortality.

#### *Rationale*

Assumptions used for funding purposes are as prescribed by IRC §430(h).

### Mortality – Lump Sums

PPA 2024 Optional Combined Unisex mortality

### Termination

Sample rates varying by age and service are shown below:

	<b><u>Salaried</u></b>
Age	Rate
25	20.00%
40	12.75%
55	10.00%

#### *Rationale*

Assumptions represent a best estimate of future experience with periodic monitoring of observed gains and losses caused by termination patterns different from assumed. Termination rates are based on an experience study conducted in 2008, with annual consideration of whether any conditions have changed since the freezing of accruals that would be expected to produce different results in the future.

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## Retirement

Rates varying by age are shown below (percentage retiring during the year). Average retirement age: 61

	<u>Salaried</u>
Age	<u>Rate</u>
55-59	7.5%
60	10.0%
61	12.5%
62	15.0%
63	17.5%
64	20.0%
65+	100.0%

### *Rationale*

Assumptions represent a best estimate of future experience with periodic monitoring of observed gains and losses caused by retirement patterns different from assumed. Retirement rates are based on an experience study conducted in 2008, with annual consideration of whether any conditions have changed since the freezing of accruals that would be expected to produce different results in the future.

## Retirement age – annuities for terminated vested

Salaried

The earlier of age 58 and 10 years of service or age 65 and 5 years of service

Hourly

Age 65

### *Rationale*

Assumptions represent a best estimate of future experience with periodic monitoring of observed gains and losses caused by retirement age patterns different from assumed.

## Benefit commencement date for lump sum payment:

- Preretirement death benefit                      Upon death of active participant

### *Rationale*

Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer.

- Deferred vested benefit                              Same as annuities

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## *Rationale*

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

## **Spouse Age**

Wife three years younger than husband.

## *Rationale:*

The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

## **Methods**

### **Valuation date**

First day of plan year

### **Funding target**

Present value of accrued benefits as required by regulations under IRC §430

### **Target normal cost**

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

### **Actuarial value of assets for determining minimum required contributions**

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable.

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method

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has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## **Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Continental Grain Company and, based on that review, is not aware of any significant benefits required to be valued that were not.

## **Decrement timing**

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

## **Sources of Data and Other Information**

Continental Grain Company furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor or trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

The full corporate bond yield curve used to calculate the funding target and target normal cost was updated to the current valuation date as required by IRC §430.

The assumed plan-related expenses added to the target normal cost were changed from \$1,500,000 in 2023 to \$400,000 in 2024, reflecting expected expenses through June 30, 2024, the effective Date of Plan Termination. The method to determine the assumed plan-related expenses is unchanged.

The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by the IRS under IRC §430.

The lump sum mortality table was updated to the PPA 2024 Optional Combined Unisex mortality.

The cost-of-living adjustment on pre-1985 accrued benefits was changed from a schedule starting in 2023: 6.00% in year one, followed by 5.00% in year two, 4.00% in year three, 3.00% in year four, then 2.50% for all following years, to 5.00% in 2024 and 6.00% in 2025 and thereafter.

The RGA interest crediting rate was updated from 4.00% to 4.94% in 2024 and 4.25% in 2025 and thereafter.

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Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] 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 [ ] the DFVC program... 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

Table with 4 columns: Field ID (1a-2d), Description, Value, and Field ID (1b-1c, 2b-2d). Includes plan name 'Continental Grain Company Pension Plan', EIN '36-0947870', and address '767 Fifth Avenue, New York, NY 10153'.

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.

Signature table with 4 rows. Each row has columns for SIGN HERE, Signature, Date, and Name. Includes signatures and dates for Joseph J. Bongiorno as plan administrator and employer/plan sponsor.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="text-align: right;">2,783</td> </tr> </table>	<b>5</b>	2,783																		
<b>5</b>	2,783																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="text-align: right;">22</td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;">20</td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;">1,119</td> </tr> <tr> <td><b>6c</b></td> <td style="text-align: right;">1,494</td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;">2,633</td> </tr> <tr> <td><b>6e</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td style="text-align: right;">2,633</td> </tr> <tr> <td><b>6g(1)</b></td> <td></td> </tr> <tr> <td><b>6g(2)</b></td> <td></td> </tr> <tr> <td><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6a(1)</b>	22	<b>6a(2)</b>	20	<b>6b</b>	1,119	<b>6c</b>	1,494	<b>6d</b>	2,633	<b>6e</b>	0	<b>6f</b>	2,633	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	0
<b>6a(1)</b>	22																				
<b>6a(2)</b>	20																				
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<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>	0																				
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>7</b></td> <td></td> </tr> </table>	<b>7</b>																			
<b>7</b>																					

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

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

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

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Continental Grain Company Pension Plan**

Schedule Pursuant to Department of Labor Requirements  
(Liquidation Basis)  
Year Ended December 31, 2024

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN #: 36-0947870  
Plan #: 013

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
<b>Series of Transactions by Issue in Excess of 5% of the Current Value of the Plan Assets</b>								
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	\$ 24,931,419	\$ -	\$ -	\$ -	\$ 24,931,419	\$ 24,931,419	\$ -
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	25,257,010	-	-	25,257,010	25,257,010	-

**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.

<b>A</b> Name of plan Continental Grain Company Pension Plan		<b>B</b> Three-digit plan number (PN) ▶	013
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Continental Grain Company		<b>D</b> Employer Identification Number (EIN) 36-0947870	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

**2** Assets:

<b>a</b> Market value.....	<b>2a</b>	103,543,416
<b>b</b> Actuarial value.....	<b>2b</b>	111,058,842

**3** Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	1,148	53,022,379	53,022,379
<b>b</b> For terminated vested participants.....	1,630	48,062,523	48,062,523
<b>c</b> For active participants.....	22	5,614,837	5,650,533
<b>d</b> Total.....	2,800	106,699,739	106,735,435

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b).....

