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

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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
SUNSWEET HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1980

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)
SUNSWEET GROWER'S INC.

901 N WALTON AVE
YUBA CITY, CA 95993-8634

901 N WALTON AVE
YUBA CITY, CA 95993-8634

2b Employer Identification Number (EIN)
94-0360795

2c Plan Sponsor's telephone number
530-674-5010

2d Business code (see instructions)
311400

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.	10/13/2026	SONJA FREDERIKSEN
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	184
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	**6a(1)**	16
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	14
b	Retired or separated participants receiving benefits	**6b**	108
c	Other retired or separated participants entitled to future benefits	**6c**	37
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	159
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	20
f	Total. Add lines **6d** and **6e**.	**6f**	179
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 1I 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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

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
SUNSWEET HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SUNSWEET GROWER'S INC.

D Employer Identification Number (EIN)
94-0360795

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**	5935161
b Actuarial value	**2b**	5935161

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	129	4836337	4836337
b For terminated vested participants	39	983483	983483
c For active participants	16	409449	414144
d Total	184	6229269	6233964

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**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	50000
c Target normal cost	**6c**	50000

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

09/21/2026
Date

JASON A. DENTON
Type or print name of actuary

26-06692
Most recent enrollment number

HUB INTERNATIONAL
Firm name

781-229-9500
Telephone number (including area code)

300 BALLARDVALE STREET
WILMINGTON, MA 01887
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
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	95.21 %
15	Adjusted funding target attainment percentage	15	%
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	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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	
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	61

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	1

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	
b Excess assets, if applicable, but not greater than line 31a	**31b**	

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	

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

a Total (excess, if any, of line 37 over line 36)	**38a**	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
SUNSWEET HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SUNSWEET GROWER'S INC.

D Employer Identification Number (EIN)
94-0360795

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
18 19 51	INVESTMENT MANAGER	40574	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
SUNSWEET HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SUNSWEET GROWER'S INC.

D Employer Identification Number (EIN)
94-0360795

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: HIGH QUALITY LONG CORP BOND NL FD

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

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)
90-0337987-296	C	2560882

a Name of MTIA, CCT, PSA, or 103-12 IE: 3-10 YEAR US TREASURY INDX NL FUND

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

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)
04-0025081-477	C	152355

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH QUALITY CORP INTERMED BOND FD

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

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)
90-0337987-297	C	275791

a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY MSCI EMG MKTS INDX NL FUND

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

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)
04-0025081-192	C	123449

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL DEFENSIVE EQUITY NL CTF

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

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)
46-6399427-001	C	909093

a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR US TREAS STRIPS INDX NL FD

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

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)
90-0337987-169	C	295974

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US TREASURY INDX NL FUND

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

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)
04-0025081-479	C	147157

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI ACWI INDEX NL FUND

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

c EIN-PN 32-6528132-042	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 878004

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX NL FUND

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

c EIN-PN 90-0337987-160	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 242196

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX NL FUND

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

c EIN-PN 04-0025081-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89875

a Name of MTIA, CCT, PSA, or 103-12 IE: US HIGH YIELD BOND INDEX NL CTF

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

c EIN-PN 04-3508891-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 306733

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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
SUNSWEET HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SUNSWEET GROWER'S INC.

D Employer Identification Number (EIN)
94-0360795

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	33950	40920
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	339573	63339
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5561638	5981509
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	5935161	6085768
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5935161	6085768

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5055	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5055
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		670449
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		675504
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	484323	
(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)		484323
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	40574	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		40574
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		524897
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		150607
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) [X] 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) [X] 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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588085.

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
SUNSWEET HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SUNSWEET GROWER'S INC.

D Employer Identification Number (EIN)
94-0360795

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... 1 | 0

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

EIN(s): 04-3581074

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 SUNSWEET HOURLY PENSION PLAN	**B** Three-digit Plan number (PN)..... ▶ 002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF SUNSWEET GROWER'S INC.	**D** Administrator's EIN 94-0360795

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☒ other multiple-employer pension plan (Describe) DEFINED BENEFIT CSEC (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
SUNSWEET GROWERS, INC.	94-0360795	0	
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
WILCO HAZELNUT, LLC	81-3050371	0	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☐ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

Sunsweet Hourly Pension Plan

Financial Statements and
Supplemental Schedules

December 31, 2025 and 2024

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Independent Auditor's Report

