

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1945
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BLUE DIAMOND GROWERS 1802 C STREET SACRAMENTO, CA 95814
2b	Employer Identification Number (EIN) 94-0355780
2c	Plan Sponsor's telephone number 916-446-8407
2d	Business code (see instructions) 111300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	KRISTIN ALTEPETER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 721
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 113 6a(2) 84 6b 410 6c 146 6d 640 6e 63 6f 703 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BLUE DIAMOND GROWERS	D Employer Identification Number (EIN) 94-0355780
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	101929566	
b	Actuarial value	2b	99248230	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	466	69072366	69072366
b	For terminated vested participants	142	19841336	19841336
c	For active participants	113	28319087	28319087
d	Total	721	117232789	117232789
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.22 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	973694	
b	Expected plan-related expenses	6b	700000	
c	Target normal cost	6c	1673694	

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

SIGN HERE	Signature of actuary IAN ROBERTS Type or print name of actuary FIDELITY INVESTMENTS Firm name 100 CALIFORNIA ST. SUITE 1200 SAN FRANCISCO, CA 94111 Address of the firm	03/07/2026 Date 23-07992 Most recent enrollment number 303-824-2669 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1489796	516389
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1489796	516389
10 Interest on line 9 using prior year's actual return of 8.79 %	130953	45391
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2957239
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		153481
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		3110720
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1620749	561780

Part III Funding Percentages

14 Funding target attainment percentage	14	82.79 %
15 Adjusted funding target attainment percentage	15	84.05 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.17 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2024	1500000	0			
01/15/2025	1500000	0			
04/15/2025	1500000	0			
07/15/2025	1500000	0			
Totals ►			18(b)	6000000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5800935

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21	Discount rate:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">a Segment rates:</td> <td style="width:33%;">1st segment: 4.75 %</td> <td style="width:33%;">2nd segment: 5.12 %</td> <td style="width:33%;">3rd segment: 5.59 %</td> <td style="width:33%;">☐ N/A, full yield curve used</td> </tr> </table>	a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used		
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used					
	b Applicable month (enter code)	21b	4						
22	Weighted average retirement age	22	61						
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute								

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

Part VIII	Minimum Required Contribution For Current Year
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31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c)	31a	1673694
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	20167088	2046415
	b Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	3720109
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	3720109
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	5800935
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	2080826
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLUE DIAMOND GROWERS	D Employer Identification Number (EIN) 94-0355780	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID MGMT TRUST CO
04-2723880

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID INST ASSET MGMT TRUST CO
20-4659714

(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)

FID INST ASSET MGMT TRUST CO

20-4659714

(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?
28 51	INV. MANAGEMENT	140283	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID MGMT TRUST CO

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	112000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID INV INST OPS CO

04-3532603

(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 17 50	ACTUARIAL/CONSULTING	49000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	20475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY

36-3145972

(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 50	INV. ADVISORY	18938	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BLUE DIAMOND GROWERS	D Employer Identification Number (EIN) 94-0355780	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG DURATION COMM POOL			
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT			
c EIN-PN 20-4659714-053	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17168223	
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG US TREAS STRIPS COMM POOL			
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT			
c EIN-PN 20-4659714-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9743409	
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPORATE COMM POOL			
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT			
c EIN-PN 20-4659714-187	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17667628	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLUE DIAMOND GROWERS	D Employer Identification Number (EIN) 94-0355780

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3081	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1750000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	69428	43631
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	37684577	44579260
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	62439937	58001465
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	101947023	102624356
Liabilities			
g Benefit claims payable	1g	0	-905
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	14072	8456
k Total liabilities (add all amounts in lines 1g through 1j)	1k	14072	7551
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	101932951	102616805

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4500000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		4500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13647	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13647
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1228362	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1228362
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		577853
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6500041
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12819903

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11226352	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11226352
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20475	
(5) Investment advisory and investment management fees	2i(5)	159221	
(6) Bank or trust company trustee/custodial fees	2i(6)	112000	
(7) Actuarial fees	2i(7)	49000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	569001	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		909697
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12136049

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		683854
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CROWE LLP**

(2) EIN: **35-0921680**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 565504.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLUE DIAMOND GROWERS		D Employer Identification Number (EIN) 94-0355780
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3275867		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 13
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**BLUE DIAMOND GROWERS
EMPLOYEES PENSION PLAN**
Sacramento, California