<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	

**5** Effective interest rate..... **5** 5.13%

**6** Target normal cost

<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	0
<b>b</b> Expected plan-related expenses.....	<b>6b</b>	400,000
<b>c</b> Target normal cost.....	<b>6c</b>	400,000

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	William C. Walter, Jr. <i>ww</i>	<u>9/23/2025</u>
	Signature of actuary	Date
	William C. Walter, Jr.	2305710
	Type or print name of actuary	Most recent enrollment number
	Willis Towers Watson US LLC	212-309-3588
	Firm name	Telephone number (including area code)
	200 Liberty Street	
	New York NY 10022	
	Address of the firm	

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



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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b>

**22** Weighted average retirement age ..... **22** 61

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

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

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	400,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	400,000

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

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

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	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)

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

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

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

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

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

## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Continental Grain Company
<b>EIN/PN</b>	36-0947870/013
<b>Plan Name</b>	Continental Grain Company Pension Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	William C. Walter, Jr., EA
<b>Enrollment Number</b>	23-05710

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

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

# SCHEDULE SB ATTACHMENTS

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

	(1)	(2)	(3)	(4)
	Retirement		Cumulative	
Age	qx	px	px	(1)*(3)*AGE
55	7.50%	92.5%	100.0%	4.1250
56	7.50%	92.5%	92.5%	3.8850
57	7.50%	92.5%	85.6%	3.6577
58	7.50%	92.5%	79.1%	3.4426
59	7.50%	92.5%	73.2%	3.2391
60	10.00%	90.0%	67.7%	4.0626
61	12.50%	87.5%	60.9%	4.6467
62	15.00%	85.0%	53.3%	4.9588
63	17.50%	82.5%	45.3%	4.9965
64	20.00%	80.0%	37.4%	4.7859
65	100.00%	0.0%	29.9%	19.4415

Weighted Average Retirement Age

61.24

Note, there are no more hourly active participants in the plan.

Plan Name: Continental Grain Company Pension Plan  
EIN / PN: 36-0947870/013  
Plan Sponsor: Continental Grain Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### 1. Plan provisions – Salaried participants

#### Plan Provisions

Effective date	April 1, 1968. Restated and amended effective January 1, 2016.
Covered employees	All employees who meet the eligibility requirements prior to December 31, 2008.
Eligibility date	If included in the prior plan immediately eligible as of the effective date.  Salaried employees are eligible as of the later of the effective date or the first of the month coincident with or next following completion of one year of eligibility service.
Freeze Date	Benefit accruals were frozen as of December 31, 2008.

#### Definitions

Eligibility service	<p><i>Prior to January 1, 1976:</i> All continuous service (years and months, where fractional months consisting of fewer than 15 days are dropped) on or after January 1, 1951, but excluding service prior to January 1, 1974, if employee contributions are withdrawn.</p> <p><i>On or After January 1, 1976:</i> All service (years and months, where fractional months consisting of fewer than 15 days are dropped) plus the period following termination of employment if the employee is reemployed in the 12-month period following termination. In addition, certain approved absences are not considered termination of employment.</p>
Benefit service	<p><i>Prior to January 1, 1976:</i> The years of credited service as defined in the prior plan.</p> <p><i>On or After January 1, 1976:</i> The years and months (where fractional months consisting of fewer than 15 days are dropped) of plan participation, excluding any period for which contributions were either required but not made or withdrawn. Certain approved absences are included. The Salaried Plan benefits were frozen as of December 31, 2008.</p>

Plan Name:	Continental Grain Company Pension Plan
EIN / PN:	36-0947870/013
Plan Sponsor:	Continental Grain Company
Valuation Date:	January 1, 2024

## SCHEDULE SB ATTACHMENTS

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Earnings	Base salary and/or commissions paid or payable to an employee, excluding bonus, overtime and contributions by the Company to any plan or benefits instituted by the Company. The Salaried Plan benefits were frozen as of December 31, 2008.
Final average earnings	12 times the average rate of monthly earnings during the five complete consecutive calendar years in which the employee shall have the greatest aggregate amount of earnings selected during the period of eligibility service.
Normal Retirement Date (NRD)	First of the month coinciding with or next following the attainment of age 65.
Covered compensation	The average of the Social Security Taxable Wage Bases over the 35-year period ending in the year of the Social Security Retirement Age. For employees who terminate prior to the Social Security Retirement Age, the Social Security Taxable Wage Base used for the current and subsequent plan years shall be assumed to be the same as the Social Security Taxable Wage Base in effect in the year of termination.
Accrued benefit	<p>The sum of (1)+(2)+(3) using benefit service at normal or deferred retirement, multiplied by (4), with a minimum of (5).</p> <ol style="list-style-type: none"><li>(1) 1.08% of final average earnings at termination up to covered compensation in the year of termination for each of the first 35 years of benefit service.</li><li>(2) 1.55% of final average earnings at termination in excess of covered compensation in the year of termination for each of the first 35 years of benefit service.</li><li>(3) 1.55% of final average earnings at termination for each year of benefit service in excess of 35 years.</li><li>(4) Benefit service at termination divided by projected benefit service at normal or deferred retirement date.</li><li>(5) The benefit accrued to March 31, 1989 under the prior plan, except for non-highly compensated employees the benefit accrued to December 31, 1989 under the prior plan.</li></ol>

Plan Name:	Continental Grain Company Pension Plan
EIN / PN:	36-0947870/013
Plan Sponsor:	Continental Grain Company
Valuation Date:	January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Eligibility for benefits

Normal retirement	Retire at NRD.
Early retirement	The first day of any month within the 10-year period preceding normal retirement date provided at least 10 years of eligibility service have been completed.
Postponed retirement	Retire after NRD.
Deferred vested	First date on which the participant has completed at least five years of eligibility service or shall have been discharged without cause.
Preretirement spouse's benefit	Termination of employment due to death with five years of vesting service.
Retirement Equity Act preretirement death benefit	The first day of the month preceding or coinciding with the date of death provided that the participant has completed at least five years of eligibility service and has not attained age 55.

