

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 09/01/2024 and ending 08/31/2025	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 09/01/1974
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) OCEAN SPRAY CRANBERRIES, INC. SARA VAUGHAN ONE OCEAN SPRAY DRIVE LAKEVILLE-MIDDLEBORO, MA 02349
2b	Employer Identification Number (EIN) 04-1215610
2c	Plan Sponsor's telephone number 508-946-1000
2d	Business code (see instructions) 311900

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.	06/12/2026	SARA VAUGHAN
	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 2038
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) 245 6a(2) 215 6b 1189 6c 406 6d 1810 6e 178 6f 1988 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 09/01/2024 and ending 08/31/2025	
▶ 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 RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OCEAN SPRAY CRANBERRIES, INC.	D Employer Identification Number (EIN) 04-1215610
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 09 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	235452452	
b	Actuarial value	2b	232016528	
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	1358	182854338	182854338
b	For terminated vested participants	435	16393772	16393772
c	For active participants	245	18824881	18932307
d	Total	2038	218072991	218180417
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	5.29 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	199958	
b	Expected plan-related expenses	6b	1019000	
c	Target normal cost	6c	1218958	

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 SHERYL BOGOLUB Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17510 P.O. BOX 551343 ATLANTA, GA 30355 Address of the firm	04/01/2026 Date 26-05538 Most recent enrollment number 312-381-4800 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	30411156
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1960926
9 Amount remaining (line 7 minus line 8)	0	28450230
10 Interest on line 9 using prior year's actual return of <u>10.06</u> %	0	2862093
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	31312323

Part III Funding Percentages

14 Funding target attainment percentage	14	91.99 %
15 Adjusted funding target attainment percentage	15	106.34 %
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	96.83 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.84 %	2nd segment: 5.24 %	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	1218958
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		17476212	1651248
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	2870206
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2870206	2870206
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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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 09/01/2024 and ending 08/31/2025		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 OCEAN SPRAY CRANBERRIES, INC.	D Employer Identification Number (EIN) 04-1215610	

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
PIMCO
13-3459790

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARIAL	352203	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEW ENGLAND PENSION CONSULTANTS

04-2927339

(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?
50 51	INVESTMENT MANAGEMENT	199309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK

04-1867445

(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	104418	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)

MELLON CAPITAL MANAGEMENT

25-1233834

(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?
50 51	INVESTMENT MANGEMENT	66596	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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?
50 51	INVESTMENT ADVISORY	57991	Yes ☒ No ☐	Yes ☒ No ☐	0	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
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(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.
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 OCEAN SPRAY CRANBERRIES, INC.		D Employer Identification Number (EIN) 04-1215610
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: S&P 500 FLAGSHIP SERIES A		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6510007
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US CREDIT INDX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-146	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74922337
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US TREASURY INDEX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-479	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28540359
a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE 100% HEDGED TO USD		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 47-6972341-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2184525
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERMEDIATE US CR NL		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-3508899-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49728336
a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE INDEX NON-LENDING FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-6832069-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2441351
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET FTSE RAFI U.S. 1000 NL		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 46-6334585-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2657045
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: **NEPC EMERGING MARKETS EQUITY**

b Name of sponsor of entity listed in (a): **GLOBAL TRUST COMPANY**

c EIN-PN 86-6497312-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1765042
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NEPC GLOBAL EQUITY CIT**

b Name of sponsor of entity listed in (a): **GLOBAL TRUST COMPANY**

c EIN-PN 86-6497312-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5819569
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a Name of MTIA, CCT, PSA, or 103-12 IE: **STATE STREET U.S. TREASURY INDEX NL**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 85-1553502-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39317289
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NEPC DIVERSIFIED CREDIT CIT**

b Name of sponsor of entity listed in (a): **GLOBAL TRUST COMPANY**

c EIN-PN 86-6497312-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5295508
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NEPC US SMALL CAP EQUITY CIT**

b Name of sponsor of entity listed in (a): **GLOBAL TRUST COMPANY**

c EIN-PN 86-6497312-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1771746
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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)
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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)
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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)
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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)
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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
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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 09/01/2024 and ending 08/31/2025		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 OCEAN SPRAY CRANBERRIES, INC.		D Employer Identification Number (EIN) 04-1215610

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3130	2249
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1657766	1518854
(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)	228829797	220953114
(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)	4961759	2093521
(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	235452452	224567738
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	235452452	224567738

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	316433	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		316433
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3488793	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1001591	
(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)	3554379	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6358014

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16256373	
(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)		16256373
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)		
(5) Investment advisory and investment management fees	2i(5)	323896	
(6) Bank or trust company trustee/custodial fees	2i(6)	104418	
(7) Actuarial fees	2i(7)	352203	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	205838	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		986355
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17242728

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-10884714
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: **CBIZ CPAS, P.C.**

(2) EIN: **43-1947695**

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?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 572192.

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 09/01/2024 and ending 08/31/2025					
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.				B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 OCEAN SPRAY CRANBERRIES, INC.				D Employer Identification Number (EIN) 04-1215610	
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): 04-2900672					
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 15	
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: 10.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 85.7 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.7 % Other: 3.3 %

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_____.