FINANCIAL STATEMENTS
June 30, 2025 and 2024

BLUE DIAMOND GROWERS
EMPLOYEES PENSION PLAN
Sacramento, California

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
June 30, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

The Administrative Committee
Blue Diamond Growers
Employees Pension Plan
Sacramento, California

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

We have performed audits of the financial statements of the Blue Diamond Growers Employees Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended June 30, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

(Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended June 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Crowe LLP
Crowe LLP

Sacramento, California
April 13, 2026

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value	\$ 102,580,725	\$ 100,124,514
Cash	-	3,081
Receivables		
Employer contribution	1,500,000	1,750,000
Accrued income	<u>43,631</u>	<u>69,428</u>
Total receivables	<u>1,543,631</u>	<u>1,819,428</u>
Total assets	<u>104,124,356</u>	<u>101,947,023</u>
Liabilities		
Accrued expenses	<u>7,551</u>	<u>14,072</u>
Total assets and net assets available for benefits	<u>\$ 104,116,805</u>	<u>\$ 101,932,951</u>

See accompanying notes to financial statements.

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended June 30, 2025

Additions to net assets attributed to:

Investment income	
Net appreciation in fair value of investments	\$ 7,097,170
Interest and dividends	<u>1,216,212</u>
Total investment income	8,313,382
Employer contributions	<u>6,000,000</u>
Total additions	14,313,382

Deductions from net assets attributed to:

Benefits paid to participants	11,226,352
Administrative expenses	<u>903,176</u>
Total deductions	12,129,528

Net increase 2,183,854

Net assets available for benefits:

Beginning of year	<u>101,932,951</u>
End of year	<u>\$ 104,116,805</u>

See accompanying notes to financial statements.

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Accumulated plan benefits		
Actuarial present value of vested benefits		
Retired participants and beneficiaries	\$ 63,185,671	\$ 61,359,898
Active participants	18,934,882	24,425,162
Terminated vested participants	<u>16,762,286</u>	<u>16,497,320</u>
Total vested	98,882,839	102,282,380
Actuarial present value of non-vested benefits	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 98,882,839</u>	<u>\$ 102,282,380</u>

See accompanying notes to financial statements.

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year ended June 30, 2025

Actuarial present value of accumulated plan benefits at beginning of year	\$ 102,282,380
(Decrease) increase during the year attributable to:	
Benefits paid to participants	(11,226,352)
Change in actuarial assumptions	(1,162,798)
Decrease in discount period	6,773,490
Benefits accumulated and actuarial gains and losses	<u>2,216,119</u>
Net decrease	<u>(3,399,541)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 98,882,839</u>

See accompanying notes to financial statements.

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 1 – PLAN DESCRIPTION

The following brief description of the Blue Diamond Growers Employees Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General: The Plan is a defined benefit pension plan sponsored by Blue Diamond Growers (Sponsor). It is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is administered by the Sponsor's Administrative Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Participation: All employees, exclusive of certain employee groups defined in the Plan agreement, who completed at least 1,000 hours of service in the first year of employment or at least 1,000 hours of service in any plan year commencing July 1, 1994, became participants in the Plan. On July 24, 2003, an amendment was approved that provided that no employees hired after July 31, 2003 can participate in the Plan or receive benefits under the Plan.

Effective July 1, 2005, the Plan was amended and restated to exclude from participation employees who are a member of a collective bargaining unit for which retirement benefits have been the subject of good faith bargaining between employee representatives and the employer, unless the bargaining agreement specifically requires participation in the Plan.

Benefits: Participants are eligible for monthly benefit payments upon reaching the later of (1) five years of vesting service, or (2) Social Security Normal Retirement Age. A participant may elect to take early retirement if the participant has attained age 55 and has completed at least five years of vesting service.

Monthly benefit payments are the greater of (1) the primary formula benefit, or (2) the minimum formula benefit. The primary formula benefit is the sum of (a) 1.25% of the participant's final average compensation times benefit service to a maximum of 35 years, and (b) 0.75% of final average compensation in excess of the covered compensation times benefit service to a maximum of 35 years. The minimum formula benefit is the sum of (a) the prior plan accrued benefit as of June 30, 1994, and (b) the sum of (i) 1.25% of final average compensation times benefit service after July 1, 1994 to a maximum of 35 years, and (ii) 0.75% of final average compensation in excess of covered compensation times benefit service after July 1, 1994 to a maximum of 35 years.

