

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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) _____ ☐ 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 FOSTER FARMS GROUP PENSION PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/1990
2a	Plan sponsor's name (employer, if for a single-employer plan) 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) FOSTER POULTRY FARMS PO BOX 457 LIVINGSTON, CA 95334
2b	Employer Identification Number (EIN) 94-2382364
2c	Plan Sponsor's telephone number 209-394-7901
2d	Business code (see instructions) 112300

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.	09/18/2026	JAMES RICHARDS
	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 6544
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) 2026 6a(2) 1674 6b 1744 6c 2755 6d 6173 6e 310 6f 6483 6g(1) 6g(2) 6h 10
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 Characteristic Codes in the instructions:

1A 1I 3H 1C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
▶ 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 FOSTER FARMS GROUP PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FOSTER POULTRY FARMS	D Employer Identification Number (EIN) 94-2382364
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	381646329	
b	Actuarial value	2b	379075798	
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	1703	240528379	240528379
b	For terminated vested participants	2815	121716693	121716693
c	For active participants	2026	108929374	108936422
d	Total	6544	471174446	471181494
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	5.38 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	6171000	
c	Target normal cost	6c	6171000	

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

SIGN HERE	Signature of actuary IAN ROBERTS Type or print name of actuary FIDELITY INVESTMENTS Firm name 100 CALIFORNIA STREET SUITE 1200 SAN FRANCISCO, CA 94111 Address of the firm	09/18/2026 Date 26-07992 Most recent enrollment number 303-824-2669 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4940896
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4940896
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>3.47</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5076
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>5.20</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		176
c Total available at beginning of current plan year to add to prefunding balance		5252
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	80.45 %
15 Adjusted funding target attainment percentage	15	81.12 %
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	88.87 %
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
04/10/2025	2760000	0			
07/14/2025	2760000	0			
10/14/2025	2760000	0			
01/12/2026	2760000	0			
09/14/2026	5080000	0			
Totals ►			18(b)	16120000	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	15315854

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:
5.07 %2nd segment:
5.31 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

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**

6171000

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

0

32 Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

92105696

9139406

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**

15310406

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

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

15310406

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

15315854

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

5448

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

0

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

0

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

0

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

SCHEDULE 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
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan FOSTER FARMS GROUP PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 FOSTER POULTRY FARMS	D Employer Identification Number (EIN) 94-2382364	

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
BANK OF NEW YORK MELLON
13-5160382

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

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

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

GOLDMAN SACHS

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INV MGMT	636960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID INV INST OPS CO

04-2647786

(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 15 50	ACTUARY/ RECORDKEEPER	609322	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(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	125445	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)

ACADIAN ASSET MANAGEMENT

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INV ADVISOR	95868	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATHERTON & ASSOCIATES LLP

13-3575635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDIT	46500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50	INV ADVISOR	18471	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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan FOSTER FARMS GROUP PENSION PLAN		B Three-digit plan number (PN) ▶ 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FOSTER POULTRY FARMS		D Employer Identification Number (EIN) 94-2382364
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: RUSSELL 1000 INDEX NON-LENDABLE FD		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 26-4040281-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102816605
a Name of MTIA, CCT, PSA, or 103-12 IE: HEDGE FUND OPPORTUNITIES INST LTD		
b Name of sponsor of entity listed in (a): GOLDMAN SACHS HEDGE FUND STRATEGIES, LLC		
c EIN-PN 98-0551709-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7675145
a Name of MTIA, CCT, PSA, or 103-12 IE: GSCIT TACTICAL EXPOSURE FUND		
b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY N.A.		
c EIN-PN 13-4166989-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13138742
a Name of MTIA, CCT, PSA, or 103-12 IE: GSCIT INTERMEDIATE DURATION CREDIT		
b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY N.A.		
c EIN-PN 13-4166989-034	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40326982
a Name of MTIA, CCT, PSA, or 103-12 IE: GSCIT LONG DURATION PLUS FIXED INC		
b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY N.A.		
c EIN-PN 13-4166989-016	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56108281
a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN INTERNATIONAL SMALL CAP		
b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC		
c EIN-PN 04-2929221-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9512462
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF INTERNATIONAL RESEARCH EQTY		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY N.A.		
c EIN-PN 04-2767481-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24779585
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Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS HERITAGE TRUST CO CIT- MFS INTL**b** Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY**c** EIN-PN 57-1187281-013**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24316017**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan FOSTER FARMS GROUP PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 FOSTER POULTRY FARMS	D Employer Identification Number (EIN) 94-2382364

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	0	63
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	373870	1330502
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31010221	38570781
(2) U.S. Government securities	1c(2)	28583667	39954557
(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)	4050338	3656743
(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)	251643410	261486211
(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)	15905303	17187607
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	50606617	53067743
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e).....	1f	382173426	415254207

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness.....	1i		
1j Other liabilities.....	1j	4499241	2314215
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	4499241	2314215

Net Assets

1l Net assets (subtract line 1k from line 1f).....	1l	377674185	412939992
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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)	12310000	
(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)		12310000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	247073	
(B) U.S. Government securities	2b(1)(B)	1498930	
(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)		1746003
(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)	2113914	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2113914
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	19715652	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12748233	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		6967419
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1930615	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1930615

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		35574859
(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)		3782305
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4977200
c Other income	2c		232259
d Total income. Add all income amounts in column (b) and enter total	2d		65773344

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23250954	
(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)		
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)	454307	
(4) IQPA audit fees	2i(4)	46500	
(5) Investment advisory and investment management fees	2i(5)	1063933	
(6) Bank or trust company trustee/custodial fees	2i(6)	125445	
(7) Actuarial fees	2i(7)	155015	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	5411383	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7256583
			30507537

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		35265807
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: **ATHERTON & ASSOCIATES, LLP**

(2) EIN: **94-1239084**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 581537.