**Financial Statements
and Supplemental Schedules**

**Retirement Plan for Employees of
Ocean Spray Cranberries, Inc.**

August 31, 2025 and 2024

**RETIREMENT PLAN FOR EMPLOYEES OF
OCEAN SPRAY CRANBERRIES, INC.**

***Financial Statements
and Supplemental Schedules***

Table of Contents

Financial Statements:

Independent Auditors' Report	1-4
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-16

Supplemental Schedules (2025 only):

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	17
Schedule H, Line 4j - Schedule of Reportable Transactions	18

Independent Auditors' Report

To the Participants and Plan Administrator
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
Lakeville-Middleboro, Massachusetts

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

We have performed the audits of the financial statements of the Retirement Plan for Employees of Ocean Spray Cranberries, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of August 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 August 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 6 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 Auditors' 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).

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 within one year after the date that the financial statements are issued or available to be issued.

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

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of August 31, 2025 and (2) Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended August 31, 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including 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).

CBIZ CPAs P.C.

Boston, Massachusetts
June 15, 2026

**RETIREMENT PLAN FOR EMPLOYEES OF
OCEAN SPRAY CRANBERRIES, INC.**

Statements of Net Assets Available for Benefits

	<i>August 31,</i>	
	<i>2025</i>	<i>2024</i>
Investments at fair value	\$ 224,565,489	\$ 235,449,322
Dividend receivable	<u>2,249</u>	<u>3,130</u>
Net assets available for benefits	<u>\$ 224,567,738</u>	<u>\$ 235,452,452</u>

**RETIREMENT PLAN FOR EMPLOYEES OF
OCEAN SPRAY CRANBERRIES, INC.**

Statements of Changes in Net Assets Available for Benefits

	<i>Years Ended August 31,</i>	
	<i>2025</i>	<i>2024</i>
Additions to net assets available for benefits:		
Investment income:		
Net appreciation in fair value of investments	\$ 6,041,581	\$ 22,017,555
Interest and dividends	316,433	431,234
	<u>6,358,014</u>	<u>22,448,789</u>
Less: Investment expenses	(323,896)	(332,283)
Net investment income	<u>6,034,118</u>	<u>22,116,506</u>
Other income	<u>-</u>	<u>16</u>
Total additions to net assets	<u>6,034,118</u>	<u>22,116,522</u>
Deductions from net assets available for benefits:		
Benefits paid to participants and beneficiaries	16,256,373	16,052,406
Administrative expenses	<u>662,459</u>	<u>817,261</u>
Total deductions from net assets	<u>16,918,832</u>	<u>16,869,667</u>
Net (decrease) increase in net assets available for benefits	(10,884,714)	5,246,855
Net assets available for benefits, beginning of year	<u>235,452,452</u>	<u>230,205,597</u>
Net assets available for benefits, end of year	<u>\$ 224,567,738</u>	<u>\$ 235,452,452</u>

RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

Notes to Financial Statements

Note 1 - Description of the Plan

The following description of the Retirement Plan for Employees of Ocean Spray Cranberries, Inc. (the "Plan") provides general information only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory, defined benefit pension plan for the employees of Ocean Spray Cranberries, Inc. (the "Company"). The Plan is administered by the Pension and Savings Committee, which consists of seven persons appointed by the Board of Directors of the Company.

Assets of the Plan are held by the Plan's trustee, State Street Bank and Trust Company ("State Street"). State Street maintains the accounting records of the Plan and invests the assets at the direction of outside investment management firms hired by the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan resulted from the merger on August 31, 2011 of the Retirement Plan for Hourly Employees of Ocean Spray Cranberries, Inc. (the "Hourly Plan") into the Retirement Plan for Salaried Employees of Ocean Spray Cranberries, Inc. (the "Salaried Plan"). The name of the combined plan was changed to the Retirement Plan for Employees of Ocean Spray Cranberries, Inc.

Certain participants in these plans continue to accrue benefits under the Plan ("Grandfathered Employees"). The other participants in these plans as of the date they were frozen ("Non-grandfathered Employees") earned no further benefits under the plans. However, they are entitled to a benefit upon retirement to the extent of the benefit that they had earned as of the dates the plans were frozen provided that they had reached or subsequently reached at least five years of service. Employees hired after the plans were frozen are not eligible for benefits under the Plan.

Eligibility

The Hourly Plan and the Salaried Plan were frozen on January 1, 2010 and 2008, respectively; therefore, no new employees were eligible to participate in the plans after those dates.

Vesting

An employee's accrued benefits are vested after five years of credited service.

Years of Vesting Service	Vesting Percentage
Less than five years	0%
Five years or more	100%

RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

Notes to Financial Statements

Note 1 - Description of the Plan (Continued)

Pension Benefits

For the participants under the former Salaried Plan, benefits are based primarily on an employee's length of service and highest average annual compensation for any period of five consecutive years, subject to limitations specified in the Internal Revenue Code (the "Code"). For the participants under the former Hourly Plan, benefits are based primarily on an employee's length of service multiplied by a specific dollar multiplier that is applicable for the participant's location. Employees with five or more years of service are entitled to annual pension benefits beginning at age 65. The Plan permits early retirement at ages 55-64.

After the dates the Salaried and Hourly Plans were frozen, Grandfathered Employees continue to accrue benefits as if the plans had not been frozen. Non-grandfathered Employees no longer accrue additional benefits under the plans after the date of the freeze on both plans; however, they continue to earn vesting service towards their frozen benefit as of the date of the plans' freeze.

Participants may elect to receive their pension benefits in the following payment forms:

- A single life annuity, which pays a participant a monthly benefit for his/her lifetime. No benefit is paid to any beneficiary after the participant dies;
- A joint and survivor annuity, which pays a participant a reduced monthly benefit for his/her lifetime in order to continue to pay a portion of the participant's benefit to his/her beneficiary after death;
- A ten-year certain and lifetime annuity, which pays a participant a monthly benefit for his/her lifetime, with a minimum guarantee of ten years of payments.