## Benefits paid upon the following events

Normal retirement	<p>The accrued benefit at NRD, subject to modifications given below:</p> <ul style="list-style-type: none"><li>• <i>For active employees of Allied Mills, Inc. on December 31, 1973:</i> The benefit is modified to equal the sum of (i) and (ii) below, but not less than (iii):<ol style="list-style-type: none"><li>(i) The benefit payable under Allied Mills, Inc.'s prior plan based on service and earnings as of December 31, 1973.</li><li>(ii) The accrued benefit based on benefit service since January 1, 1974.</li><li>(iii) The benefit payable under Allied Mills, Inc.'s prior plan computed as though the prior plan were still effective and based on service and earnings as of normal retirement.</li></ol></li></ul>
Early retirement	<p>Either (1) or (2):</p> <ol style="list-style-type: none"><li>(1) Accrued benefit, determined as of early retirement date, commencing on normal retirement date.</li><li>(2) Accrued benefit, determined as of early retirement date, commencing immediately, but reduced by 3/10% for each complete month by which receipt of income precedes normal retirement.</li></ol>
Postponed retirement	<p>Accrued benefit determined as of actual retirement date.</p> <p>The Plan provides for suspension of benefits for participants working past NRA.</p>

Plan Name:	Continental Grain Company Pension Plan
EIN / PN:	36-0947870/013
Plan Sponsor:	Continental Grain Company
Valuation Date:	January 1, 2024

# SCHEDULE SB ATTACHMENTS

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Deferred vested termination	Accrued benefit as of termination date payable on NRD.  The Company makes three attempts to locate post-NRA participants before their benefits are deemed forfeited; benefits are reinstated if a participant is later located.
Death with preretirement spouse's benefit	The amount that would have been payable had the participant retired on the date of death and elected the 50% contingent annuity form of payment.
Retirement Equity Act preretirement death benefit	50% of the participant's accrued benefit on the date of death payable as a life annuity to the spouse deferred to the date the participant would attain age 55 and reduced by 3/10% for each complete month by which receipt of income precedes NRD.
Cost-of-Living (C.O.L.) adjustment	Benefits accrued prior to September 1, 1985 are subject to a C.O.L. adjustment each January 1 and July 1.  The C.O.L. adjustment must satisfy the following conditions: <ul style="list-style-type: none"><li>• If current average C.O.L. figure exceeds 105% of C.O.L. base figure, then the increase payable for the next six months is equal to the participant's initial retirement income multiplied by the same percentage by which current average C.O.L. divided by C.O.L. base exceeds 105%.</li><li>• No C.O.L. adjustment shall be made in supplemental retirement income based on voluntary employee contributions.</li><li>• Maximum adjustment at any one date is 3% of the retirement income payable immediately prior to such date.</li></ul>
Forms of payment	<i>Normal Form:</i> Actuarially equivalent 50% contingent annuity if married on date benefits commence; life annuity if single.  <i>Optional Forms:</i> Actuarially equivalent (to life annuity): 100% J&S annuity, 75% contingent annuity, 50% contingent annuity, 10 year certain and continuous annuity, and lump sum payment.

Plan Name:	Continental Grain Company Pension Plan
EIN / PN:	36-0947870/013
Plan Sponsor:	Continental Grain Company
Valuation Date:	January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Actuarial equivalence

- 50% contingent annuity For benefit commencing prior to January 1, 2006, 87% of life annuity amount increased or decreased by 0.8% for each additional year in excess of five-year difference between the employee's age and the beneficiary's age. Benefit will not exceed 92% of the life annuity amount and will not be less than 77% of the life annuity amount.  
  
For benefit commencing on or after January 1, 2006, the actuarial equivalent is the benefit determined as the greater of:
    - GAR 94 Unisex mortality table and an interest rate of 6%
    - Pre 1/1/2006 basis described above
  - 75% contingent annuity GAR 94 Unisex mortality table and an interest rate of 6%.
  - 100% contingent annuity 75% of life annuity amount increased or decreased by 1.6% for each additional year in excess of five-year difference between the employee's age and the beneficiary's age. Benefit will not exceed 85% of the life annuity amount and will not be less than 55% of the life annuity amount.
  - 10 year certain and life annuity 92% of life annuity amount.
  - Lump sum Determined using the "applicable mortality table" as defined in Code section 417(e)(3)(B) and the "applicable interest rate" as defined in Code section 417(e)(3)(C) for the second month preceding the month as which such distribution is to be made.
  - Missing and delayed retirement benefits Determined using a 1971 TPFC mortality table and an interest rate of 7.25%
- Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name: Continental Grain Company Pension Plan  
EIN / PN: 36-0947870/013  
Plan Sponsor: Continental Grain Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Changes in benefits valued since prior year

There have been no changes.

## Future plan changes

May 16, 2024, the plan sponsor adopted an amendment to terminate the plan effective June 30, 2024.

WTW is not aware of any other future plan changes which are required to be reflected.

Plan Name:	Continental Grain Company Pension Plan
EIN / PN:	36-0947870/013
Plan Sponsor:	Continental Grain Company
Valuation Date:	January 1, 2024

# SCHEDULE SB ATTACHMENTS

## 2. Plan provisions – Wayne Farms Hourly

### Plan Provisions

Effective date	April 1, 1976 for all employees' units except Union Springs, whose effective date is April 1, 1980. Restated and amended effective January 1, 2016.
Covered employees	All hourly-rated employees in a covered location. Participation is closed to new entrants.
Participation date	Non-union poultry:  The later of the effective date or employment date for employees hired prior to April 1, 2000. First of month coincident with or following one year from date of employment for employees hired on or after April 1, 2000.  All others:  Once one hour of service is completed.
Freeze Date	The plan is frozen for benefit accruals. The freeze date by pension location are shown in subsection 3 below.  All active employees with frozen benefits at Wayne Farms LLC participating in the Pension Plan became terminated vested participants or retirement eligible participants on 7/5/2017.