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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan FOSTER FARMS GROUP PENSION PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 FOSTER POULTRY FARMS		D Employer Identification Number (EIN) 94-2382364
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): 25-1926855		
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 30
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) 2025 v. 250312		

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: 33.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 59.0 %

High-Yield Debt: 7.0 % Real Assets: _____ % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26b Schedule of Projection of Expected Benefit Payments	2025
		This Form is Open to Public Inspection

Name of Plan	FOSTER FARMS GROUP PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	94-2382364	PN	003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1214961	1164303	21423008	23802272
2026	2249366	2063707	21127618	25440691
2027	3280598	2758597	20798908	26838103
2028	4164729	3434634	20441142	28040505
2029	4934169	4521560	20056319	29512048
2030	5653656	5125399	19643092	30422147
2031	6304864	5601161	19196442	31102467
2032	6888923	6197084	18705537	31791544
2033	7355558	6870147	18167744	32393449
2034	7751672	7605467	17574954	32932093
2035	8047722	8281207	16973945	33302874
2036	8297885	8613004	16335593	33246482
2037	8500839	8983622	15646705	33131166
2038	8660953	9409368	14928585	32998906
2039	8784679	9663729	14178409	32626817
2040	8900912	9926923	13407631	32235466
2041	8980482	10100902	12616141	31697525
2042	9044207	10313844	11805465	31163516
2043	9092308	10418638	10981513	30492459
2044	9054902	10551586	10150753	29757241
2045	8999722	10744704	9320065	29064491
2046	8903993	10805246	8496607	28205846
2047	8736680	10845008	7687765	27269453
2048	8570922	10846375	6900944	26318241
2049	8406113	10744409	6143418	25293940

Name of Plan	FOSTER FARMS GROUP PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	94-2382364	PN	003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	8175614	10671063	5422071	24268748
2051	7896515	10533811	4743136	23173462
2052	7574576	10322701	4111817	22009094
2053	7213800	10072745	3532113	20818658
2054	6845277	9755367	3006609	19607253
2055	6462060	9417599	2536337	18415996
2056	6075387	9010440	2120906	17206733
2057	5689001	8605847	1758557	16053405
2058	5314186	8184997	1446423	14945606
2059	4932267	7736374	1180781	13849422
2060	4566174	7266732	957304	12790210
2061	4204660	6803143	771319	11779122
2062	3862563	6342847	618065	10823475
2063	3535933	5892170	492911	9921014
2064	3228381	5456595	391496	9076472
2065	2938674	5038029	309850	8286553
2066	2667047	4637838	244446	7549331
2067	2412820	4256894	192258	6861972
2068	2175102	3895563	150741	6221406
2069	1953154	3553850	117784	5624788
2070	1746251	3231503	91680	5069434
2071	1553797	2928081	71037	4552915
2072	1375289	2643048	54745	4073082
2073	1210286	2375825	41925	3628036
2074	1058434	2125873	31873	3216180

**FOSTER FARMS GROUP
PENSION PLAN**

FINANCIAL STATEMENTS

**YEARS ENDED
DECEMBER 31, 2025 AND 2024**



ATHERTON
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INDEPENDENT AUDITOR'S REPORT

August 17, 2026

Administrative Committee
Foster Farms Group Pension Plan
Livingston, California

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

We have performed audits of the financial statements of Foster Farms Group Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, the related statement of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements (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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution, The Bank of New York Mellon/BNY Mellon, N.A., as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Loren Kuntz | Rebecca Terpstra | Craig Schaurer | Marissa Williams | Jackie Howell | Natayla Mann | Kimberly Egger

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

Basis for Opinion

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

Emphasis of Matter – Plan Freeze

As discussed in Note 1 to the financial statements, the Plan was amended to freeze further participation in the Plan and cease the future accrual of benefits under the Plan for certain groups of the Plan. As of December 31, 2022, the Plan is considered fully frozen. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets Held at End of Year as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Atherton & Associates, LLP

FOSTER FARMS GROUP PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Cash	\$ 63	\$ -
Investments, at fair value		
Cash equivalents	38,570,781	31,010,221
Mutual funds	53,067,743	50,606,520
Common collective trusts	261,486,211	251,643,410
103-12 investment entity	7,675,145	6,944,475
U.S. government securities	39,954,558	28,583,667
Corporate common stocks	<u>13,169,205</u>	<u>13,011,265</u>
Total investments	<u>413,923,643</u>	<u>381,799,558</u>
Receivables		
Employer contribution	7,840,000	4,030,000
Securities sold	505,590	373,869
Other	<u>3,642</u>	<u>-</u>
Total receivables	<u>8,349,232</u>	<u>4,403,869</u>
Total assets	<u>422,272,938</u>	<u>386,203,427</u>
LIABILITIES		
Accrued expenses	204,409	410,830
Other payable	<u>1,492,944</u>	<u>4,499,241</u>
Total liabilities	<u>1,697,353</u>	<u>4,910,071</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 420,575,585</u>	<u>\$ 381,293,356</u>