If employees terminate before rendering five years of service, they forfeit the right to receive their accumulated plan benefits. After five years of service, employees will receive the value of their accumulated plan benefits as a lump-sum distribution upon termination, if the value of the vested benefits is \$50,000 or less.

Participants who become disabled after age 50 but before age 65, and have completed 15 or more years of vesting service, will be eligible for a disability retirement benefit from the Plan.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Investments, Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. The Plan invests in mutual funds and collective trust funds. See Note 3 for a discussion of fair value measurements.

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

Cash

The Plan maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant credit risk on cash.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan is administered by the Pension and Savings Committee. All expenses of the Plan are paid by the Plan. Expenses specifically related to the Plan (e.g., actuary, audit, etc.) are included under administrative expenses, and expenses paid to fund managers related to the management of investments are included under investment expenses in the Statements of Changes in Net Assets Available for Benefits.

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits as of the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date, the changes in net assets available for benefits during the reporting period, the changes in actuarial present value of accumulated plan benefits, and when applicable, the disclosures of contingent assets and liabilities as of the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plan 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 will occur in the near term and that the effect of such changes could be material to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties (Continued)

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Market risks include global events such as an international conflict which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Subsequent Events

The Plan administrator has evaluated subsequent events through June 15, 2026, the date that the financial statements were available to be issued, and believes that there were no material or significant events requiring adjustments or disclosure.

Note 3 - Fair Value Measurements

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

Level I – Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level II – Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level II input must be observable for substantially the full term of the asset or liability.

Level III – Inputs that are unobservable inputs for the asset or liability.

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

The inputs or methodology used for valuing investments are not necessarily an indication of the risk associated with investing in those investments.

RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

Notes to Financial Statements

Note 3 - Fair Value Measurements (Continued)

The following is a description of the valuation methodologies used for the assets measured at fair value. There have been no changes in the methodologies used as of August 31, 2025 and 2024.

Mutual Funds - Valued at the net asset value of shares held by the Plan at year-end based on quoted prices in an active market.

Common/Collective Trusts - Valued at the NAV of units of the collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily with one day's notice. Were the Plan to initiate a full redemption of the collective trusts, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2025 and 2024.

Description	Assets at Fair Value as of August 31, 2025			
	Level I	Level II	Level III	Total
Mutual funds	\$ 3,612,375	\$ -	\$ -	\$ 3,612,375
Total investments in the fair value hierarchy	\$ 3,612,375	\$ -	\$ -	\$ 3,612,375
Investments measured at NAV practical expedient (a)				220,953,114
Total investments at fair value				\$ 224,565,489

RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

Notes to Financial Statements

Note 3 - Fair Value Measurements (Continued)

Description	Assets at Fair Value as of August 31, 2024			
	Level I	Level II	Level III	Total
Mutual funds	\$ 6,619,525	\$ -	\$ -	\$ 6,619,525
Total investments in the fair value hierarchy	\$ 6,619,525	\$ -	\$ -	\$ 6,619,525
Investments measured at NAV practical expedient (a)				228,829,797
Total investments at fair value				\$ 235,449,322

(a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The following table summarizes investments measured at fair value based on NAV per unit at:

Investments	Fair Value 8/31/2025	Fair Value 8/31/2024	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Units in common/ collective trusts (b)	\$ 220,953,114	\$ 228,829,797	\$ -	Daily	2 - 3 days
	\$ 220,953,114	\$ 228,829,797	\$ -		

(b) See above for descriptions of the investments.

The Plan's investment strategy is to utilize broadly diversified passive vehicles where appropriate, with an investment mix and risk profile to ensure that principal is preserved and enhanced over time.

The valuation methods described in this note may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Plan management 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 as of the reporting date.

RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

Notes to Financial Statements

Note 4 - Funding Policy and Accumulated Plan Benefits Information

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company's annual contribution to the Plan is based on the annual actuarial valuation of the Plan prepared by the consulting actuary, Aon Consulting, Inc. (Aon). Aon also provides certain administrative services for the Plan. For the Plan years ended August 31, 2025 and 2024, there was no contribution needed in order to meet the minimum funding requirements of ERISA.

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 are expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan accumulated based on employees' compensation during each year of credited service. 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.

The actuarial present value of accumulated plan benefits is determined as of the beginning of the year by the consulting 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 assumptions underlying the actuarial computations as of September 1, 2024 and 2023 are as follows:

- Mortality – As prescribed by the IRS, the weighted pri-2012 mortality table for employees and healthy annuitants excluding survivors projected generationally from 2012 with Scale MP-2021 were used to calculate the actuarial present value of accumulated plan benefits at September 1, 2024; the weighted pri-2012 mortality table for employees and healthy annuitants excluding survivors projected generationally from 2012 with Scale MP-2023 were used to calculate the actuarial present value of accumulated plan benefits at September 1, 2023.
- Retirement – Age-related retirement rates from age 55 through 69 for active employees are reflective of recent retirement experience. All active employees age 70 and over are assumed to have a 100% chance to retire. Terminated vested participants are assumed to retire at age 62.
- Interest rate – 6.10% as of September 1, 2024 and 6.48% as of September 1, 2023.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue to operate as a going concern. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of September 1, 2024 and 2023. Had the valuations been performed as of August 31, there would be no material differences.

RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

Notes to Financial Statements

Note 4 - Funding Policy and Accumulated Plan Benefits Information (Continued)

The actuarial present value of accumulated plan benefits as of September 1, 2024 is as follows:

Vested benefits:	
Participants currently receiving payments	\$ 172,974,339
Other participants	<u>32,543,868</u>
Total vested benefits	205,518,207
Nonvested benefits	<u>104,236</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 205,622,443</u>

The changes in the actuarial present value of accumulated plan benefits at September 1, 2024 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>204,096,139</u>
Change from year to year:	
Interest due to decrease in the discount period	12,713,495
Benefits paid	(16,052,406)
Assumption changes	6,311,350
Other changes	<u>(1,446,135)</u>
Change for the year	<u>1,526,304</u>
Actuarial present value of accumulated plan benefits at September 1, 2024	<u>\$ 205,622,443</u>

Note 5 - Tax Status of the Plan

The Plan obtained its latest determination letter on March 1, 2016. The Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving this determination letter. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.

Notes to Financial Statements

Note 5 - Tax Status of the Plan (Continued)

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 tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of August 31, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6 - Information Certified by the Trustee

The Plan's investments are held by State Street, the trustee of the Plan. The fair value of investments as of August 31, 2025 and 2024 and all investment transactions for the years then ended, including interest, dividends and net appreciation in fair values, are reported to the Plan and certified as complete and accurate by the trustee. Information included in the supplemental schedules has also been derived from information certified by the trustee. The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 7 - Plan Termination Priorities

Although it has not expressed any intention to do so, the Company has the right, under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan Document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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

**RETIREMENT PLAN FOR EMPLOYEES OF
OCEAN SPRAY CRANBERRIES, INC.**

Notes to Financial Statements

Note 8 - Related Party and Party-in-Interest Transactions

A portion of the Plan invests in funds which are sponsored by State Street, and therefore, these transactions qualify as party-in-interest transactions. Fees paid to State Street were \$93,093 and \$113,133 for the years ended August 31, 2025 and 2024, respectively. Investment expenses paid to the Plan's fund managers qualify as party-in-interest transactions. Fees paid to the Plan's independent auditor and Aon also qualify as party-in-interest transactions.

Supplemental Schedules

**RETIREMENT PLAN FOR EMPLOYEES OF
OCEAN SPRAY CRANBERRIES, INC.**

(E.I.N. 04-1215610 - Plan Number 002)

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

August 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	PIMCO All Asset Fund	Mutual Fund	\$ 2,065,132	\$ 2,093,521
*	State Street Institutional US Government Money Market Investment	Mutual Fund	1,518,854	1,518,854
*	State Street S&P 500 Flagship Securities Lending Fund	Common/Collective Trust	2,840,191	6,510,007
*	State Street Long U.S. Credit Index Non-Lending Fund	Common/Collective Trust	72,902,072	74,922,337
*	State Street Long U.S. Treasury Index Non-Lending Fund	Common/Collective Trust	31,972,221	28,540,359
	MSCI EAFE 100% Hedged to USD	Common/Collective Trust	1,680,450	2,184,525
*	State Street Intermediate U.S. Credit Index Non-Lending Fund	Common/Collective Trust	45,071,529	49,728,336
	MSCI EAFE Index Non-Lending Fund	Common/Collective Trust	1,991,306	2,441,351
*	State Street FTSE RAFI U.S. 1000 Index Non-Lending CTF	Common/Collective Trust	2,041,074	2,657,045
	NEPC Emerging Markets Equity	Common/Collective Trust	1,360,051	1,765,042
	NEPC Global Equity CIT	Common/Collective Trust	4,494,290	5,819,569
*	State Street U.S. Treasury Index Non-Lending CTF	Common/Collective Trust	37,188,480	39,317,289
	NEPC Diversified Credit CIT	Common/Collective Trust	4,753,311	5,295,508
	NEPC US Small Cap Equity CIT	Common/Collective Trust	1,423,308	1,771,746
			\$ 211,302,269	\$ 224,565,489

* Party-in-interest as defined by ERISA.

**RETIREMENT PLAN FOR EMPLOYEES OF
OCEAN SPRAY CRANBERRIES, INC.**

(E.I.N. 04-1215610 - Plan Number 002)

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended August 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<i>Identity of Party Involved</i>	<i>Description of Asset</i>	<i>Purchase Price</i>	<i>Selling Price</i>	<i>Lease Rental</i>	<i>Expense Incurred with Transaction</i>	<i>Cost of Asset</i>	<i>Current Value of Asset on Transaction Date</i>	<i>Net Gain (Loss)</i>
Series of transactions								
* State Street Bank and Trust Company	State Street Institutional US Government Money Market	\$ 20,699,593	\$ 20,838,505	\$ -	\$ -	\$ 20,838,505	\$ 41,538,098	\$ -
* Party-in-interest as defined by ERISA.								

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data
as of September 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					4					
40-44					16	3				
45-49					11	8	3			
50-54				1	17	14	11	3		
55-59					21	11	18	8	9	1
60-64				1	11	3	17	11	12	9
65-69					5	3	4	2		7
70+					1					

N-245

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of May 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	4.84%
2nd Segment Rate	5.24%
3rd Segment Rate	5.59%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of May 2024), without regard to interest rate stabilization

1st Segment Rate	4.84%
2nd Segment Rate	5.24%
3rd Segment Rate	5.22%

Interest Rates for PBGC Purposes

Based on segment rates as of the month prior to the beginning of the plan year (i.e., as of August 2024), as required for the PBGC Standard Premium Funding Target

1st Segment Rate	4.50%
2nd Segment Rate	4.96%
3rd Segment Rate	5.40%

Salary Increases

Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%

Social Security Wage Base Increases

Future wage indices are based on a national wage increase of 3.50% per year.