### Definitions

Vesting service For Non-Hatchery locations, a calendar year in which a participant completes at least 1,000 hours of service. This service definition applies to Union Springs only for hours worked after December 28, 1977. Prior to that date, Union Springs participants will be credited with a year of vesting service for each year of eligibility credit under the Southern Foods Plan. For Hatchery locations, a calendar year in which a participant completes at least 750 hours of service.

Benefit service A calendar year in which a participant completes the number of hours of service required for the employee unit as detailed below, prorated for hours worked less than the number required.

<i>Employee unit</i>	<i>Number of hours required for full year of benefit service</i>
Hatchery	1,000
Non-Hatchery	1,500

Benefit service is frozen for all locations.

Plan Name:	Continental Grain Company Pension Plan
EIN / PN:	36-0947870/013
Plan Sponsor:	Continental Grain Company
Valuation Date:	January 1, 2024

# SCHEDULE SB ATTACHMENTS

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Normal Retirement Date (NRD)	Upon attainment of age 65 with five years of service. For participants with an RGA Account Balance, normal retirement date is upon attainment of age 65 with three years of service.
Monthly pension benefit	A monthly pension equal to the dollar amount applicable to the participant's employee unit as set forth in the summary of pension benefit levels, times years of benefit service.
Retirement Growth Account	Effective April 1, 2000, employees of the Poultry Division who are not subject to a collectively bargained agreement, will receive a supplemental cash balance account equal to \$650 credited annually, prorated for benefit service less than one year. For College Park, the annual credit amount is \$1,000 for 2006 and 2007. The account balance is increased by interest credit each year based on the average annual yield on 30-year Treasury bonds for the current year with a minimum of 1%.
Monthly preretirement spouse benefit	The amount which would have been payable to the spouse had the participant terminated on the first day of the month in which death occurred and elected a 50% joint and survivor annuity with the spouse named as the survivor.

## Eligibility for benefits

Early retirement	Retire before NRD and on or after both attaining age 55.
Postponed retirement	Retire after NRD.
Deferred vested	Terminate for reasons other than death or retirement after completing five years of vesting service. Effective January 1, 2008 participants with an RGA Account Balance will be vested after completing three years of vesting service.
Preretirement spouse benefits	Spouses of active participants who die having completed five years of vesting service (three years for participants with an RGA Account Balance) and who have been married throughout the 12-month period ending on the date of the active participant's death.
Disability benefit	All participants who become disabled after completing 10 years of benefit service through the location freeze date.

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## Monthly benefits paid upon the following events

Normal retirement	<p>Monthly pension benefit determined as of NRD,</p> <p>Plus</p> <p>Retirement Growth Account balance as of the normal retirement date, divided by annuity factor for one dollar of annual benefit payable immediately under the life annuity payment form, for an individual age 65.</p>
Early retirement	<p>Monthly pension benefit determined as of early retirement date times a reduction factor if benefits commence prior to age 65. The reduction factor for Grainmiller participants is 4% per year and for all other participants is 6% per year for the first 60 months prior to age 65, and 4% per year for each of the next 60 months prior to age 65.</p> <p>Plus</p> <p>Retirement Growth Account balance as of early retirement date, divided by annuity factor for one dollar of annual benefit payable immediately under the life annuity payment form, based on the participant's actual attained age (in years and months, rounded down to the next lowest whole month) as of the commencement date.</p>
Postponed retirement	<p>Monthly pension benefit determined as of actual retirement date,</p> <p>Plus</p> <p>Retirement Growth Account balance as of late retirement date, plus interest credits to the December 31 prior to the commencement date, divided by annuity factor for one dollar of annual benefit payable immediately under the life annuity payment form, based on the participant's actual attained age (in years and months, rounded down to the next lowest whole month) as of the commencement date.</p> <p>The Plan provides for suspension of benefits for participants working past NRA.</p>

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Deferred vested termination	<p>Monthly pension benefit determined as of termination date times the applicable reduction factor for the participant's employee unit if payment commences prior to normal retirement date,</p> <p>Plus</p> <p>Retirement Growth Account balance as of the termination date, plus interest credits to the December 31 prior to the commencement date, divided by annuity factor for one dollar of annual benefit payable immediately under the life annuity payment form, based on the participant's actual attained age (in years and months, rounded down to the next lowest whole month) as of the commencement date.</p> <p>The Company makes three attempts to locate post-NRA participants before their benefits are deemed forfeited; benefits are reinstated if a participant is later located</p>
Death with preretirement spouse benefits	<p>Monthly preretirement spouse benefit is payable. Monthly payments will begin as of the later of the first day of the month following the participant's death and the date the participant would be eligible for early retirement and will continue for the spouse's life,</p> <p>Plus</p> <p>Retirement Growth Account balance as of the benefit commencement date plus interest credits to the prior December 31. Payable to spouse (of at least one year) as of the earliest date the participant would have been eligible to start receiving retirement benefits. Payable as either a lump sum or an annuity for the life of the spouse. Annuity based on the same Retirement Growth Account balance as for lump sum, divided by annuity factor for one dollar of annual benefit payable immediately under the life annuity form, based on the spouse's actual attained age (in years and months, rounded down to the next lowest whole month) as of the commencement date.</p>
Disability	<p>Monthly pension benefit equal to the dollar amounts for the participant's employee unit as set forth in the summary of pension and disability benefit levels, subject to the applicable minimum or maximum provisions, times the participant's years of benefit service (maximum 20 years).</p>
Forms of payment	<ul style="list-style-type: none"><li>• <i>Normal Form:</i> Actuarially equivalent 50% joint and survivor annuity if married on date payments commence; life annuity if single.</li><li>• <i>Optional Forms:</i> 50% contingent annuity, 75% contingent annuity, or 100% contingent annuity. Lump sum option available upon retirement to Poultry Division employees entitled to an RGA and all poultry non-bargained employees commencing on or after April 1, 2022 whose Accrued Benefit has a present value of less than \$20,000. Additionally, Poultry division employees not entitled to an RGA (excluding Decatur</li></ul>
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West) and employed with Wayne Farms on July 5, 2017 are eligible for lump sum option.