To the Plan Administrator of
Sunsweet Hourly Pension Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of Sunsweet Hourly Pension 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 as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

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 Sunsweet Hourly Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sunsweet Hourly Pension Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Sunsweet Hourly Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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

Baker Tilly US, LLP

Santa Rosa, California
September 22, 2026

Sunsweet Hourly Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	$ 6,044,848	$ 5,901,211
Receivables		
Interest receivable	204	1,266
Due from broker	40,716	32,684
Total receivables	40,920	33,950
Total assets	6,085,768	5,935,161
Net assets available for benefits	$ 6,085,768	$ 5,935,161

See notes to financial statements

Sunsweet Hourly Pension Plan

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

	2025	2024
Additions		
Investment income		
Interest and dividends	$ 5,055	$ 10,589
Net appreciation in fair value of investments	670,449	193,865
Total investment income	675,504	204,454
Total additions	675,504	204,454
Deductions		
Benefits paid to participants	484,323	500,910
Administrative expenses	40,574	49,348
Total deductions	524,897	550,258
Net increase (decrease)	150,607	(345,804)
Net assets available for benefits		
Beginning of year	5,935,161	6,280,965
End of year	$ 6,085,768	$ 5,935,161

See notes to financial statements

Sunsweet Hourly Pension Plan

Statements of Accumulated Plan Benefits

December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	$ 4,395,947	$ 4,453,507
Nonactive participants not receiving payments	823,474	877,576
Active participants' vested benefits	314,261	366,478
Total vested benefits	5,533,682	5,697,561
Nonvested benefits	3,812	4,635
Total actuarial present value of accumulated plan benefits	$ 5,537,494	$ 5,702,196

See notes to financial statements

Sunsweet Hourly Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2025

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 5,702,196	$ 5,923,187
Increase (decrease) during the year attributable to:		
Benefits accumulated	(7,981)	(60,445)
Interest due to reduction of the discount period	327,602	340,364
Benefits paid	(484,323)	(500,910)
Net decrease	(164,702)	(220,991)
Actuarial present value of accumulated plan benefits at end of year	$ 5,537,494	$ 5,702,196

See notes to financial statements

1. Description of Plan

The following description of the Sunsweet Hourly Pension Plan (the Plan) provides only general information. The Plan allows for employer-specific provisions that each participating employer can select. Participants should refer to their respective plan agreements for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan providing benefits to all eligible employees of the participating companies, as defined in the Plan document. The participating companies include Sunsweet Dryers Inc. (Dryers), Wilco Hazelnut LLC (Hazelnut), and Sunsweet Growers Inc. (Growers). Growers is the Plan Sponsor (Sponsor or Company) and Plan administrator. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and certain provisions of the Internal Revenue Code (IRC).

Pension Benefits

Employees with five or more years of service are entitled to pension benefits beginning at normal retirement age of 62. The Plan permits early retirement on or after age 55 if the participant has completed at least ten years of benefit service (nine years of service for employees of Dryers and Growers). Payment of normal benefits may be deferred until normal retirement age or commenced at early retirement date at the actuarial equivalent of the accrued benefit payable at normal retirement age. Benefits to Dryers' participants are calculated as years of benefit service multiplied by the benefit rate of either $20 or $35 per month (depending on date of termination of employment), in effect when employment terminates, plus the sum of benefits accrued prior to January 1, 1984. Benefits to Hazelnut's participants are calculated as years of benefit service multiplied by the benefit rate in effect when employment terminates, which ranges from $20 to $47 per month. Benefits to Growers' participants are calculated as years of benefit service subsequent to July 1, 1990, multiplied by $30 per month.

Under the Plan, the normal form of benefit for a married participant is a qualified joint and survivor annuity (actuarial equivalent of the normal pension benefit), and for an unmarried participant it is a life annuity, unless an election is made otherwise. Optional forms of benefit at normal retirement age are straight life annuity, life annuity with period certain, or a survivorship life annuity.

The Plan states that if a participant ceases to be an employee for any reason, and the present value of the vested accrued benefit or qualified pre-retirement survivor annuity is equal to or less than $1,000 on the annuity starting date, the participant shall automatically receive a single lump-sum. If the present value is greater than $1,000 but less than $10,000, the participant can receive (a) a single lump-sum, (b) an immediate annuity payable in the automatic form of payment based on the participant's marital status as of the Annuity Starting Date, or (c) an immediate annuity payable in the form of a straight life annuity.