Retirement Age

Active Participants	See Tables 1 – 2
Terminated Vested Participants	Age 62

Mortality Rates

Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
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Withdrawal Rates

See Table 3

Disability Rates

See Table 4

Decrement Timing

Beginning of year decrements.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Surviving Spouse Benefit

It is assumed that 85% of males and 55% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation

2024 salary provided in the data

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Value of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

6.15%, limited to 5.92%

2023 Plan Year

6.48%, limited to 5.74%

2024 Plan Year

6.10%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

\$1,019,000 (assumed to be last year's actual non-PBGC expenses, plus expected current year PBGC expense, rounded up to the next thousand)

Actuarial Cost Method

Standard unit credit cost method

Valuation Date

September 1, 2024

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Rates — Hourly Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	10.00%
60	20.00%
61	20.00%
62	20.00%
63	20.00%
64	30.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Table 2

Retirement Rates — Salaried Participants

Age	Rate
55	12.00%
56	12.00%
57	12.00%
58	15.00%
59	15.00%
60	20.00%
61	20.00%
62	30.00%
63	30.00%
64	35.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Table 3

Withdrawal Rates — Hourly and Salaried Participants

Age	Rate	Age	Rate
15	0.00%	45	12.00%
16	0.00%	46	12.00%
17	0.00%	47	12.00%
18	22.00%	48	12.00%
19	22.00%	49	12.00%
20	22.00%	50	10.00%
21	22.00%	51	10.00%
22	22.00%	52	10.00%
23	22.00%	53	10.00%
24	22.00%	54	10.00%
25	20.00%	55+	0.00%
26	20.00%		
27	20.00%		
28	20.00%		
29	20.00%		
30	18.00%		
31	18.00%		
32	18.00%		
33	18.00%		
34	18.00%		
35	16.00%		
36	16.00%		
37	16.00%		
38	16.00%		
39	16.00%		
40	14.00%		
41	14.00%		
42	14.00%		
43	14.00%		
44	14.00%		

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Table 4

Disability Rates — Hourly and Salaried Participants

Age	Rate	Age	Rate
15	0.000%	45	0.259%
16	0.000%	46	0.287%
17	0.000%	47	0.322%
18	0.026%	48	0.360%
19	0.028%	49	0.401%
20	0.030%	50	0.448%
21	0.031%	51	0.502%
22	0.034%	52	0.568%
23	0.036%	53	0.648%
24	0.040%	54	0.744%
25	0.043%	55	0.845%
26	0.047%	56	0.941%
27	0.051%	57	1.026%
28	0.055%	58	1.084%
29	0.059%	59	1.143%
30	0.064%	60	1.204%
31	0.068%	61	1.263%
32	0.075%	62	1.320%
33	0.081%	63	1.390%
34	0.090%	64	1.463%
35	0.098%	65	1.540%
36	0.108%	66	1.622%
37	0.119%	67	1.710%
38	0.131%	68	1.804%
39	0.143%	69	1.902%
40	0.158%	70+	0.000%
41	0.174%		
42	0.193%		
43	0.213%		
44	0.234%		

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 09/01/2024 and ending 08/31/2025	
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) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 09/01/1974
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) OCEAN SPRAY CRANBERRIES, INC. SARA VAUGHAN ONE OCEAN SPRAY DRIVE LAKEVILLE-MIDDLEBORO MA 02349	2b Employer Identification Number (EIN) 04-1215610 2c Plan Sponsor's telephone number 508-946-1000 2d Business code (see instructions) 311900

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		6/12/2026	SARA VAUGHAN
	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

**RETIREMENT PLAN FOR EMPLOYEES OF
OCEAN SPRAY CRANBERRIES, INC.**

(E.I.N. 04-1215610 - Plan Number 002)

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended August 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<i>Identity of Party Involved</i>	<i>Description of Asset</i>	<i>Purchase Price</i>	<i>Selling Price</i>	<i>Lease Rental</i>	<i>Expense Incurred with Transaction</i>	<i>Cost of Asset</i>	<i>Current Value of Asset on Transaction Date</i>	<i>Net Gain (Loss)</i>
Series of transactions								
* State Street Bank and Trust Company	State Street Institutional US Government Money Market	\$ 20,699,593	\$ 20,838,505	\$ -	\$ -	\$ 20,838,505	\$ 41,538,098	\$ -
* Party-in-interest as defined by ERISA.								

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 09/01/2024 and ending 08/31/2025

▶ 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 RETIREMENT PLAN FOR EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OCEAN SPRAY CRANBERRIES, INC.	D Employer Identification Number (EIN) 04-1215610
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 09 Day 01 Year 2024			
2 Assets:			
a Market value		2a	235,452,452
b Actuarial value		2b	232,016,528
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	1,358	182,854,338	182,854,338
b For terminated vested participants	435	16,393,772	16,393,772
c For active participants	245	18,824,881	18,932,307
d Total	2,038	218,072,991	218,180,417
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		5.29%
6 Target normal cost			
a Present value of current plan year accruals	6a		199,958
b Expected plan-related expenses	6b		1,019,000
c Target normal cost	6c		1,218,958

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	Sheryl Bogolub 	04/01/2026
Signature of actuary		Date
Sheryl Bogolub		2605538
Type or print name of actuary		Most recent enrollment number
Aon Consulting, Inc.		312-381-4800
Firm name		Telephone number (including area code)
MSC# 17510 P.O. Box 551343		
Atlanta GA 30355		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	30,411,156
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,960,926
9	Amount remaining (line 7 minus line 8)	0	28,450,230
10	Interest on line 9 using prior year's actual return of <u>10.06</u> %	0	2,862,093
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	31,312,323