## Actuarial equivalence

- 50% contingent annuity For benefit commencing prior to January 1, 2006, 87% of life annuity amount increased or decreased by 0.8% for each additional year in excess of five-year difference between the employee's age and the beneficiary's age. Benefit will not exceed 92% of the life annuity amount and will not be less than 77% of the life annuity amount.  
  
For benefit commencing on or after January 1, 2006, the actuarial equivalent is the benefit determined as the greater of:
  - GAR 94 Unisex mortality table and an interest rate of 6%
  - Pre 1/1/2006 basis described above
- 75% contingent annuity GAR 94 Unisex mortality table and an interest rate of 6%.
- 100% contingent annuity 75% of life annuity amount increased or decreased by 1.6% for each additional year in excess of five-year difference between the employee's age and the beneficiary's age. Benefit will not exceed 85% of the life annuity amount and will not be less than 55% of the life annuity amount.
- Lump sum/ annuity equivalent of cash balance option Determined using the "applicable mortality table" as defined in Code section 417(e)(3)(B) and the "applicable interest rate" as defined in Code section 417(e)(3)(C) for the second month preceding the month as which such distribution is to be made.

## Changes in benefits valued since prior year

There have been no changes.

## Future plan changes

May 16, 2024, the plan sponsor adopted an amendment to terminate the plan effective June 30, 2024.

WTW is not aware of any other future plan changes which are required to be reflected.

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## 3. Summary of Pension and Disability Levels

All monetary amounts shown in US Dollars

Division	Location name	Freeze Date or Closing Date	Location number	Effective date of benefit change	Rate of monthly pension benefit	Rate of monthly disability benefit
093 Pork	Albany, MO (N) <sup>1</sup>	N/A	409	12/01/1995	7.00	7.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
104 Pltry	Albertville, AL (N)	6/30/2009	192	12/01/1997	12.50	12.50
104 Pltry	Albertville, AL (N) (Hatchery)	6/30/2009	191	12/01/1986	7.00	7.00
				12/01/1987	8.00	8.00
				12/01/1988	9.00	9.00
				12/01/1994	11.00	11.00
				12/01/1995	11.50	11.50
				12/01/1996	12.00	12.00
				12/01/1997	12.50	12.50
104 Pltry	Albertville, AL (U)	3/31/2009	190	12/01/1985	6.00	6.00
				12/01/1986	7.00	7.00
				12/01/1987	8.00	8.00
				12/01/1988	9.00	9.00
				12/01/1991	9.50	9.50
				12/01/1992	10.00	10.00
				12/01/1993	10.50	10.50
				12/01/1994	11.00	11.00
				12/01/1995	11.50	11.50
				12/01/1996	12.00	12.00
				12/01/1997	12.50	12.50
			01/01/2001	14.00	14.00	

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					12/01/2001	15.00	15.00
					12/01/2002	16.00	16.00
					12/01/2003	17.00	17.00
					12/01/2004	20.00	20.00
					01/01/2006	21.00	21.00
104 Pltry	Bossier, LA (N) <sup>1</sup> DQH II DQH II	10/23/2005	211		11/01/1991	10.00	10.00
					03/01/1999	12.00	12.00
104 Pltry	Bossier, LA (U) <sup>1</sup> DQH II DQH II	10/23/2005	210		01/22/2001	12.00	12.00
					01/01/2003	14.00	14.00
					01/11/2004	16.75	16.75
104 Pltry	Clermont, GA (N) Special Provisions	6/30/2009	94		04/01/1977	4.00	5.00
					06/10/1991	6.00	7.00
					03/01/1998	10.00	10.00
					03/01/1999	12.00	12.00
093 Pork	Cordele, GA (N) <sup>1</sup> So. Maid Farms		740		06/01/1981	5.00	5.00
					04/01/1990	6.00	6.00
					04/01/1991	7.00	7.00
097 CTFD	Dalhart, TX (N) <sup>1</sup> XIT Feeders		640		01/01/1981	5.00	5.00
					04/01/1985	6.00	6.00
					03/01/1998	10.00	10.00
					03/01/1999	12.00	12.00
					01/01/2004	18.00	18.00
097 CTFD	Dalhart, TX (N) <sup>1</sup> Coronado Feeders	N/A	650		01/01/1981	5.00	5.00
					04/01/1985	6.00	6.00
					03/01/1998	10.00	10.00
					03/01/1999	12.00	12.00
					01/01/2004	18.00	18.00
104 Pltry	Danville, AR (N)	6/30/2009	162, 163		02/01/1981	2.50	2.50

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				02/01/1982	3.00	3.00
				02/01/1989	4.50	4.50
				02/01/1990	5.00	5.00
				02/01/1991	6.00	6.00
				02/01/1992	7.00	7.00
				02/01/1993	8.00	8.00
				02/01/1994	8.50	8.50
				02/01/1995	9.50	9.50
				02/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
104 Pltry	Danville, AR (U)	4/30/2011	161	02/01/1981	2.50	4.00
				02/01/1982	3.00	4.50
				02/01/1989	4.50	6.00
				02/01/1990	5.50	7.00
				02/01/1991	6.00	7.50
				02/01/1992	7.00	8.50
				02/01/1993	8.00	9.50
				02/01/1994	8.50	10.00
				02/01/1995	9.50	10.50
				02/01/1997	10.00	10.50
				02/01/1998	11.00	10.50
				02/02/2003	11.50	11.00
				02/01/2004	12.00	11.50
				01/30/2005	13.50	13.50
					* Disability max = 200	
104 Pltry	Decatur, AL (N) DQH IV	6/30/2009	466	03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
				01/01/2002	13.00	13.00
				01/01/2003	14.00	14.00
				01/01/2005	16.00	16.00