FOSTER FARMS GROUP PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 49,603,429	\$ 9,350,121
Interest and dividends	<u>3,859,917</u>	<u>4,027,236</u>
Total investment income	<u>53,463,346</u>	<u>13,377,357</u>
Employer contributions	<u>16,120,000</u>	<u>6,430,000</u>
Total additions	<u>69,583,346</u>	<u>19,807,357</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants	23,250,954	21,216,041
Administrative expenses	1,232,085	1,532,355
Pension Benefit Guaranty Corporation premiums	5,385,712	5,157,998
Other expenses	<u>432,366</u>	<u>33,678</u>
Total deductions	<u>30,301,117</u>	<u>27,940,072</u>
Net increase (decrease) in net assets	39,282,229	(8,132,715)
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	<u>381,293,356</u>	<u>389,426,071</u>
End of year	<u>\$ 420,575,585</u>	<u>\$ 381,293,356</u>

FOSTER FARMS GROUP PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

Vested benefits

Participants currently receiving payments \$ 211,303,023

Other participants 185,220,357

396,523,380

Nonvested benefits 5,173

TOTAL ACTUARIAL PRESENT VALUE OF
ACCUMULATED BENEFITS

\$ 396,528,553

FOSTER FARMS GROUP PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT DECEMBER 31, 2023	<u>\$ 389,397,033</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	2,767,612
Increase for interest due to the decrease in the discount period	25,579,950
Benefits paid	<u>(21,216,042)</u>
NET INCREASE	<u>7,131,520</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT DECEMBER 31, 2024	<u><u>\$ 396,528,553</u></u>

NOTES TO FINANCIAL STATEMENTS

FOSTER FARMS GROUP PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

Note 1 Description of the Plan

The following description of the Foster Farms Group Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General The Plan is a defined benefit pension plan covering eligible employees of the Companies within the Foster Farms Group. The following entities are included in the Foster Farms Group: Foster Poultry Farms and Foster Farms, LLC (the Companies). Employees for whom retirement benefits are subject to collective bargaining (unless such bargaining agreements specifically provide otherwise) are excluded. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. With the exception of Foster Dairy Farms, employees are eligible to participate under the plan on January 1 or July 1 coincident with or next following the first anniversary of hire, provided the employee completed 1,000 hours of service. The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America. The Plan is administered by the Administrative Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan was amended to freeze further participation in the Plan and cease the future accrual of benefits under the Plan (i) as of April 30, 2019 for all non-union employees, and (ii) as of the freeze date (if any) established under the applicable collective bargaining agreement covering each union group. Effective January 31, 2020, the Plan further froze participation in the Plan and cease the future accrual of benefits under the Plan for all Corvallis union employees. Effective March 31, 2022, the Plan froze participation for the remaining select group of legacy employees in Kelso union. As of December 31, 2022, the plan is considered fully frozen.

Other Receivable Includes foreign currency fluctuations as of December 31, 2025 due to outstanding contracts.

Other Payable Includes investments traded but not yet paid out as of December 31, 2025 and 2024.

Pension Benefits Employees with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to 1.5% of the employee's average annual compensation, based on the highest five consecutive years, over the last eleven years plus 0.65% of employees' average annual compensation in excess of covered compensation, multiplied by the employee's years of benefit service as defined by the Plan. The Plan permits early retirement at ages 55-64. Employees may elect a joint and survivor annuity with a designated beneficiary (spouse or domestic partner) or a life annuity with terms of 5, 10, or 15 years (with designated beneficiary).

Effective October 1, 2012, if the actuarial equivalent lump sum value of a participant's or beneficiary's benefit prior to commencement of payment is \$5,000 or less, the Plan will immediately make payment of the entire actuarial equivalent value of the participant's or beneficiary's accrued benefit in a single sum without the consent of the participant or beneficiary provided that any such lump sum that exceeds \$1,000 shall be transferred directly to an individual retirement account selected by the Plan's committee, unless such participant or beneficiary elects to receive the lump sum directly in accordance with Plan guidelines.

Death Benefits If a participant is vested in the Plan but dies before payments begin, the Plan will pay a benefit to the spouse equal to the amount the participant could have received if age 65 had been attained and the normal form of payment was elected, 50% survivor option. A reduced benefit is paid if the spouse begins to receive benefits prior to the participant's normal retirement, age 65.

FOSTER FARMS GROUP PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

Note 1 Description of the Plan (Continued)

Vesting Employees are 100% vested after five years of credited vesting service. Employees who have worked a minimum of 1,000 hours during a calendar year receive credit for one year of vesting service.

Administrative Expenses Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan. Most administrative expenses are paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Secure 2.0 Act On December 29, 2022, the Consolidated Appropriations Act of 2023 was signed into law, which includes the package of retirement provisions referred to as Secure 2.0. These provisions continue the themes and reforms that began with the 2019 Secure Act, focusing on getting more participants into the retirement system and finding ways for them to accumulate more assets. These changes have various effective dates starting in 2023 and forward. Since the provisions include both required and optional elements, the Plan Administrator will determine the optional provisions to elect.

Note 2 Summary of Accounting Policies

Basis of Accounting The Plan's financial statements are prepared on the accrual basis of accounting.

Investment Valuations and Income Recognition Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Sponsor determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, or trustees.