If the lump-sum value of a participant's accrued benefit is greater than or equal to \$5,000 and less than or equal to \$25,000, the participant may receive all or a portion of his accrued benefit in the form of a lump-sum payment pursuant to specific provisions in the Plan. If the lump-sum value is less than \$1,000, the participant will receive a single lump-sum payment. If the lump-sum value of a participant's accrued benefit is greater than \$25,000, the participant may receive any portion up to 15% of the accrued benefit in the form of a single lump-sum payment with the remainder of the accrued benefit to be received in the form of an annuity. Effective January 1, 2008, the Plan was amended to allow for the remainder of the accrued benefit to be transferred to another plan sponsored by the employer.

In-Service Death Benefits: The monthly eligible spouse's annuity is 50% of the benefit as of the participant's 55th birthday or the first day of the month following the participant's death, whichever is later. In the absence of an eligible spouse, 100% of the accrued benefit would be paid for ten years to a designated beneficiary.

(Continued)

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 1 – PLAN DESCRIPTION (Continued)

Administrative and Investment Management Expenses: The Plan's trustee, recordkeeping and actuary fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income reported by the Plan. All other expenses of the Plan are paid by the Sponsor.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments: Benefits are recorded when paid.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates.

Risks and Uncertainties: The investments are exposed to various risks such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain plan investments as well as the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of certain plan investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on a percentage of the average of the highest five out of the last ten consecutive years of pensionable earnings. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

(Continued)

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the 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 June 30, 2025 and 2024 were as follows:

Mortality:	PRI-2012 mortality tables, projected using Mortality Improvement Scale MP-2021 (as of June 30, 2025 and 2024)
Interest rate:	7% as of June 30, 2025 and 2024
Retirement age:	The assumed average ranged from 55 to 70

Minimum funding requirements under ERISA are calculated by the Plan actuary using the projected unit credit cost method. The past service cost attributable to the unfunded liability is that amount required to amortize the liability over a period of not more than 30 and not less than 5 years. Accumulated plan benefits were calculated by enrolled actuaries as of July 1, 2025 and 2024. These calculations have been used to disclose the accumulated plan benefits as of June 30, 2025 and 2024. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The change in actuarial assumptions as presented in the statement of changes in accumulated plan benefits is due to normal plan operations and changes in participant demographics.

The statement of changes in accumulated plan benefits reflects the changes in actuarial assumptions from the July 1, 2024 valuation due to normal operations of the Plan, including increases in ongoing benefit accruals and other plan experience not associated with Plan asset performance.

NOTE 3 – FUNDING POLICY

Employer contributions to the Plan are made in amounts approved by the Sponsor's Board of Directors. Such contribution amounts must adhere to or exceed the minimum funding requirements under ERISA, as determined by the Plan's actuary. The Sponsor's contributions to the Plan for the years ended June 30, 2025 and 2024 satisfied the minimum funding requirements of ERISA. Participant contributions are not permitted under the Plan.

NOTE 4 – CERTIFIED INFORMATION

Certified information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at June 30, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the year ended June 30, 2024 was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

(Continued)

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 5 – FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan at June 30, 2025 and 2024.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective Trust Funds: The fair values of participation units held in the collective trusts are based upon the net asset value of the units held by the Plan at year end. Units are stated at the daily calculated unit value as reported by the funds in which they are invested, as reported by the fund managers. There are no unfunded commitments or restrictions on the trading of any of these investments.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025:

	Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	\$ 58,001,465			\$ 58,001,465
Collective trust funds*	-	-	-	\$ 44,579,260
Total	\$ 58,001,465	\$ -	\$ -	\$ 102,580,725

(Continued)

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024:

	Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	\$ 62,439,939	\$ -	\$ -	\$ 62,439,939
Collective trust funds*	-	-	-	37,684,575
Total	<u>\$ 62,439,939</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 100,124,514</u>

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

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

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the plan, any party rendering service to the plan, the employer, and certain others. Amounts paid by the Plan to parties in interest included fees paid for investment management, trustee and recordkeeping fees and actuarial services. Certain professional fees for the administration and audit of the Plan were paid by the Sponsor. Various administrative functions are performed by officers or employees of the Sponsor. No such officer or employee receives compensation from the Plan.