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104 Pltry	Decatur, AL (U)	3/31/2009	681	08/01/1988	4.00	5.00
				08/01/1989	7.00	8.00
				08/01/1990	8.00	9.00
				08/01/1991	9.00	10.00
				08/01/1993	9.50	10.50
				08/01/1994	10.00	11.00
				08/01/1995	10.50	11.50
				08/01/1997	11.50	12.50
				08/01/1999	12.50	13.50
				10/30/2000	13.50	14.50
11/01/2004	14.50	14.50				
104 Pltry	Decatur, AL (U) DQH IV	12/31/2008	465	03/28/2001	12.00	12.00
				01/01/2002	13.00	13.00
				01/01/2003	14.00	14.00
				02/27/2005	16.00	16.00
104 Pltry	Decatur, AL (N)	6/30/2009	682, 683	03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
				08/01/2001	13.50	14.50
				11/01/2004	14.50	14.50
104 Pltry	Decatur West, AL (N)	6/30/2009	380	10/01/2005	16.00	16.00
104 Pltry	Decatur West, AL (U)	3/31/2011	381	12/01/2003	16.00	16.00
104 Pltry	Dobson, NC (N)	6/30/2009	181, 182	12/06/1980	4.00	5.00
				06/06/1988	5.00	5.00
				07/01/1990	7.00	7.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
104 Pltry	Douglas, GA (N) <sup>1</sup> DQH III		450	03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
093 Pork	Dwight, KS (N) <sup>1</sup>	N/A	820	08/01/1986	5.00	5.00
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					04/01/1991	6.00	6.00
					04/01/1993	7.00	7.00
					03/01/1998	10.00	10.00
					03/01/1999	12.00	12.00
104 Pltry	Elkin, NC (N) Hatchery	6/30/2009	180		12/06/1980	4.00	5.00
					06/06/1988	5.00	5.00
					07/01/1990	7.00	7.00
					03/01/1998	10.00	10.00
					03/01/1999	12.00	12.00
104 Pltry	Enterprise, AL (N)	6/30/2009	496, 497		03/01/1998	10.00	10.00
					03/01/1999	12.00	12.00
104 Pltry	Enterprise, AL (Southland) (U)	3/31/2010	495		06/01/1994	5.00	5.00
					06/01/1996	6.00	6.00
					06/01/1997	7.00	7.00
					06/01/1998	7.50	7.50
					10/30/2000	8.50	8.50
					11/05/2001	9.50	9.50
					11/03/2002	10.50	10.50
104 Pltry	Enterprise, AL (U) FM	12/31/2008	498		08/22/2004	12.00	12.00
104 Pltry	Gainesville, GA <sup>1</sup> (DQHI) (N)		491		02/01/1993	6.00	6.00
					03/01/1998	10.00	10.00
					03/01/1999	12.00	12.00
093 Pork	Gallatin, MO (N) <sup>1</sup>		363, 408		12/01/1995	7.00	7.00
					03/01/1998	10.00	10.00
					03/01/1999	12.00	12.00
093 Pork	Griswold (N) <sup>1</sup>		258		04/01/1994	7.00	7.00
					03/01/1998	10.00	10.00
					03/01/1999	12.00	12.00

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104 Pltry	Guntersville, AL (U)	12/31/2008	198	05/01/1976	7.50	7.50
				05/01/1977	8.00	8.00
				05/01/1978	8.50	8.50
				05/01/1979	9.00	9.00
				05/01/1980	10.00	10.00
				05/01/1981	10.50	10.50
				05/01/1983	11.00	11.00
				06/01/1984	11.50	11.50
				05/01/1985	12.00	12.00
				05/01/1986	12.50	12.50
				05/01/1987	13.50	13.50
				05/01/1988	14.50	14.50
				05/01/1989	15.50	15.50
				05/01/1990	16.00	16.00
				05/01/1991	16.50	16.50
				05/01/1992	17.00	17.00
				11/01/1993	17.50	17.50
				05/01/1994	18.00	18.00
				05/01/1995	18.50	18.50
				05/01/1996	18.75	18.75
				05/01/1997	19.00	19.00
				05/01/1998	19.25	19.25
				05/01/1999	19.50	19.50
				05/01/2000	20.25	20.25
				05/01/2001	20.50	20.50
05/01/2002	21.25	21.25				
05/01/2003	22.00	22.00				
05/01/2004	23.00	23.00				

\* Disability max = 25 years

097 CTFD	Hartley, TX (N) <sup>1</sup>	N/A	655	10/01/1997	6.00	6.00
				03/01/1998	10.00	10.00

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				03/01/1999	12.00	12.00
				01/01/2004	18.00	18.00
093 Pork	Highland (N) <sup>1</sup>	N/A	751	12/01/1995	7.00	7.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
097 CTFD	Hot Springs, SD (N) <sup>1</sup>	N/A	380	08/20/1991	6.00	6.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
				01/01/2004	18.00	18.00
093 Pork	Jameson (N) <sup>1</sup>	N/A	401, 402	12/01/1995	7.00	7.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
097 CTFD	Lamar, CO (N) <sup>1</sup> Colorado Beef	N/A	660, 710	01/01/1981	5.00	5.00
				04/01/1985	6.00	6.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
				01/01/2004	18.00	18.00
104 Pltry	Laurel, MS (N)	6/30/2009	171, 174	11/16/1992	5.00	5.00
				11/16/1993	6.00	6.00
				11/16/1994	7.00	7.00
				02/25/1996	8.00	8.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
104 Pltry	Laurel, MS (U)	3/31/2011	172	11/16/1992	5.00	5.00
				11/16/1993	6.00	6.00
				11/16/1994	7.00	7.00
				02/25/1996	8.00	8.00
				11/15/1997	9.00	9.00
				01/09/2000	10.00	10.00