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

Accounting for Uncertainty in Income Taxes 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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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

FOSTER FARMS GROUP PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

Note 2 Summary of Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the employees for services rendered. Accumulated plan benefits include benefits 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 are based on an employee's average annual compensation during the last eleven years of employment by considering only the five consecutive years of service, during this period, in which compensation is highest. The accumulated plan benefits for active employees are based on their average annual compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, 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 by an independent actuary from Fidelity Workplace Investing LLC, and it is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2024, were (a) life expectancy of the individuals (Pri-2012 Blue Collar Mortality Tables with Scale MP-2021 Mortality Improvement Scale was used), (b) retirement age assumptions (the assumed average retirement age was 65) and, (c) investment return. The interest rate used to discount the obligation was 5.80% for the year ended December 31, 2024. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions, and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024, there would be no material differences.

Plan Experience There was a liability loss during 2024 of approximately 0.70%, as a result of demographic experience. Assets returned approximately 3.50% during 2024 relative to an expected return of 6.75%, resulting in a gain.

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

Reclassifications Certain reclassifications were made to the 2024 financial statements to conform with the 2025 financial statement presentation. Such reclassifications had no effect on the net increase in net assets as previously reported.

Use of Estimates The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of plan assets available for benefits and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Accordingly, actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

FOSTER FARMS GROUP PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

Note 2 Summary of Accounting Policies (Continued)

Subsequent Events In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through August 17, 2026, the date the financial statements were available to be issued.

Note 3 Information Prepared and Certified by the Trustee

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets at December 31:

	<u>2025</u>	<u>2024</u>
Cash equivalents	\$ 38,570,781	\$ 31,010,221
Mutual funds	53,067,743	50,606,520
Common collective trusts	261,486,211	251,643,410
103-12 investment entity	7,675,145	6,944,475
U.S. government securities	39,954,558	28,583,667
Corporate common stocks	13,169,205	13,011,265

The trustee also certified to the completeness and accuracy of \$49,603,429 and \$9,350,121 of net appreciation in fair value of investments for the years ended December 31, 2025 and 2024, respectively. The trustee also certified to \$3,859,917 and \$4,027,236 of interest and dividend income for the years ended December 31, 2025 and 2024, respectively.

Note 4 Funding Policy

The Sponsor's funding policy is to make regular contributions to the Plan in amounts which will meet or exceed the annual ERISA minimum funding requirements. As of December 31, 2025 and 2024, the Sponsor accrued for contributions of \$7,840,000 and \$4,030,000, respectively. The Sponsor made employer contributions of \$16,120,000 and \$6,430,000, respectively, to the Plan for the years ended December 31, 2025 and 2024. The Sponsors may contribute more than the minimum funding requirements as required by ERISA to decrease Pension Benefit Guaranty Corporation (PBGC) variable expenses.

Note 5 Transactions with Parties-In-Interest

The Bank of New York Mellon/BNY Mellon, N.A., the Plan's trustee, Fidelity Workplace Investing LLC, the Plan's actuary and record-keeper, Goldman Sachs, the Plan's investment manager, and Atherton & Associates, LLP, the Plan's independent auditor, are parties-in-interest according to Section 3(14) of ERISA.

FOSTER FARMS GROUP PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

Note 6 Income Tax Status

The Plan obtained its latest determination letter on February 26, 2015 in which the Internal Revenue Service (IRS) stated that the Plan, designed as of February 14, 2014, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt at the financial statement date.

Note 7 Plan Termination

Although they have not expressed any intention to do so, the Companies have the right to terminate the Plan subject to the provisions set forth in ERISA. As defined in the Plan agreement, should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

Note 8 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs that are unobservable inputs for the asset or liability.

The asset's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

FOSTER FARMS GROUP PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

Note 8 Fair Value Measurements (Continued)

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

Cash equivalents: Valued using a market approach and is based upon unadjusted quoted prices for identical assets in active markets.

Mutual funds and common collective trusts: Valued at the daily closing price as reported by the investment. The investments are valued daily by the BNYM Institutional Accounting System platform (ZFM). Pricing of portfolios maintained on ZFM is based primarily on prices from several third-party vendors. These investments are required to publish their daily net asset value and to transact at that price. The investments held by the Plan are deemed to be actively traded.

U.S. government securities: Valued at the daily closing price as reported by the fund. Bond funds held by the Plan are treasury bonds that are registered with the United States Securities and Exchange Commission and the United States Commodity Futures Trading Commission. These funds are required to publish their daily NAV and to transact at that price. The bond funds held by the Plan are deemed to be actively traded.