(Continued)

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS (Continued)

Certain plan assets were invested in mutual funds and collective trust funds managed by Fidelity Investments and Fidelity Institutional Asset Management Trust Company, an affiliate of Fidelity Management Trust Company. Transactions with these parties qualify as party-in-interest transactions as defined under ERISA guidelines. Administrative fees paid to Fidelity Investments, and Fidelity Management Trust Company are determined by agreed-upon rates multiplied against each separate fund's asset balance and qualify as party-in-interest transactions.

NOTE 8 – INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated June 16, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of June 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for Plan years prior to June 30, 2021.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2025 and 2024, to the Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 104,116,805	\$ 101,932,951
Employer contributions receivable	<u>(1,500,000)</u>	<u>-</u>
Net assets per the Form 5500	<u>\$ 102,616,805</u>	<u>\$ 101,932,951</u>

The following is a reconciliation of the net increase for the year ended June 30, 2025, per the financial statements to the net income per the Form 5500:

Net increase per the financial statements	\$ 2,183,854
Employer contributions receivable	<u>(1,500,000)</u>
Net income per the Form 5500	<u>\$ 683,854</u>

NOTE 10 – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through April 13, 2026, the date at which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Blue Diamond Growers
Employer Identification Number: 94-0355780
Three-digit Plan number: 001

	(b)	(c)	(d)		(e)	(f)
(a)	Identity of Issue	Description of Investment, Including	Number of		Cost	Current
	<u>Borrower, Lessor or Similar Party</u>	<u>Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Units</u>			<u>Value</u>
*	Fidelity Institutional Asset Management Trust Company	FIAM Long Corporate Commingled Pool Fund	1,591,133	\$	15,876,472	\$ 17,667,628
*	Fidelity Institutional Asset Management Trust Company	FIAM Long Duration Commingled Pool Fund	603,620		15,407,941	17,168,223
*	Fidelity Institutional Asset Management Trust Company	FIAM Long U.S. Treasury Strips Commingled Pool Fund	70,770		<u>8,872,017</u>	<u>9,743,409</u>
		Total Collective Trust Funds			40,156,430	44,579,260
*	Fidelity Investments	Fidelity 500 Index Fundvantage In	45,692		6,834,294	9,874,500
*	Fidelity Investments	Fidelity Emerging Markets Index Fund	280,947		3,397,007	3,402,265
*	Fidelity Investments	Fidelity International Index Fund	166,180		7,852,335	9,527,138
*	Fidelity Investments	Fidelity Large Cap Growth Index Fund	180,671		5,801,373	7,508,684
*	Fidelity Investments	Fidelity Large Cap Value Index Fund	513,615		9,395,311	9,825,449
*	Fidelity Investments	Fidelity Mid Cap Index Fund	82,764		2,491,414	2,922,393
*	Fidelity Investments	Fidelity Small Cap Index Fund	99,463		2,700,891	2,705,391
	MFS	International Diversification Fund	153,934		3,652,489	4,039,225
*	Fidelity Investments	Fidelity Total Bond Fund	217,690		2,064,835	2,087,652
	American Funds	American Funds New World R6	25,686		1,771,709	2,285,796
	Cohen & Steers	Cohen & Steers Instl Realty Sh	77,592		<u>3,354,105</u>	<u>3,822,972</u>
		Total Mutual Funds			<u>49,315,763</u>	<u>58,001,465</u>
		Total		\$	<u>98,369,775</u>	\$ <u>102,580,725</u>

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended June 30, 2025

Name of Plan Sponsor: Blue Diamond Growers
Employer Identification Number: 94-0355780
Three-digit Plan number: 001

(a) Identity of Party <u>Involved</u>	(b) Description of asset (include interest rate and maturity in <u>case of a loan</u>)	(c) Purchase <u>price</u>	(d) Selling <u>price</u>	(g) Cost <u>of asset</u>	(h) Current value of asset on transaction <u>date</u>	(i) Net gain or (loss)
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:						
Fidelity Investments	Fidelity International Index	\$ 859,225	\$ -	\$ -	\$ 859,225	\$ -
Fidelity Investments	Fidelity International Index	-	4,733,281	4,448,890	4,731,281	284,391
Fidelity Investments	Fidelity Large Cap Value	7,579,364	-	-	7,579,364	-
Fidelity Investments	Fidelity Large Cap Value	-	880,351	857,959	880,351	22,392
JP Morgan	Large Gap Growth Fund	130,406	-	-	130,406	-
JP Morgan	Large Gap Growth Fund	-	5,340,433	4,131,105	5,340,433	1,209,328
Fidelity Investments	Fidelity Total Bond Fund	4,146,968	-	-	4,146,968	-
Fidelity Investments	Fidelity Total Bond Fund	-	2,108,133	2,082,133	2,108,133	26,000

See Independent Auditor's Report.