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				11/18/2001	12.00	12.00
				11/18/2002	13.00	13.00
				02/11/2004	17.75	17.75
104 Pltry	Laurel, MS (U)	3/31/2011	173	11/16/1992	5.00	5.00
				11/16/1993	6.00	6.00
				11/16/1994	7.00	7.00
				02/25/1996	8.00	8.00
				01/01/2000	9.00	9.00
				01/01/2001	10.00	10.00
				01/01/2002	11.00	11.00
				01/01/2003	12.00	12.00
				07/13/2003	19.00	19.00
				06/19/2006	22.00	22.00
104 Pltry	Maysville, GA (U)	11/30/2009	90	08/01/1985	8.00	8.50
				08/01/1986	8.50	8.50
				08/01/1988	8.75	9.25
				08/01/1989	9.00	9.50
				08/01/1990	9.50	10.00
				08/01/1991	10.00	10.50
				08/01/1992	10.25	10.75
				08/01/1993	10.75	11.50
				08/01/1994	11.75	12.25
				08/01/1995	12.25	12.75
				08/01/1996	12.75	13.25
				01/20/1998	17.00	17.00
				07/30/2000	18.00	18.00
				07/29/2001	19.00	19.00
				08/04/2002	21.00	21.00
				08/03/2003	28.00	28.00

\* Disability max = 190

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104 PIttry	Oakwood FP (N) <sup>1</sup>	N/A	491	02/01/1993	6.00	6.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
093 Pork	Pattonlog, MO <sup>1</sup>	N/A	417	12/01/1995	7.00	7.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
104 PIttry	Pendergrass, GA (N)	6/30/2009	96	04/01/1977	4.00	5.00
				06/10/1991	6.00	7.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
093 Pork	Tarboro, NC (N) <sup>1</sup>	N/A	361, 741	12/01/1995	7.00	7.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
093 Pork	Tarboro, NC (N) <sup>1</sup>	N/A	362	12/01/1992	7.00	7.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
097 CTFD	Texhoma, OK (N) <sup>1</sup> Cimmeron Feeders	N/A	600	10/16/1987	6.00	6.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
				01/01/2004	18.00	18.00
097 CTFD	Torrington, WY (N) <sup>1</sup>	N/A	635	11/16/1990	6.00	6.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
				01/01/2004	18.00	18.00
093 Pork	Trenton (N) <sup>1</sup>	N/A	403, 404, 405, 406, 407	12/01/1995	7.00	7.00
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
104 PIttry	Troy, AL (N) Special provisions Luverne	06/30/2009	133	01/01/1976	2.50	5.00
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				02/01/1992	3.75	5.50
				02/01/1993	4.00	5.75
				02/01/1994	4.25	6.00
				02/01/1995	4.50	6.25
				02/01/1996	5.00	6.75
				02/01/1997	5.25	7.00
				02/01/1998	5.50	7.25
				02/01/1999	6.00	7.75
				02/01/2001	7.00	8.75
				02/01/2002	8.00	9.75
				02/01/2003	9.00	10.75
				02/01/2004	10.00	11.75
				02/27/2005	10.50	12.25
				02/25/2007	11.00	12.75
104 Pltry	Union Springs, AL (N)	6/30/2009	136	02/01/1988	2.50	2.50
				02/01/1989	2.75	2.75
				02/01/1990	3.00	3.00
				02/01/1991	3.25	3.25
				02/01/1992	3.75	3.75
				02/01/1993	4.00	4.00
				02/01/1994	4.25	4.25
				02/01/1995	4.50	4.50
				02/01/1996	5.00	5.00
				02/01/1997	5.25	5.25
				02/01/1998	5.50	5.50
				03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00
104 Pltry	Woodbine (N) <sup>1</sup>		831	03/01/1998	10.00	10.00
				03/01/1999	12.00	12.00

<sup>1</sup> Discontinued location

Plan Name: Continental Grain Company Pension Plan  
 EIN / PN: 36-0947870/013  
 Plan Sponsor: Continental Grain Company  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## 4. Summary of Plan Freeze Dates

For the purposes of the chart below:

- “(U)” refers to union eligible employees at the designated location
- “(N)” refers to employees not eligible to participate in a union at the designated location

All monetary amounts shown in US Dollars

Complex	Location Name	Location Number	Level of Benefit for Monthly Pension @ 1/1/08	Level of Benefit for Disability	Freeze Date
Pendergrass	Gainsville, GA (U) Maysville FM	90	28.00	\$28.00	11/30/2009
Pendergrass	Pendergrass, GA (N) Plant	96	12.00	12.00	6/30/2009
Pendergrass	Pendergrass, GA (N) Hatchery	97	12.00	12.00	6/30/2009
Union Springs	Troy, AL Feed Mill (U)	130	13.50	13.50	5/31/2010
Union Springs	Troy, AL Hatchery (N)	133	12.00	12.00	6/30/2009
Union Springs	Union Springs, AL (U) Plant	134	11.00	11.00	6/30/2011
Union Springs	Union Springs, AL (N) Plant	136	12.00	12.00	6/30/2009
Danville	Danville, AR (U) Plant & FM	161	13.50	13.50	4/30/2011
Danville	Danville, AR (N) Plant & FM	162	12.00	12.00	6/30/2009
Danville	Danville, AR (N) Hatchery	163	12.00	12.00	6/30/2009
Laurel	Laurel, MS (N) Plant	171	12.00	12.00	6/30/2009
Laurel	Laurel, MS (U) Plant	172	17.75	17.75	3/31/2011
Laurel	Laurel, MS (U) FM	173	22.00	12.00	3/31/2011
Laurel	Laurel, MS (N) Hatchery	174	12.00	12.00	6/30/2009
Dobson	Dobson, NC (N) Plant & FM	181	12.00	12.00	6/30/2009
Dobson	Dobson, NC (N) Hatchery	182	12.00	12.00	6/30/2009
Albertville	Albertville (U) Plant	190	21.00	21.00	3/31/2009
Albertville	Albertville (N) Hatchery	191	12.50	12.50	6/30/2009
Albertville	Albertville (N) Plant	192	12.50	12.50	6/30/2009
Albertville	Guntersville (U) FM	198	23.00	23.00	12/31/2008
Douglas	Douglas, GA (N)	450	12.00	12.00	6/30/2009
Decatur East	Decatur, AL (U)	465	16.00	16.00	12/31/2008
Decatur East	Decatur, AL (N)	466	16.00	16.00	6/30/2009
Oakwood FP	Oakwood Plant (N)	491	12.00	12.00	6/30/2009
Enterprise	Enterprise, AL (U) Plant	495	10.50	10.50	3/31/2010
Enterprise	Enterprise, AL (N)	496	12.00	12.00	6/30/2009
Enterprise	Enterprise, AL (N) Hatchery	497	12.00	12.00	6/30/2009
Enterprise	Enterprise, AL (U) FM	498	12.00	12.00	12/31/2008
Decatur Fresh	Decatur, AL (U) Plant	681	14.50	14.50	3/31/2009
Decatur Fresh	Decatur, AL (N) Plant	682	14.50	14.50	6/30/2009
Decatur Fresh	Decatur, AL (N) Hatchery	683	14.50	14.50	6/30/2009
Decatur West	Decatur, AL (N) Plant	380	16.00	16.00	6/30/2009
Decatur West	Decatur, AL (U) Plant	381	16.00	16.00	3/31/2011