Eligibility and Participation Freeze

Employees of Dryers were eligible to participate in the Plan after they completed 1,000 hours of service in the first 12 months with the company or when they completed 1,000 hours of service in any calendar year beginning after the date of hire. Employees of Growers and Hazelnut were eligible to participate in the Plan after they completed 450 hours of service in the first 12 months with the company or they completed 450 hours of service in any calendar year beginning after the date of hire. Effective November 30, 2002, Growers and Dryers elected to freeze participation and accrued benefits for their respective covered employees. Accordingly, no eligible employee of Growers and Dryers shall join or rejoin the Plan on or after the effective date of the freeze. Effective March 15, 2005, Hazelnut elected to freeze participation and accrued benefits for their respective covered employees. Accordingly, no eligible employee of Hazelnut shall join or rejoin the Plan on or after the effective date of the freeze.

Vesting

Participants became 100% vested when they have completed five years of service.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. There was no minimum funding requirement for 2025 or 2024.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Death and Disability Benefits

In the event of the death of a vested participant before retirement, the participant’s spouse is entitled to the survivor portion of the participant’s pension benefit at the participant’s normal retirement date. In the event an active participant becomes disabled before reaching normal retirement age, the participant may elect to receive a disability retirement benefit, even if the participant is not vested. The disability benefit is based on the participant’s years of benefit service as of the date of termination due to disability. Payments commence six months after the later of the date that the participant’s employment terminated due to disability or the attainment of eligibility for early retirement.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair 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 Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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 bought and sold as well as held during the year.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

Subsequent Events

Subsequent events were evaluated through September 22, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (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 employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuations were (a) life expectancy of participants (the PRI-2012 “blue collar” mortality table with mortality improvements under MP-2021 was used as of January 1, 2026 and January 1, 2025), (b) retirement age assumptions (rates are graded by age), and (c) investment return. The January 1, 2026 and 2025 valuations included an assumed average rate of return of 6.00%, compounded annually.

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.

4. Investments

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

Interest-bearing cash: Valued at original cost plus accrued interest.

Collective trusts: Units held in collective trusts (CTs) are valued using the net asset value (NAV) practical expedient of the CTs as reported by the CT managers. The NAV is based on the fair value of the underlying assets owned by the CTs, minus its liabilities, and then divided by the number of units outstanding. The NAV of a CT is calculated based on a compilation of primarily observable market information. The Plan holds units in various collective trusts offered by the State Street Bank and Trust Company and managed by State Street Global Advisors. The CTs are Form 5500 Direct Filing Entities; and therefore, investment strategy is not required to be disclosed.

The following table provides additional information for investments in certain entities that measure fair value using the NAV practical expedient:

Instrument	Fair Value December 31, 2025	Fair Value December 31, 2024	Redemption Frequency	Redemption Notice Period
State Street Collective Trusts	$ 5,981,509	$ 5,561,638	Daily	1 to 5 days

There are no unfunded commitments in these funds. Additionally, the above funds do not have any trading restrictions, except under emergency conditions. There are standard notice requirements for trades ranging from trade date less one day to trade date minus five days. These are operating guidelines, not restrictions. State Street Global Advisors is a participating manager of the funds.

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

5. Information Certified by Trustee

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan’s financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by State Street Bank and Trust Company, the Plan's Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024, and the information reported in the accompanying supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025.

6. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with State Street Bank and Trust Company, the Trustee of the Plan. Contributions (if applicable) are held and managed by State Street Bank and Trust Company, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

7. Plan Termination

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits , early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

8. Tax Status

The IRS has determined and informed the Sponsor by a letter dated March 18, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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 by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. 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 the amounts reported in the Statements of Net Assets Available for Benefits.