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Blue Diamond Growers Employees Pension Plan

EIN: 94-0355780

PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data

Age and Service Distribution of Active Members

Attained Age	Completed Years of Service on July 1, 2024										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	1	3	0	0	0	0	4
45-49	0	0	0	0	2	3	3	0	0	0	8
50-54	0	0	0	0	0	7	6	0	1	0	14
55-59	0	0	0	0	0	14	6	1	3	1	25
60-64	0	0	0	1	2	14	13	0	8	7	45
65-69	0	0	0	0	0	5	1	3	4	2	15
Over 69	0	0	0	0	0	0	2	0	0	0	2
Total	0	0	0	1	5	46	31	4	16	10	113

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Blue Diamond Growers Employees Pension Plan

EIN: 94-0355780

PN: 001

Schedule SB Part V – Statement of Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2024 Plan Year		2023 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest Rate Type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.75%	4.64%	4.75%	2.50%
Next 15 years	5.12%	5.12%	5.00%	3.83%
Over 20 years	5.59%	5.10%	5.74%	4.06%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Interest Rate for Lump Sum Payments: Same interest rates used to determine the funding target liability for minimum required contribution purposes for the 2024 plan year valuation.

Salary Scale: 3.50%, as selected by the company to represent an estimate of future experience.

Increase in Consumer Price Index (CPI): 3.00%

Increase in Social Security Taxable Wage Base: 3.50%

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Blue Diamond Growers Employees Pension Plan

EIN: 94-0355780

PN: 001

Schedule SB Part V – Statement of Actuarial Assumptions and Methods

Administrative Expenses included in Target Normal Cost: Estimated based on expected non-investment related administrative expenses paid from the Trust plus estimated PBGC premiums for the current year, rounded to the nearest \$5,000.

Mortality:

ERISA: IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables.

Mortality for Lump Sum Conversion: 2024 417(e) Applicable Mortality Table (previously, 2023 417(e) Applicable Mortality Table).

Retirement Rates for Actives: Rates varying by age based on the assumption used by the prior actuary of this plan.

Sample rates are shown below:

Age	Rate
55	20.00%
56-61	8.00%
62-69	15.00%
70	100.00%

All terminated vested participants are assumed to retire on their normal retirement date.

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Blue Diamond Growers Employees Pension Plan
EIN: 94-0355780 PN: 001

Schedule SB Part V – Statement of Actuarial Assumptions and Methods

Termination Rates: Rates varying by age.

Sample rates are shown below:

Age	Rate
25	17.00%
35	15.00%
45	11.00%
55	0.00%

Disability Incidence Rates: Zero

Marital Status: 70% of all active plan participants are assumed married, with females 3 years younger than males. Assumption is based on the assumption used by the prior actuary.

Maximum Benefit: \$275,000 for 2024.

Maximum Salary: \$345,000 for 2024.

Form of Payment: It has been assumed that 50% of active participants will elect a lump sum and 50% of active participants will elect the normal form of payment. The normal form of payment for married participants is a 50% joint and Survivor Annuity and a 10 Year Certain and Life Annuity for single participants.

It is assumed that 100% of terminated vested participants will elect the normal form of payment.

To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Blue Diamond Growers Employees Pension Plan

EIN: 94-0355780

PN: 001

Schedule SB Part V – Statement of Actuarial Assumptions and Methods

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Blue Diamond Growers Employees Pension Plan

EIN: 94-0355780

PN: 001

Schedule SB Part V – Statement of Actuarial Assumptions and Methods

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT).. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended June 30, 2025

Name of Plan Sponsor: Blue Diamond Growers
Employer Identification Number: 94-0355780
Three-digit Plan number: 001

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:						
Fidelity Investments	Fidelity International Index	\$ 859,225	\$ -	\$ -	\$ 859,225	-
Fidelity Investments	Fidelity International Index	-	4,733,281	4,448,890	4,731,281	284,391
Fidelity Investments	Fidelity Large Cap Value	7,579,364	-	-	7,579,364	-
Fidelity Investments	Fidelity Large Cap Value	-	880,351	857,959	880,351	22,392
JP Morgan	Large Gap Growth Fund	130,406	-	-	130,406	-
JP Morgan	Large Gap Growth Fund	-	5,340,433	4,131,105	5,340,433	1,209,328
Fidelity Investments	Fidelity Total Bond Fund	4,146,968	-	-	4,146,968	-
Fidelity Investments	Fidelity Total Bond Fund	-	2,108,133	2,082,133	2,108,133	26,000