Corporate common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

103-12 investment entity: The 103-12 investment entity invests in equity long/short, event driven, relative value, and tactical trading sectors through investment vehicles managed by trading advisors. Such investment vehicles are valued at the net asset value of underlying investments. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the entity will sell the investment vehicles for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the underlying investments, the investees reserves the right to require 45 to 90 days of notification in order to ensure that 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:

FOSTER FARMS GROUP PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

Note 8 Fair Value Measurements (Continued)

	December 31, 2025			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 38,570,781	\$ -	\$ -	\$ 38,570,781
Equity securities				
Mutual funds	53,067,743	-	-	53,067,743
Corporate common stocks	13,169,205	-	-	13,169,205
Common collective trusts	-	151,912,206	-	151,912,206
Fixed income securities				
U.S. government securities	39,954,558	-	-	39,954,558
Common collective trusts	<u>-</u>	<u>109,574,005</u>	<u>-</u>	<u>109,574,005</u>
Total assets at fair value in hierarchy	<u>\$144,762,287</u>	<u>\$261,486,211</u>	<u>\$ -</u>	406,248,498
Investments measured at net asset value (a)				<u>7,675,145</u>
Total assets at fair value				<u>\$413,923,643</u>

	December 31, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 31,010,221	\$ -	\$ -	\$ 31,010,221
Equity securities				
Mutual funds	50,606,520	-	-	50,606,520
Corporate common stocks	13,011,265	-	-	13,011,265
Common collective trusts	-	140,833,916	-	140,833,916
Fixed income securities				
U.S. government securities	28,583,667	-	-	28,583,667
Common collective trusts	<u>-</u>	<u>110,809,494</u>	<u>-</u>	<u>110,809,494</u>
Total assets at fair value in hierarchy	<u>\$123,211,673</u>	<u>\$251,643,410</u>	<u>\$ -</u>	374,855,083
Investments measured at net asset value (a)				<u>6,944,475</u>
Total assets at fair value				<u>\$381,799,558</u>

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

FOSTER FARMS GROUP PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

Note 8 Fair Value Measurements (Continued)

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Redemption Notice Period</u>
<u>December 31, 2025</u>				
103-12 investment entity	\$ 7,675,145	N/A	Monthly to Quarterly	45 to 90 days
<u>December 31, 2024</u>				
103-12 investment entity	\$ 6,944,475	N/A	Monthly to Quarterly	45 to 90 days

Note 9 Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31 to Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 420,575,585	\$ 381,293,356
Current year employer contribution receivable	(7,840,000)	(4,030,000)
Current year accrued expenses	204,409	410,830
Unreconciled difference	<u>(2)</u>	<u>(1)</u>
Net assets available for benefits per the Form 5500	<u>\$ 412,939,992</u>	<u>\$ 377,674,185</u>

The following is a reconciliation of change in net assets per the financial statements for the years ended December 31 to Form 5500:

	<u>2025</u>	<u>2024</u>
Net increase (decrease) in net assets per the financial statements	\$ 39,282,229	\$ (8,132,715)
Current year employer contribution receivable	(7,840,000)	(4,030,000)
Current year accrued expenses	204,409	410,830
Prior year employer contribution receivable	4,030,000	14,390,000
Prior year accrued expenses	(410,830)	(328,839)
Unreconciled difference	<u>(1)</u>	<u>(1)</u>
Net increase in net assets per the Form 5500	<u>\$ 35,265,807</u>	<u>\$ 2,309,275</u>

**SUPPLEMENTAL SCHEDULE -
FORM 5500 PURPOSES**

FOSTER FARMS GROUP PENSION PLAN

EIN 94-2382364

PLAN NUMBER 003

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

DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst		Cash equivalents	N/A	\$ 69,854
* The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst		Cash equivalents	N/A	3,247,964
* The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst		Cash equivalents	N/A	35,250,306
* The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst		Cash equivalents	N/A	827
* The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst		Cash equivalents	N/A	1,830
* The Bank of New York Mellon/BNY Mellon, N.A. - iShares MSCI USA Quality		Mutual funds	N/A	1,128,956
* The Bank of New York Mellon/BNY Mellon, N.A. - Invesco Main Street Small Cap		Mutual funds	N/A	12,449,452
* The Bank of New York Mellon/BNY Mellon, N.A. - Tactical Trading Managers		Mutual funds	N/A	2,573,846
* The Bank of New York Mellon/BNY Mellon, N.A. - Goldman Sachs Global Lower		Mutual funds	N/A	5,637,312
* The Bank of New York Mellon/BNY Mellon, N.A. - Multi Manager		Mutual funds	N/A	11,907,111
* The Bank of New York Mellon/BNY Mellon, N.A. - Pinebridge Highyield		Mutual funds	N/A	19,371,066
* The Bank of New York Mellon/BNY Mellon, N.A. - Russell 1000 Index		Common collective trusts	N/A	102,816,605
* The Bank of New York Mellon/BNY Mellon, N.A. - Wellington International Research Equity		Common collective trusts	N/A	24,779,584
* The Bank of New York Mellon/BNY Mellon, N.A. - GSTCO Tactical Exposure		Common collective trusts	N/A	13,138,742
* The Bank of New York Mellon/BNY Mellon, N.A. - GSTCO Intermediate Duration		Common collective trusts	N/A	40,326,982
* The Bank of New York Mellon/BNY Mellon, N.A. - Goldman Sachs C Long Core Fixed Income		Common collective trusts	N/A	56,108,281
* The Bank of New York Mellon/BNY Mellon, N.A. - MFS International Eq		Common collective trusts	N/A	24,316,017
* The Bank of New York Mellon/BNY Mellon, N.A. - Hedge Fund Opportunities		103-12 investment entity	N/A	7,675,145
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	11,032,375
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	236,681
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	2,836,387
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	13,423,459
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	6,021,658
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	5,031,040

FOSTER FARMS GROUP PENSION PLAN

EIN 94-2382364

PLAN NUMBER 003

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

DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Note	U.S. government securities	N/A	\$ 1,372,958
*	The Bank of New York Mellon/BNY Mellon, N.A. - Acadian International Small Cap	Corporate common stocks	N/A	9,512,462
*	The Bank of New York Mellon/BNY Mellon, N.A. - West Street Loan Partners V	Corporate common stocks	N/A	3,656,743
				<u>\$ 413,923,643</u>

* Designates party-in-interest

The above information has been certified by The Bank of New York Mellon/BNY Mellon, N.A.