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

Sunsweet Hourly Pension Plan

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

EIN: 94-0360795 Plan Number: 002

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Number of units/shares	(d) Cost	(e) Current Value
Interest-Bearing Cash:					
*	State Street Bank and Trust Company	Government STIF 25 BPS	63,339	$ 63,339	$ 63,339
Collective Trusts:					
*	State Street Global Advisors Trust Company	State Street Systematic High Quality Long Corporate Bond Non-Lending Fund	145,620	2,770,679	2,560,882
*	State Street Global Advisors Trust Company	Global Defensive Equity Non-Lending Fund	36,418	583,963	909,093
*	State Street Global Advisors Trust Company	MSCI ACWI Index Non-Lending Fund	41,976	737,690	878,004
*	State Street Global Advisors Trust Company	SSGA High Yield Bond Index Non-Lending	16,446	286,811	306,733
*	State Street Global Advisors Trust Company	SSGA 20+ Year U.S. Treasury STRIPS Index Non-Lending Fund	25,377	305,296	295,974
*	State Street Global Advisors Trust Company	State Street Systematic High Quality Intermediate Corporate Bond Non-Lending Fund	15,922	259,779	275,791
*	State Street Global Advisors Trust Company	Russell 1000 Index Non-Lending Fund	2,256	227,938	242,196
*	State Street Global Advisors Trust Company	3-10 Year U.S. Treasury Index Non-Lending Fund	7,697	148,541	152,355
*	State Street Global Advisors Trust Company	STT Long U.S. Treasury Index Non-Lending Fund	6,678	145,780	147,157
*	State Street Global Advisors Trust Company	STT Daily MSCI Emerging Markets Index Non-Lending Fund	2,226	103,046	123,449
*	State Street Global Advisors Trust Company	Russell 2000 Index Non-Lending Fund	466	81,300	89,875
				$ 5,714,162	$ 6,044,848

*A party in interest as defined by ERISA.

Sunsweet Hourly Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 94-0360795 Plan Number: 002

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Series Transactions									
	State Street Global Advisors Trust Company	STIF 25 BPS Interest-Bearing Cash							
		18 Purchases	$17,252	$ -	$ -	$ -	$ -	$17,252	NA
		10 Sales	$ -	$293,486	$ -	$ -	$293,486	$293,486	$ -
	State Street Global Advisors Trust Company	SSGA HY BOND INDEX NL Common Collective Trust							
		2 Purchases	$409,900	$ -	$ -	$ -	$ -	$409,900	NA
		18 Sales	$ -	$610,140	$ -	$ -	$578,172	$610,140	$31,968
	State Street Global Advisors Trust Company	3 10 YEAR US TREAS INDX NL FU Common Collective Trust							
		4 Purchases	$354,900	$ -	$ -	$ -	$ -	$354,900	NA
		10 Sales	$ -	$209,008	$ -	$ -	$207,683	$209,008	$1,325
	State Street Global Advisors Trust Company	RUSSELL 1000 INDEX NON LENDING Common Collective Trust							
		2 Purchases	$237,700	$ -	$ -	$ -	$ -	$237,700	NA
		14 Sales	$ -	$157,514	$ -	$ -	$150,085	$157,514	$7,428
	State Street Global Advisors Trust Company	STT LONG US TREASURY IDX NL FD Common Collective Trust							
		3 Purchases	$115,800	$ -	$ -	$ -	$ -	$115,800	NA
		11 Sales	$ -	$329,337	$ -	$ -	$337,565	$329,337	$(8,227)

Sunsweet Hourly Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 94-0360795 Plan Number: 002

Year Ended December 31, 2025

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
State Street Global Advisors Trust Company	SSGA 20+YR US TREA STRIP IN FD Common Collective Trust							
	8 Purchases	$292,000	$ -	$ -	$ -	$ -	$292,000	NA
	10 Sales	$ -	$72,382	$ -	$ -	$74,810	$72,382	$(2,428)
State Street Global Advisors Trust Company	RUSSELL 2000 INDEX NL FUND Common Collective Trust							
	3 Purchases	$243,300	$ -	$ -	$ -	$ -	$243,300	NA
	10 Sales	$ -	$258,747	$ -	$ -	$235,970	$258,747	$22,777
State Street Global Advisors Trust Company	MSCI ACWI INDEX NL FUND Common Collective Trust							
	7 Purchases	$690,700	$ -	$ -	$ -	$ -	$690,700	NA
	19 Sales	$ -	$509,431	$ -	$ -	$487,392	$509,431	$22,038
State Street Global Advisors Trust Company	STATE STREET SYSTEMATIC HQ Common Collective Trust							
	4 Purchases	$205,600	$ -	$ -	$ -	$ -	$205,600	NA
	14 Sales	$ -	$353,058	$ -	$ -	$341,805	$353,058	$11,253
State Street Global Advisors Trust Company	STATE STREET SYSTEMATIC HQ Common Collective Trust							
	6 Purchases	$427,662	$ -	$ -	$ -	$ -	$427,662	NA
	17 Sales	$ -	$495,584	$ -	$ -	$555,327	$495,584	$(59,742)