See Independent Auditor's Report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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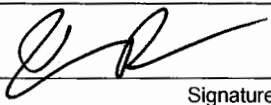
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BLUE DIAMOND GROWERS	D Employer Identification Number (EIN) 94-0355780
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 07 Day 01 Year 2024	
2 Assets:	
a Market value.....	2a 101,929,566
b Actuarial value.....	2b 99,248,230
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 466 (2) Vested Funding Target 69,072,366 (3) Total Funding Target 69,072,366
b For terminated vested participants	142 19,841,336 19,841,336
c For active participants.....	113 28,319,087 28,319,087
d Total.....	721 117,232,789 117,232,789
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate.....	5 5.22%
6 Target normal cost	
a Present value of current plan year accruals	6a 973,694
b Expected plan-related expenses	6b 700,000
c Target normal cost.....	6c 1,673,694

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

SIGN HERE  Signature of actuary IAN ROBERTS Type or print name of actuary FIDELITY INVESTMENTS Firm name 100 California St. SUITE 1200 San Francisco CA 94111 Address of the firm	3/7/2026 Date 2307992 Most recent enrollment number 303-824-2669 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,489,796	516,389
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1,489,796	516,389
10	Interest on line 9 using prior year's actual return of <u>8.79</u> %	130,953	45,391
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2,957,239
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> %		153,481
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		3,110,720
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,620,749	561,780

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

14	Funding target attainment percentage.....	14	82.79 %
15	Adjusted funding target attainment percentage.....	15	84.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/15/2024	1,500,000	0					
01/15/2025	1,500,000	0					
04/15/2025	1,500,000	0					
07/15/2025	1,500,000	0					
			Totals ►	18(b)	6,000,000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	5, 800, 935

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 5.12 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
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		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	1,673,694
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	20,167,088	2,046,415
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 3,720,109
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....		36 3,720,109
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 5,800,935
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 2,080,826
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Blue Diamond Growers Employees Pension Plan
EIN: 94-0355780 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates, with all retirement assumed to occur at the beginning of the year. No other decrements were considered in this calculation.

(1)	(2)	(3)	(4) (1) x (2) x (3)
Age	Retirement Rate	Weight	Product
55	20.00%	100.00%	11.0000
56	8.00%	80.00%	3.5840
57	8.00%	73.60%	3.3562
58	8.00%	67.71%	3.1418
59	8.00%	62.30%	2.9403
60	8.00%	57.31%	2.7509
61	8.00%	52.73%	2.5731
62	15.00%	48.51%	4.5113
63	15.00%	41.23%	3.8964
64	15.00%	35.05%	3.3645
65	15.00%	29.79%	2.9045
66	15.00%	25.32%	2.5068
67	15.00%	21.52%	2.1631
68	15.00%	18.29%	1.8661
69	15.00%	15.55%	1.6095
70	100.00%	13.22%	9.2527
Weighted Average of Retirement Ages:			61.4212

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Blue Diamond Growers Employees Pension Plan
EIN: 94-0355780 PN: 001

Schedule SB Part V – Summary of Plan Provisions

Name of Plan: Blue Diamond Growers Employees Pension Plan.

Employer Identification Number / Plan Number: 94-0355780/001.

Effective Date: January 1, 1945. The plan has been closed to new entrants as of July 31, 2003. The effective date of most recent amendment is January 1, 2023.

Covered Employees: Eligible participants include all participants in the plan as of July 31, 2003. The plan is closed to new entrants as of this date.

Definitions:

Accrued Benefit: An employee's retirement benefit is equal to the greater of (a) and (b), where:

- (a) Primary Benefit: 1.25% of the Final Average Compensation multiplied by years of Credited Service (up to 35 years) plus 0.75% of the Final Average Excess Compensation multiplied by years of Benefit Service (up to 35 years)
- (b) Minimum Formula, equal to (i) + (ii):
 - (i) Frozen Accrued Benefit earned prior to the 1994 Plan Year
 - (ii) Post-1994 Benefit: 1.25% of the Final Average Compensation multiplied by years of Benefit Service earned after 1994 (up to 35 years) plus 0.75% of the Final Average Excess Compensation multiplied by years of Benefit Service earned after 1994 (up to 35 years)

Plan Year: July 1 through June 30

Benefit Service: One year of Benefit Service is credited for each Plan Year in which 1,000 or more hours of service are completed.