Part III	Funding Percentages
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14	Funding target attainment percentage.....	14	91.99 %
15	Adjusted funding target attainment percentage.....	15	106.34 %
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	96.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0 18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.84 % 2nd segment: 5.24 % 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	1,218,958
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	17,476,212	1,651,248
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
			2,870,206
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	2,870,206
36	Additional cash requirement (line 34 minus line 35).....		36
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
40	Unpaid minimum required contributions for all years		40
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021		

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

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 and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

Hourly (a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	10.00%	0.8145	4.81
60	20.00%	0.7331	8.80
61	20.00%	0.5864	7.15
62	20.00%	0.4692	5.82
63	20.00%	0.3753	4.73
64	30.00%	0.3003	5.76
65	35.00%	0.2102	4.78
66	35.00%	0.1366	3.16
67	35.00%	0.0888	2.08
68	35.00%	0.0577	1.37
69	35.00%	0.0375	0.91
70	100.00%	0.0244	1.71
Weighted Average			61.55

Salaried (a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	12.00%	1.0000	6.60
56	12.00%	0.8800	5.91
57	12.00%	0.7744	5.30
58	15.00%	0.6815	5.93
59	15.00%	0.5793	5.13
60	20.00%	0.4924	5.91
61	20.00%	0.3939	4.81
62	30.00%	0.3151	5.86
63	30.00%	0.2206	4.17
64	35.00%	0.1544	3.46
65	35.00%	0.1004	2.28
66	35.00%	0.0652	1.51
67	35.00%	0.0424	0.99
68	35.00%	0.0276	0.66
69	35.00%	0.0179	0.43
70	100.00%	0.0116	0.82
Weighted Average			59.77

Number of Hourly Actives: 136

Number of Salaried Actives: 126

Weighted Average Retirement Age: $((136 * 61.55) + (126 * 59.77)) / 262 = 60.69$

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Schedule SB, line 26b — Schedule of Projection of Expected
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	432,923	0	16,932,267	17,365,190
2025	744,256	121,151	16,759,930	17,625,337
2026	998,310	428,491	16,403,114	17,829,915
2027	1,173,871	707,019	16,025,594	17,906,484
2028	1,300,635	871,753	15,624,935	17,797,323
2029	1,395,892	1,003,326	15,190,009	17,589,227
2030	1,457,698	1,105,630	14,720,593	17,283,921
2031	1,494,211	1,228,008	14,249,234	16,971,453
2032	1,516,447	1,323,495	13,754,289	16,594,231
2033	1,523,717	1,372,886	13,233,830	16,130,433
2034	1,525,067	1,417,931	12,694,710	15,637,708
2035	1,519,258	1,458,941	12,135,949	15,114,148
2036	1,504,521	1,454,896	11,557,242	14,516,659
2037	1,483,362	1,463,691	10,960,373	13,907,426
2038	1,454,734	1,450,841	10,347,706	13,253,281
2039	1,421,764	1,433,688	9,722,083	12,577,535
2040	1,384,413	1,415,158	9,086,904	11,886,475
2041	1,345,270	1,388,294	8,446,051	11,179,615
2042	1,300,607	1,358,605	7,803,747	10,462,959
2043	1,254,124	1,329,294	7,164,531	9,747,949
2044	1,204,354	1,293,910	6,533,212	9,031,476
2045	1,148,886	1,258,580	5,914,740	8,322,206
2046	1,091,179	1,217,328	5,314,058	7,622,565
2047	1,029,374	1,173,169	4,735,986	6,938,529
2048	964,764	1,126,065	4,185,020	6,275,849
2049	898,051	1,076,002	3,665,118	5,639,171
2050	830,437	1,023,019	3,179,642	5,033,098
2051	762,068	967,197	2,731,270	4,460,535
2052	693,989	908,705	2,321,983	3,924,677
2053	626,988	847,760	1,952,987	3,427,735
2054	561,839	784,612	1,624,620	2,971,071
2055	499,279	719,922	1,336,366	2,555,567
2056	439,996	654,451	1,086,885	2,181,332
2057	384,546	589,080	874,082	1,847,708
2058	333,339	524,743	695,256	1,553,338

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	286,644	462,379	547,248	1,296,271
2060	244,572	402,870	426,604	1,074,046
2061	207,112	346,992	329,774	883,878
2062	174,133	295,352	253,247	722,732
2063	145,405	248,377	193,686	587,468
2064	120,630	206,323	148,019	474,972
2065	99,469	169,271	113,493	382,233
2066	81,556	137,148	87,716	306,420
2067	66,520	109,745	68,667	244,932
2068	53,995	86,731	54,688	195,414
2069	43,631	67,700	44,451	155,782
2070	35,103	52,202	36,928	124,233
2071	28,120	39,765	31,339	99,224
2072	22,424	29,928	27,111	79,463
2073	17,793	22,255	23,835	63,883

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

General Information

Original Effective Date	September 1, 1974
Effective Date of Last Amendment	September 1, 2021

Eligibility

All employees who work more than 1,000 hours in their first year of employment are included in the plan as of their date of employment. Salaried employees hired on or after January 1, 2008 shall not be eligible for salaried benefits, and hourly employees hired on or after January 1, 2010 shall not be eligible for hourly benefits.

Service

Vesting service shall be measured in terms of completed years and completed calendar months. A participant shall be deemed to have completed a calendar month if he completes at least one hour of service in such month.