Plan Name: Continental Grain Company Pension Plan  
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 Valuation Date: January 1, 2024

# **Continental Grain Company Pension Plan**

Supplemental Schedules  
(Liquidation Basis)

December 31, 2024

**Continental Grain Company Pension Plan**

Schedule Pursuant to Department of Labor Requirements  
(Liquidation Basis)  
December 31, 2024

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

EIN #: 36-0947870  
Plan #: 013

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<b>FIXED INCOME SECURITIES</b>	<b>SHARES / UNITS</b>		
	United States of America Treasury Nts 2.75% Due 08-15-2032	6,050,000	\$ 5,551,111	\$ 5,365,357
	United States of America Treasury Bonds 3.625% Due 02-15-2053	6,500,000	6,031,289	5,290,137
	United States of America Treasury Bonds 3% Due 08-15-2052	7,000,000	5,752,852	5,030,977
	United States of America Treasury Bonds 4.125% Due 08-15-2053	3,400,000	3,453,125	3,033,305
	United States of America Treasury Bds DTD 4.0% Due 11-15-2052	2,700,000	2,676,480	2,355,855
	United States of America Treasury N/B 3.125% Due 08-31-2027	2,300,000	2,236,840	2,233,516
	United States of America Treasury Notes 4.5% Due 03-31-2026	2,100,000	2,087,121	2,105,660
	United States of America Treasury Bds 1.875% Due 02-15-2051	2,800,000	1,785,000	1,559,906
	United States of America Treasury Bonds 2.875% Due 05-15-2052	1,500,000	1,200,234	1,050,820
	United States of America Treasury Bds DTD 08-15-2020 1.375% Due 08-15-2050	500,000	280,196	244,278
	United States of America Treasury Bds 1.25% Due 05-15-2050	500,000	270,977	237,500
	Total Fixed Income Securities		<u>31,325,225</u>	<u>28,507,311</u>
	<b>MUTUAL FUND</b>			
	MFB Northern Institutional Funds Treasury Portfolio Premier CL	4,117,742	<u>4,117,742</u>	<u>4,117,742</u>
	<b>PRIVATE EQUITY INVESTMENTS</b>			
	CF Ellington Strategic Mortgage Institutional Fund L.P.	36,502	3,937,209	4,025,532
	KKR Global Credit Opportunities Fund, LP	1,200,000	1,307,902	1,494,104
	Apollo Investment Fund IV, LP	1	3,949	2,068
	Total Private Equity Investments		<u>5,249,060</u>	<u>5,521,704</u>
	<b>COMMINGLED FUNDS</b>			
	Strategic International Equity Trust	1	135	4,492,423
	Strategic US Equity Trust	1	3,859,595	4,277,932
	Strategic Global Equity Trust	1	2,616,056	2,572,672
	Strategic Emerging Markets Equity Trust	1	14	2,383,727
	Total Commingled Funds		<u>6,475,800</u>	<u>13,726,754</u>
	<b>COMMON/COLLECTIVE TRUSTS</b>			
	CF DoubleLine Long Duration Total Return Fund	887,107	8,063,801	7,708,958
	CF Voya Private Credit Trust Fund	486,123	5,207,032	5,275,707
	CF MetLife Long Credit CIT CL E	456,269	5,283,592	5,237,965
	Total Common/Collective Trusts		<u>18,554,425</u>	<u>18,222,630</u>
	<b>HEDGE FUNDS</b>			
	CF Strategic (Restricted) Limited SPC-Alpha Segregated	9,238	18,693,106	21,143,793
	CF GoldenTree High Yield Offshore Fund	1,630	3,451,928	3,890,111
	Total Hedge Funds		<u>22,145,034</u>	<u>25,033,904</u>
	Total Investments		<u>\$ 87,867,286</u>	<u>\$ 95,130,045</u>

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 24 Change in Actuarial Assumptions

Changes in assumptions since prior valuation:

- The assumed plan-related expenses added to the target normal cost were changed from \$1,500,000 in 2023 to \$400,000 in 2024, reflecting expected expenses through June 30, 2024, the effective Date of Plan Termination. The method to determine the assumed plan-related expenses is unchanged.
- The cost-of-living adjustment on pre-1985 accrued benefits was changed from a schedule starting in 2023: 6.00% in year one, followed by 5.00% in year two, 4.00% in year three, 3.00% in year four, then 2.50% for all following years, to 5.00% in 2024 and 6.00% in 2025 and thereafter.
- The RGA interest crediting rate was updated from 4.00% to 4.94% in 2024 and 4.25% in 2025 and thereafter.

Plan Name:	Continental Grain Company Pension Plan
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