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 26a – Schedule of Active Participant Data
Foster Poultry Farms
Foster Farms Group Pension Plan
For Plan Year Ended December 31, 2025

EIN: 94-2382364
Plan Number: 003

Age and Service Distribution of Active Members

Attained Age	Completed Years of Credited Service on January 1, 2025										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											
Number											0
Average Annual Benefit											
25-29											
Number	1	13	1								15
Average Annual Benefit	-	-	-								
30-34											
Number	2	79	14								95
Average Annual Benefit	-	\$1,451	-								\$1,804
35-39											
Number	1	69	44	21							135
Average Annual Benefit	-	\$1,939	\$4820	\$6,985							\$3,653
40-44											
Number	1	69	40	65	26						201
Average Annual Benefit	-	\$1,421	\$5,449	\$9,772	\$12,202						\$6,313
45-49											
Number		80	44	37	55	9					225
Average Annual Benefit		\$1,418	\$5,376	\$9,680	\$16,812	-					\$8,047
50-54											
Number	1	84	40	39	46	21	10				241
Average Annual Benefit	-	\$1,365	\$5,908	\$7,492	\$14,644	\$19,354	-				\$8,296
55-59											
Number		177	62	52	81	28	32	6			438
Average Annual Benefit		\$1,311	\$6,055	\$10,466	\$13,333	\$21,490	\$27,426	-			\$8,794
60-64											
Number		197	53	34	87	18	47	7			443
Average Annual Benefit		\$1,259	\$5,260	\$8,064	\$12,012	\$21,496	\$31,438	-			\$8,719
65-69											
Number	2	90	12	12	28	7	16	1			168
Average Annual Benefit	-	\$1,364	-	-	\$13,957	-	-	-			\$9,199
Over 69											
Number	1	43	6	5	4	2	3	1			65
Average Annual Benefit	-	\$1,210	-	-	-	-	-	-			\$4,823
Total											
Number	9	901	316	265	327	85	108	15	0	0	2,026
Average Annual Benefit	-	\$1,377	\$5,480	\$9,181	\$13,722	\$21,749	\$29,899	-	-	-	\$7,567

Actuarial Assumptions and Methods

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

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

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

	2025 Plan Year		2024 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First five years	5.07%	5.07%	4.75%	3.62%
Next 15 years	5.31%	5.33%	4.87%	4.46%
Over 20 years	5.50%	5.36%	5.59%	4.52%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Expected Long Term Return on Plan Assets: 6.75% (unchanged from prior year).

Salary Scale: Not Applicable.

Increase in Consumer Price Index (CPI): 2.50%.

Increase in Social Security Taxable Wage Base: 2.50%. This is based on the CPI assumption.

Administrative Expenses included in Target Normal Cost: Estimated to be \$6,171,000 (previously \$5,883,000). Estimated non-investment related administrative expenses paid from the Trust for the current plan year. Determined by taking the average of the prior two years' non-PBGC premium expenses (rounded to the nearest \$5,000) and adding the current year's estimated PBGC premiums.

Actuarial Assumptions and Methods (continued)

Mortality:

IRS Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. (unchanged from prior year).

Retirement Rates:

- Terminated Vested Participants: Age 65
- Active Participants: Rates varying by age. See table below:

Age	Percentage retiring during the year
55	6%
56	6%
57	4%
58	4%
59	4%
60	6%
61	8%
62	15%
63	12%
64	18%
65	30%
66	25%
67	25%
68	25%
69	25%
70	25%
71	25%
72 and over	100%

Actuarial Assumptions and Methods (continued)

Termination: Rates varying by age and service. Sample rates are shown below:

<u>Attained Age</u>	<u>Percentage leaving during the year</u>
20	35%
25	20%
30	15%
35	12%
40	9%
45	8%
50	6%
55	10%
60	10%

Marital Status: 85% of males and females are assumed married, with females 3 years younger than males.

Maximum Benefit: \$280,000 for 2025. For determining limitations under funding, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: \$350,000 for 2025. For determining limitations under funding, no future increases in the salary limit have been reflected.

Form of Payment: It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. This is a 50% Joint and Survivor Annuity for married participants and a Single Life Annuity for non-married participants. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

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

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

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

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

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

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

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

► **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 FOSTER FARMS GROUP PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FOSTER POULTRY FARMS	D Employer Identification Number (EIN) 94-2382364	
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 <u>01</u> Day <u>01</u> Year <u>2025</u>			
2	Assets:			
	a Market value	2a	381,646,329	
	b Actuarial value	2b	379,075,798	
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	1,703	240,528,379	240,528,379
	b For terminated vested participants	2,815	121,716,693	121,716,693
	c For active participants	2,026	108,929,374	108,936,422
	d Total	6,544	471,174,446	471,181,494
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	5.38 %	
6	Target normal cost			
	a Present value of current plan year accruals	6a	0	
	b Expected plan-related expenses	6b	6,171,000	
	c Target normal cost	6c	6,171,000	