Credited service shall be measured in terms of completed years and completed calendar months. Note that this is separated for purposes of distinguishing salaried and hourly accrued benefits. A participant shall be deemed to have completed a calendar month if he completes at least one hour of service in such month.

A disqualifying period of severance occurs when an employee who was not 100% vested in his accrued benefit at the commencement of a period of severance incurs a period of severance on or after September 1, 1985 which equals or exceeds the greater of six years or the period of service which the employee completed prior to the period of severance.

If a participant incurs a disqualifying period of severance at a time when he has no vested interest in his accrued benefit, the participant's vesting service and credited service earned before such disqualifying period of severance shall be disregarded for all purposes of the plan.

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following attainment of age 65.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Normal Retirement Benefit

Salaried Benefit

The amount of monthly benefit based on service to normal retirement date shall be equal to (1) + (2), but not less than (3) or (4) if applicable:

- (1) 1.25% of average monthly compensation not in excess of covered compensation plus 1.75% of average monthly compensation in excess of covered compensation multiplied by years of salaried credited service prior to December 31, 2004 (up to a maximum of 25 years).
- (2) 1% of average monthly compensation multiplied by years of salaried credited service after December 31, 2004 (salaried credited service for (1) + (2) may not exceed 25 years).
- (3) \$8.00 plus 1.75% of the participant's average monthly salary (as of December 31, 1988) in excess of \$750 multiplied by his years of salaried credited service through December 31, 1988 (up to a maximum of 30 years).
- (4) For active participants on January 1, 1989 who as of such date had completed at least 10 years of salaried credited service, an amount equal to 1.25% of average monthly salary not in excess of \$750 plus 1.75% of average monthly salary in excess of \$750 multiplied by years of salaried credited service through December 31, 2004 (up to a maximum of 30 years).

The Henderson hourly participants will not accrue additional salaried credited service after December 31, 2004.

Benefit accruals ceased effective December 31, 2007 for participants not meeting grandfathering requirements. In order to be grandfathered, a participant needs to meet the following requirements: Participants that have 10 or more years of credited service in the Salaried Pension Plan and their age plus years of salaried credited service added together equals 60 or more provided, however, that a highly compensated employee (generally this means that they had 2006 W-2 earnings of \$100,000 or more) will not be grandfathered unless the employee has attained at least age 50 on or before December 31, 2007.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Hourly Benefit

The monthly benefit payable upon normal retirement is the unit rate applicable, multiplied by the participant's hourly credited service (up to a maximum of 30 years). Effective September 1, 2002, the benefit unit is \$45.00 for participants at Bordentown and Chatsworth, New Jersey; \$25.00 for participants at Sulphur Springs, Texas and Babcock and Tomah, Wisconsin. Effective January 1, 2003, the benefit unit is \$25.00 for participants at Long Beach, Washington. Effective September 1, 2003, the benefit unit is \$23.00 for participants at Vero Beach, Florida. Effective January 1, 2006, the benefit unit is \$25.00 for participants at Bandon, Oregon. Effective January 1, 2010, the benefit unit is \$28.00 for grandfathered participants at Sulphur Springs, Texas; Babcock, Tomah, and Wisconsin Rapids, Wisconsin; Bandon, Oregon; and Long Beach, Washington. Effective January 1, 2013, the benefit unit is \$31.00 for grandfathered participants at Sulphur Springs, Texas; Babcock, Tomah, and Wisconsin Rapids, Wisconsin; Bandon, Oregon; and Long Beach, Washington. Effective July 1, 2013, the benefit unit is \$45.00 for grandfathered participants at Lehigh Valley, Pennsylvania.

The benefit unit for grandfathered participants at Sulphur Springs, Texas; Babcock, Tomah, and Wisconsin Rapids, Wisconsin; and Bandon, Oregon is:

Effective Date	Benefit Unit
September 1, 2017	\$ 32.00
September 1, 2018	\$ 33.00
September 1, 2019	\$ 34.00
September 1, 2020	\$ 35.00
September 1, 2021	\$ 36.00

Effective December 31, 2004, the Henderson hourly participants will stop accruing salaried benefits and start accruing hourly benefits. Their unit rate is equal to the greater of \$40.00 or 1.25% of 2004 average monthly compensation rounded up to the nearest \$5.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Effective December 31, 2009, benefit accruals will cease for participants not meeting grandfathering requirements. In order to be grandfathered, a participant needs to meet the following requirements: A participant must have 10 or more years of hourly credited service, and his age plus years of credited service added together must equal 60 or more. For an employee at the Henderson, Nevada location who was a participant in the former Salaried Pension Plan on December 31, 2004, credited service shall mean the sum of years of credited service under the former Salaried Pension Plan prior to January 1, 2005 and years of credited service under the former Hourly Pension Plan.

Delayed Retirement

Salaried Participants

The benefit payable to an employee who retires after his normal retirement date shall be based on his average monthly compensation and his salaried credited service as of the date he actually retires.

Hourly Participants

The benefit payable to an employee who retires after his normal retirement date shall be based on his unit rate applicable and his hourly credited service as of the date he actually retires.

Average Compensation

Average monthly compensation is a five-year average of total compensation as reported on Form W-2, plus any 401(k) contributions plus any pre-tax medical contributions. Excluded from total compensation are items in the Form W-2 which are not actual wages such as imputed income for term life insurance in excess of \$50,000 or any automobile reimbursements or moving expenses.

Average monthly salary is a five-year average of base pay compensation.