EIN/PN: 94-0360795 / 002

SUNSWEET HOURLY PENSION PLAN

Age & Service Chart

Attachment to Form 5500 Schedule SB

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	1	0	0	0	0
45 to 49	0	0	0	0	0	1	1	1	0	0
50 to 54	0	0	0	0	0	2	2	1	0	0
55 to 59	0	0	0	0	0	0	0	4	1	0
60 to 64	0	0	0	0	0	0	0	1	0	1
65 to 69	0	0	0	0	0	0	0	0	0	0
70 and up	0	0	0	0	0	0	0	0	0	0

APPENDIX A: STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Plan Sponsor Sunsweet Growers Inc.
EIN/PN 94-0360795 / 002

Key Interest Rates

Accrued liability and ASC 960 interest rate	6.00%
Current liability interest rate	5.50%
PPA liability ARPA interest rates	5.00% / 5.27% / 5.50%
PPA liability 24 month interest rates	5.00% / 5.27% / 5.40%
Long-term return on assets	6.00%

Compensation Increases Not applicable; plan benefits are frozen.

Administrative Expenses Administrative expenses are assumed equal to anticipated PBGC and administrative fees payable from plan assets. For purposes of this valuation, we have assumed expenses totaling $50,000.

Mortality **Accrued Liability and ASC 960:** Mortality rates for all participants are assumed in accordance with the sex distinct PRI-2012 Base Mortality Rates for Annuitants and Non-Annuitants with Blue Collar adjustment for healthy lives projected forward with the 2024 IRS Adjusted Scale MP-2021 for all future years

Current Liability and PPA: Mortality rates for all participants are assumed in accordance with the sex distinct IRS 2025 Combined Static Mortality Tables.

Retirement Participants are assumed to retire at 5% per year from age 55 to 61 and 100% at 62.

Disability Representative unisex disablement rates are listed below.

Age	Rate	Age	Rate	Age	Rate
20	0.05%	35	0.08%	50	0.41%
25	0.06%	40	0.10%	55	0.69%
30	0.06%	45	0.26%	60	1.18%

Representative Termination Rates Termination of employment is assumed according to Scale T-3 from the Pension Actuary's Handbook. Representative termination rates are listed below and are the same for both males and females.

Age	Rate	Age	Rate	Age	Rate
20	6.58%	35	4.47%	50	1.52%
25	5.27%	40	3.84%	55	0.33%
30	4.83%	45	3.21%	60	0.00%

Form of Payment Participants are assumed to elect the normal form of annuity.

Marriage 80% of participants are assumed to be married; husbands are assumed to be three years older than wives.

APPENDIX A: STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Employees	The Plan was closed to new participants as of November 30, 2002.
Cost Method	Unit Credit Cost Method
Employee Data	Employee data was supplied by Sunsweet Growers Inc. and Wilco Hazelnut, LLC as of January 1, 2025.
Asset Method	The actuarial value of assets is based on a five year smoothing method. Under this method, the difference between expected and actual asset return is phased-in over five years. Actuarial value of assets is restricted to a 20% corridor around market value.
Nature of Actuarial Calculations	The results documented in this report are estimates based on data that may be imperfect as well as on assumptions with respect to future events. Certain plan provisions may be approximated or deemed immaterial and therefore are not valued. Reasonable efforts were made to ensure that items significant to the context of the actuarial liabilities and costs are treated appropriately. Future experience may differ from the assumptions used in these calculations. As differences arise, future expenses will be adjusted to reflect actual plan experience.
Changes in Assumptions and Methods Since Most Recent Actuarial Valuation	IRS interest rates and mortality tables were updated as required. The current liability interest rate was reduced from 5.59% to 5.50% per IRC Section 433(h).