Compensation: Total earnings, excluding bonuses, paid by Blue Diamond Growers during the Plan Year.

Final Average Compensation: The highest average of any five consecutive Plan Years of Compensation during the ten-year period preceding termination.

Final Average Excess Compensation: The difference between the Final Average Compensation and the annual average of the Social Security Taxable Wage bases during the same five-year period used in calculating Final Average Compensation, if greater than \$0.

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Blue Diamond Growers Employees Pension Plan
EIN: 94-0355780 PN: 001

Schedule SB Part V – Summary of Plan Provisions

Final Average Excess Compensation: The difference between the Final Average Compensation and the annual average of the Social Security Taxable Wage bases during the same five-year period used in calculating Final Average Compensation, if greater than \$0.

Pre-Retirement Non-Spouse Death Benefit: The beneficiary is entitled to receive a benefit he or she would have received if the participant had retired the day he or she dies and elected a 10 Year Certain Annuity or actuarial equivalent lump sum up to \$100,000 with residual annuity, if applicable. If no beneficiary is designated, the payment will go to either the participant's descendants or their estate.

Pre-Retirement Spouse Death Benefit: The surviving spouse is entitled to receive a benefit he or she would have received if the participant had retired the day he or she dies and elected a 50% Qualified Joint & Survivor Annuity or the actuarial equivalent lump sum up to \$100,000 with residual annuity, if applicable.

Normal Retirement Date (NRD): The first day of the month coinciding with or immediately following the later of a participant completing five years of Vesting Service and reaching the age determined by the table below:

Year of Birth	Normal Retirement Age
1937 and prior	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943-54	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Blue Diamond Growers Employees Pension Plan
EIN: 94-0355780 PN: 001

Schedule SB Part V – Summary of Plan Provisions

Vesting Service: One year of Vesting Service is credited for each Plan Year in which 1,000 or more hours of service are completed.

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Age 55 and five years of Vesting Service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service.

Pre-retirement spouse benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a surviving spouse.

Pre-retirement non-spouse benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a non-spouse beneficiary.

Disability: Permanently and totally disabled.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly Accrued Benefit determined as of NRD.

Early retirement: The monthly Accrued Benefit payable at an age prior to NRD, reduced by a factor determined by the following formula:

The early retirement benefit is equal to the greater of (a) and (b), where:

- (a) The Accrued Benefit under the Primary Formula Benefit times the factor determined from Table III on the following page, based on the number of months prior to Normal Retirement Age
- (b) The sum of (i) + (ii), based on an Accrued Benefit under the Minimum Formula Benefit:
 - i. Portion of the Accrued Benefit attributable to service earned after 1994 times the factor determined from Table III on the following page, based on the number of months prior to Normal Retirement Age

Schedule SB Attachment (Form 5500) – 2024 Plan Year
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Schedule SB Part V – Summary of Plan Provisions

- ii. Portion of the Accrued Benefit attributable to service earned prior to the 1994 Plan Year:
- 1) Base component of the Frozen Accrued Benefit times the factor determined from Table II below, based on the number of months out from Normal Retirement Age
 - 2) Excess component of the Frozen Accrued Benefit times the factor determined from Table III below, based on the number of months out from Normal Retirement Age

Termination with deferred vested benefit: Accrued Benefit commencing at chosen commencement date (may be taken early). The early retirement benefit is equal to the Normal Retirement benefit, reduced by a factor in Table I below, based on the number of months prior to Normal Retirement Age.

Early retirement factors: A sample of the early retirement tables are listed below:

Months prior to Normal Retirement Age	Table I	Table II	Table III
12	0.88	0.97	0.93
36	0.69	0.91	0.80
60	0.55	0.82	0.67
120	0.32	0.64	0.50

Postponed retirement: The greater of the Accrued Benefit determined as of actual retirement date or the Accrued Benefit as of NRD actuarially increased to the actual retirement date

Death with pre-retirement spouse benefit: Pre-retirement spouse benefit is payable immediately.

Death with pre-retirement non-spouse benefit: Pre-retirement spouse benefit is payable immediately.