Statement by Enrolled Actuary

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

SIGN HERE	Ian Roberts <i>IR</i> _____ Signature of actuary	<u>9/18/2026</u> _____ Date
	IAN ROBERTS _____ Type or print name of actuary	2607992 _____ Most recent enrollment number
	FIDELITY INVESTMENTS _____ Firm name	303-824-2669 _____ Telephone number (including area code)
	100 CALIFORNIA STREET SUITE 1200 SAN FRANCISCO CA 94111 _____ 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 ☐

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

Schedule SB (Form 5500) 2025
v. 250312

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	4,940,896
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,940,896
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>3.47</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5,076
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>5.20</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		176
c Total available at beginning of current plan year to add to prefunding balance		5,252
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	80.45 %
15 Adjusted funding target attainment percentage	15	81.12 %
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	88.87 %
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
04/10/2025	2,760,000	0			
07/14/2025	2,760,000	0			
10/14/2025	2,760,000	0			
01/12/2026	2,760,000	0			
09/14/2026	5,080,000	0			
Totals ►			18(b)	16,120,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	15,315,854

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: 5.07 % 2nd segment: 5.31 % 3rd segment: 5.50 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	63
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	6,171,000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	92,105,696	9,139,406
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	0
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	15,310,406
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....	36	15,310,406
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	15,315,854
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	5,448
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021		

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Foster Poultry Farms
Foster Farms Group Pension Plan
For Plan Year Ended December 31, 2025

EIN: 94-2382364
Plan Number: 003

Weighted average retirement age shown on line 22 has been calculated assuming a portion of each life that has not retired at each retirement age retires according to the assumed retirement rate shown below, using age 55 to first enter the table and assuming no decrements other than retirement in this calculation. The methodology is illustrated below:

<u>Age</u>	<u>Lives</u>		<u>Retirement Decrement</u>		<u>Lives Retiring</u>	<u>Age x Lives Retiring</u>
55	1,000,000	X	0.060	=	60,000	3,300,000
56	940,000	X	0.060	=	56,400	3,158,400
57	883,600	X	0.040	=	35,344	2,014,608
58	848,256	X	0.040	=	33,930	1,967,954
59	814,326	X	0.040	=	32,573	1,921,809
60	781,753	X	0.060	=	46,905	2,814,310
61	734,848	X	0.080	=	58,788	3,586,056
62	676,060	X	0.150	=	101,409	6,287,356
63	574,651	X	0.120	=	68,958	4,344,360
64	505,693	X	0.180	=	91,025	5,825,580
65	414,668	X	0.300	=	124,400	8,086,026
66	290,268	X	0.250	=	72,567	4,789,416
67	217,701	X	0.250	=	54,425	3,646,487
68	163,276	X	0.250	=	40,819	2,775,684
69	122,457	X	0.250	=	30,614	2,112,377
70	91,842	X	0.250	=	22,961	1,607,244
71	68,882	X	0.250	=	17,220	1,222,653
72	51,661	X	1.000	=	51,661	<u>3,719,621</u>
						63,179,940

Weighted Average Retirement Age: 63.1799

Plan Provisions

Name of Plan: Foster Farms Group Pension Plan

Employer Identification Number / Plan Number: 94-2382364/003

Effective Date: January 1, 1990. The plan was restated effective January 1, 2013 and the most recent plan amendment signed was on February 13, 2019. Effective December 31, 2022 the Dairy group was spun out of the Foster Farms Group Pension Plan.

Covered Employees: All eligible employees become eligible to participate under the plan on the first January or July 1 coincident with or next following the first anniversary of hire, provided the employee completed 1,000 hours of service. "Eligible employees" include any employee of the employer or a participating employer, excluding employees for whom retirement benefits are subject to good faith collective bargaining (unless such bargaining agreements specifically provide otherwise).

No employee shall become a participant in the Plan after April 30, 2019 or the applicable participation freeze date set forth in collective bargaining agreements for union employees.

Participation Date: Date of becoming a covered employee.

Freezing of Benefit Accruals: Effective April 30, 2019, all accruals under the Plan are frozen, unless specifically provided otherwise in a collective bargaining agreement. Accrued benefits as of this freeze date shall not increase based on any service or earnings changes.

Effective January 31, 2020, accruals under the Plan are frozen for the Corvallis union.

Effective March 31, 2022, accruals under the Plan are frozen for the Kelso union.

Effective March 31, 2022, all accruals under the Plan are frozen for all employees.

Definitions:

Vesting service: Service from date of hire to date of termination based on the number of hours worked during each calendar year. Employees must work at least 1,000 hours to earn vesting service during a calendar year.

Plan Provisions (continued)

Benefit service: Service from date of entry to date of termination based on the number of hours worked during each calendar year. Employees must work at least 1,000 hours to earn benefit service during a calendar year.

Covered compensation: A 35-year average of the Maximum Taxable Wages (MTW) under Social Security. The MTW is the annual limit on wages subject to the FICA tax for Social Security. The 35-year period ends with the year the employee reaches eligibility for an unreduced Social Security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the year of termination is used.

Final average earnings: The monthly average of the five consecutive calendar years' compensation out of the last eleven that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 401(k) plan.

Effective January 1, 2002, the compensation limit is increased to \$200,000, applied retroactively to all previous plan years, due to EGTRRA. This limit increases annually.

Normal retirement date (NRD): First of month coinciding with or next following the attainment of age 65.