Covered compensation is the average of the Social Security taxable wage base for the 35 years prior to retirement age.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Accrued Benefit

Salaried Participants

The accrued benefit at any time prior to a participant's normal retirement date shall be the normal retirement benefit calculated using average monthly compensation and salaried credited service as of the accrual date.

Hourly Participants

The accrued benefit at any time prior to a participant's normal retirement date shall be the normal retirement benefit calculated using the unit rate and hourly credited service as of the accrual date.

Early Retirement Benefit

Salaried Benefit

For benefits accrued prior to December 31, 2004, upon the attainment of age 55 a participant may elect to retire. The monthly benefit amount shall be determined as follows:

- If the participant has completed 10 years of vesting service the benefit is reduced by 6% per year by which the commencement date precedes age 62.
- If the participant has completed less than 10 years of vesting service the benefit is reduced by 6% per year by which the commencement date precedes age 65.

For benefits accrued under the new formula effective December 31, 2004 the reduction is 5% per year by which the commencement date precedes age 65.

Hourly Benefit

Upon the completion of 10 years of vesting service and the attainment of age 55, a participant may elect to retire. The benefit is payable in full, at age 62, or in a reduced amount if benefits commence before age 62. This reduction is ½% for each full month by which the commencement date precedes age 62.

Disability Retirement Benefit

A participant who has attained age 50 and completed 15 years of service and who becomes totally and permanently disabled is eligible to receive a disability retirement benefit. Hourly participants at the Bordentown facility will be eligible to receive disability benefits upon completion of 10 years of service. The amount of the benefit is computed as for normal retirement, based on the participant's credited service as of the date of his disability. The benefit is payable in full on his disability retirement date.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Death Benefit

A married participant (either active or inactive) who has five years of vesting service will automatically be covered by the preretirement death benefit coverage which provides a benefit to the surviving spouse upon the participant's death prior to retirement. The surviving spouse's benefit shall be equal to the benefit the spouse would have received had the participant retired on the date of his death and elected to receive benefits on a 50% joint and survivor basis. If death occurs before the participant is eligible for early retirement, the benefit is deferred until the participant would have been age 55.

Death benefits payable after retirement, if any, are payable in accordance with whichever option the retiree elected.

Deferred Vested Benefit

Upon the termination of employment after five or more years of vesting service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

The amount of the benefit shall be the accrued benefit as of his date of termination. A participant's deferred vested benefit shall commence in full on his normal retirement date or, at his option, in a reduced amount prior to his normal retirement date (but after age 55). Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The form of payment is normally a benefit payable in an unreduced amount as a single life annuity for unmarried participants or in a reduced amount on a joint and survivor basis for married participants. Optional forms of benefit payments are available on an actuarially equivalent basis.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

- (1) A reduced benefit to be paid during the participant's lifetime with one half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 66⅔%, 75% or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (4) Effective for benefit commencement dates on or after September 1, 2016, a participant may elect a lump sum distribution if it is \$25,000 or less. Effective for benefit commencement dates on or after November 1, 2019, a participant may elect a lump sum distribution if it is \$50,000 or less.

The optional methods of settlement for (1), (2), and (3) are actuarially equivalent to the normal form of payment on a unisex basis based on the UP 1984 Mortality Table and a 7.00% interest rate compounded annually. For lump sums, the actuarial equivalence is based on current IRC section 417(e) applicable mortality table and interest rate assumptions.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**RETIREMENT PLAN FOR EMPLOYEES OF
OCEAN SPRAY CRANBERRIES, INC.**

(E.I.N. 04-1215610 - Plan Number 002)

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

August 31, 2025

(a)	(b) <i>Identity of Issue</i>	(c) <i>Description of Investment</i>	(d) Cost	(e) Current Value
	PIMCO All Asset Fund	Mutual Fund	\$ 2,065,132	\$ 2,093,521
*	State Street Institutional US Government Money Market Investment	Mutual Fund	1,518,854	1,518,854
*	State Street S&P 500 Flagship Securities Lending Fund	Common/Collective Trust	2,840,191	6,510,007
*	State Street Long U.S. Credit Index Non-Lending Fund	Common/Collective Trust	72,902,072	74,922,337
*	State Street Long U.S. Treasury Index Non-Lending Fund	Common/Collective Trust	31,972,221	28,540,359
	MSCI EAFE 100% Hedged to USD	Common/Collective Trust	1,680,450	2,184,525
*	State Street Intermediate U.S. Credit Index Non-Lending Fund	Common/Collective Trust	45,071,529	49,728,336
	MSCI EAFE Index Non-Lending Fund	Common/Collective Trust	1,991,306	2,441,351
*	State Street FTSE RAFI U.S. 1000 Index Non-Lending CTF	Common/Collective Trust	2,041,074	2,657,045
	NEPC Emerging Markets Equity	Common/Collective Trust	1,360,051	1,765,042
	NEPC Global Equity CIT	Common/Collective Trust	4,494,290	5,819,569
*	State Street U.S. Treasury Index Non-Lending CTF	Common/Collective Trust	37,188,480	39,317,289
	NEPC Diversified Credit CIT	Common/Collective Trust	4,753,311	5,295,508
	NEPC US Small Cap Equity CIT	Common/Collective Trust	1,423,308	1,771,746
			\$ 211,302,269	\$ 224,565,489

* Party-in-interest as defined by ERISA.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 6,869,911	September 1, 2023	14	\$ 667,487
Shortfall	\$ 10,606,301	September 1, 2024	15	\$ 983,761

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Plan for Employees of Ocean Spray Cranberries, Inc.
EIN: 04-1215610 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on assets from 6.48 percent to 6.10 percent.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.