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Disability: The participant may elect one of the following forms of payment:

- Begin receiving Accrued Benefit payments once he or she has met the early retirement eligibility requirements
- Receive a lump sum that is actuarial equivalent to the Accrued Benefit
- Defer payment until his or her Normal Retirement Date and continue to accrue Benefit Service until then

Forms of Payment:

Normal form (single participants): 10 Year Certain and Life Annuity.

Normal form (married participants): 50% Joint and Survivor Annuity with spouse as beneficiary.

Optional forms (single participants): Single participants who retire under the plan may elect a 10 Year Certain and Life annuity or a lump sum distribution

Optional forms (married participants): Married participants who retire under the plan may elect a 50% Joint and Survivor Annuity, a 75% Joint and Survivor Annuity, or a lump sum distribution.

Description of optional form conversion factors: The 75% Joint and Survivor annuity is equal to 96% of the normal form. The lump sum amounts are determined with a maximum of the following 3 conversions bases:

- The applicable mortality table and applicable interest promulgated by the IRS under Section 417(e)(3) as in effect on the first day of the Plan Year and the May prior to the Plan Year in which the distribution occurs, respectively.
- Mortality Table: The unisex mortality table produced by averaging the male and female rates under the 1983 Group Annuity Mortality table as prescribed under Revenue Ruling 95-6 and the annual rate of interest on the 30-Year Treasury securities for the May prior to the Plan Year in which the distribution occurs.
- The UP-84 Unisex mortality tables and 9% interest.

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.

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Schedule SB Part V – Summary of Plan Provisions

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

BLUE DIAMOND GROWERS EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

Name of Plan Sponsor: Blue Diamond Growers
Employer Identification Number: 94-0355780
Three-digit Plan number: 001

(a)	(b) Identity of Issue <u>Borrower, Lessor or Similar Party</u>	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Number of Units	(e) Cost		(f) Current Value
*	Fidelity Institutional Asset Management Trust Company	FIAM Long Corporate Commingled Pool Fund	1,591,133	\$	15,876,472	\$ 17,667,628
*	Fidelity Institutional Asset Management Trust Company	FIAM Long Duration Commingled Pool Fund	603,620		15,407,941	17,168,223
*	Fidelity Institutional Asset Management Trust Company	FIAM Long U.S. Treasury Strips Commingled Pool Fund	70,770		<u>8,872,017</u>	<u>9,743,409</u>
		Total Collective Trust Funds			40,156,430	44,579,260
*	Fidelity Investments	Fidelity 500 Index Fund	45,692		6,834,294	9,874,500
*	Fidelity Investments	Fidelity Emerging Markets Index Fund	280,947		3,397,007	3,402,265
*	Fidelity Investments	Fidelity International Index Fund	166,180		7,852,335	9,527,138
*	Fidelity Investments	Fidelity Large Cap Growth Index Fund	180,671		5,801,373	7,508,684
*	Fidelity Investments	Fidelity Large Cap Value Index Fund	513,615		9,395,311	9,825,449
*	Fidelity Investments	Fidelity Mid Cap Index Fund	82,764		2,491,414	2,922,393
*	Fidelity Investments	Fidelity Small Cap Index Fund	99,463		2,700,891	2,705,391
	MFS	International Diversification Fund	153,934		3,652,489	4,039,225
*	Fidelity Investments	Fidelity Total Bond Fund	217,690		2,064,835	2,087,652
	American Funds	American Funds New World R6	25,686		1,771,709	2,285,796
	Cohen & Steers	Cohen & Steers Instl Realty Sh	77,592		<u>3,354,105</u>	<u>3,822,972</u>
		Total Mutual Funds			<u>49,315,763</u>	<u>58,001,465</u>
		Total		\$	<u>98,369,775</u>	\$ <u>102,580,725</u>

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report.

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Blue Diamond Growers Employees Pension Plan
EIN: 94-0355780 PN: 001

Schedule SB, line 32 – Schedule of Amortization Bases

<u>Type of Base</u>	<u>Present Value of Any Remaining Installments</u>	<u>Valuation Date</u>	<u>Years Remaining</u>	<u>Amortization Installment</u>
2024 Shortfall	\$ 3,819,867	July 1, 2024	15	\$ 351,942
2023 Shortfall	\$ (434,657)	July 1, 2023	14	\$ (41,969)
2022 Shortfall	\$ 11,803,473	July 1, 2022	13	\$ 1,200,257
2021 Shortfall	\$ 4,978,405	July 1, 2021	12	\$ 536,185
Total	\$ 20,167,088			\$ 2,046,415