Monthly pension benefit:

1.5% of final average earnings times benefit service up to 30 years

plus

.65% of final average earnings in excess of covered compensation times benefit service up to 30 years.

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Age 55 and five years of vesting service.

Postponed retirement: Retirement after NRD.

Plan Provisions (continued)

Vested termination: A participant is 100% vested upon completion of five years of vesting service. However, all participants become 100% vested upon reaching age 65.

Pre-retirement death benefit: 100% vested and married on date of death.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly pension benefit determined as of NRD.

Early retirement: Accrued benefit as of early retirement date, reduced by 1/180 for each of the first 60 months, and by 1/360 for each of the next 60 months, by which early retirement precedes normal retirement.

Postponed retirement: Monthly pension benefit determined as of actual retirement date.

Vested termination: The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at NRD. Optionally, if eligible for early retirement, the participant may elect to receive a reduced benefit commencing prior to NRD.

Disablement: None.

Pre-retirement death: The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if he had terminated on his date of death, survived to his NRD, elected to commence receiving his benefit as a qualified joint and survivor annuity, and died immediately thereafter. The benefit to the surviving spouse will commence on the participant's 65th birthday. The surviving spouse can elect to have benefits commence earlier, as early as the later of the participant's date of death or the participant's 55th birthday, but benefits will be reduced for early commencement.

Forms of Payment: Pre-retirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option, or if the participant elects and the spouse consents, another optional form offered by the plan.

Optional forms are converted based on actuarial equivalence using RP2000 unisex mortality and 6% discount rate.

Plan Provisions (continued)

Payment of Small Benefits: If the actuarial value of a participant's benefit is less than \$7,000, the benefit is paid in a single lump sum.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

FOSTER FARMS GROUP PENSION PLAN

EIN 94-2382364

PLAN NUMBER 003

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

DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst		Cash equivalents	N/A	\$ 69,854
* The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst		Cash equivalents	N/A	3,247,964
* The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst		Cash equivalents	N/A	35,250,306
* The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst		Cash equivalents	N/A	827
* The Bank of New York Mellon/BNY Mellon, N.A. - Dreyfus Govt Cas Mgmt Inst		Cash equivalents	N/A	1,830
* The Bank of New York Mellon/BNY Mellon, N.A. - iShares MSCI USA Quality		Mutual funds	N/A	1,128,956
* The Bank of New York Mellon/BNY Mellon, N.A. - Invesco Main Street Small Cap		Mutual funds	N/A	12,449,452
* The Bank of New York Mellon/BNY Mellon, N.A. - Tactical Trading Managers		Mutual funds	N/A	2,573,846
* The Bank of New York Mellon/BNY Mellon, N.A. - Goldman Sachs Global Lower		Mutual funds	N/A	5,637,312
* The Bank of New York Mellon/BNY Mellon, N.A. - Multi Manager		Mutual funds	N/A	11,907,111
* The Bank of New York Mellon/BNY Mellon, N.A. - Pinebridge Highyield		Mutual funds	N/A	19,371,066
* The Bank of New York Mellon/BNY Mellon, N.A. - Russell 1000 Index		Common collective trusts	N/A	102,816,605
* The Bank of New York Mellon/BNY Mellon, N.A. - Wellington International Research Equity		Common collective trusts	N/A	24,779,584
* The Bank of New York Mellon/BNY Mellon, N.A. - GSTCO Tactical Exposure		Common collective trusts	N/A	13,138,742
* The Bank of New York Mellon/BNY Mellon, N.A. - GSTCO Intermediate Duration		Common collective trusts	N/A	40,326,982
* The Bank of New York Mellon/BNY Mellon, N.A. - Goldman Sachs C Long Core Fixed Income		Common collective trusts	N/A	56,108,281
* The Bank of New York Mellon/BNY Mellon, N.A. - MFS International Eq		Common collective trusts	N/A	24,316,017
* The Bank of New York Mellon/BNY Mellon, N.A. - Hedge Fund Opportunities		103-12 investment entity	N/A	7,675,145
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	11,032,375
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	236,681
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	2,836,387
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	13,423,459
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	6,021,658
* The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Bond		U.S. government securities	N/A	5,031,040

FOSTER FARMS GROUP PENSION PLAN

EIN 94-2382364

PLAN NUMBER 003

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

DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	The Bank of New York Mellon/BNY Mellon, N.A. - US Treasury Note	U.S. government securities	N/A	\$ 1,372,958
*	The Bank of New York Mellon/BNY Mellon, N.A. - Acadian International Small Cap	Corporate common stocks	N/A	9,512,462
*	The Bank of New York Mellon/BNY Mellon, N.A. - West Street Loan Partners V	Corporate common stocks	N/A	3,656,743
				<u>\$ 413,923,643</u>

* Designates party-in-interest

The above information has been certified by The Bank of New York Mellon/BNY Mellon, N.A.

Schedule of Amortization Bases

<u>Type of Base</u>	Present Value of Any Remaining <u>Installments</u>	<u>Valuation Date</u>	<u>Years</u> <u>Remaining</u>	Amortization <u>Installment</u>
2025 Shortfall	\$ 42,949,535	January 1, 2025	15	\$ 4,004,634
2024 Shortfall	\$ (16,147,898)	January 1, 2024	14	\$ (1,576,895)
2023 Shortfall	\$ 65,304,059	January 1, 2023	13	\$ 6,711,667
Total	\$ 92,105,696			\$ 9,139,406