SUNSWEET HOURLY PENSION PLAN
EIN/PN: 94-0360795 / 002

Minimum Contribution Amortization Bases

Type of Base	Present Value of Remaining Installments	Valuation Date Established	Years Remaining	Amortization Installment
Balance equation loss base	$ 462,515	1/1/2025	5	$ 103,584
TOTAL	**$ 462,515**			**$ 103,584**

APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS (SUNSWEET)

Plan Sponsor Sunsweet Growers Inc.
EIN/PN 94-0360795 / 002

Effective Date January 1, 1980

Eligibility Hourly employees of the Sunsweet Dryers or Fleetwood Bottling divisions of Sunsweet Growers Inc. except leased employees, collectively bargained employees, and administrative or clerical employees of Fleetwood Bottling. Plan participation was frozen on November 30, 2002.

Service

Credited Service (for benefits): 1,875 hours per calendar year; pro-rated service for at least 450 hours (1,000 for Sunsweet Dryers after 1990).

Vesting Service: At least 450 hours in a calendar year (1,000 for Sunsweet Dryers).

Accrued Benefit

Fleetwood Bottling: $30 per month for each year of benefit service after July 1, 1990.

Sunsweet Dryers: $35 per month for each year of service after 1983 plus the accrued benefit under the Retirement Plan for Nonbargaining Unit Hourly Employees of Sunsweet Dryers as of January 1, 1984.

Accrued benefits were frozen as of November 30, 2002.

Normal Retirement

Eligibility: First of the month coincident with or next following the later of attainment of age 62 and 5 years of service.

Benefit Formula: Benefit is the accrued benefit.

Commencement Date: Payments will commence on the retired participant's Normal Retirement Date.

Form of Payment: Payable monthly for life. Optional forms are available on an actuarially equivalent basis.

Early Retirement

Eligibility: First of the month coincident with or next following attainment of age 55 and 9 years of service.

Benefit: Accrued benefit as of the early retirement date reduced by actuarial equivalence for commencement prior to age 62.

Commencement Date: Payments will commence on the retired participant's Early Retirement Date.

Form of Payment: Payable monthly for life. Optional forms are available on an actuarially equivalent basis.

Late Retirement As of August 1, 2003, participants must commence receipt of benefits no later than Normal Retirement Age regardless of employment status.

APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS (SUNSWEET)

Vested Deferred Retirement

Eligibility: Termination other than by retirement, death, or disability with at least five years of Service.

Benefit: Accrued benefit to date of termination.

Commencement Date: Deferred until normal retirement date. Participants who have completed nine years of Vesting Service may elect a benefit commencement date as early as age 55, reduced for early retirement (as applicable).

Form of Payment: Payable monthly for life. Optional forms are available on an actuarially equivalent basis. Immediate lump sum available up to $10,000.

Death Before Retirement

Eligibility: Payable to surviving spouse of a vested participant.

Benefit: Lifetime benefit equal to 50% of the participant's deferred vested benefit (including a reduction to reflect an assumed election of a 50% joint & survivor option as well as an early retirement reduction, if applicable).

Commencement Date: Payable at the earliest date that the participant would have become eligible for early retirement.

Form of Payment: Payable monthly for life.

Death After Retirement

Death benefits payable after retirement are paid according to the form of annuity elected by the participant at retirement.

Disability Benefit

Eligibility: Termination due to disability as determined by receipt of Social Security disability benefits which continue until early retirement.

Benefit: Accrued benefit as of the Disability Retirement Date without reduction for early commencement, if applicable.

Commencement Date: Payments will commence on the later of the participant's Disability Retirement Date or eligibility for Early Retirement.

Form of Payment: Payable monthly for life. Optional forms are available on an actuarially equivalent basis.

Forms of Payment

The normal form of payment for single participants is the life annuity. The normal form for married participants is an actuarially reduced joint & survivor annuity.

Benefits Not Valued

None.

Changes Since Prior Valuation

None.

APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS (WILCO)

Plan Sponsor Wilco Hazelnut, LLC
EIN/PN 94-0360795 / 002

Effective Date January 1, 1980

Eligibility Hourly employees of Hazelnut Growers of Oregon except leased employees and collectively bargained employees other than Hazelnut Growers members of Teamsters Local 370. Plan participation was frozen on March 15, 2005.

Service

Credited Service (for benefits): 1,875 hours per calendar year; pro-rated service for at least 450 hours (required hours reduced for 2005 short year).

Vesting Service: At least 450 hours in a calendar year.

Accrued Benefit $47 per month for each year of benefit service after January 1, 1980.

Accrued benefits were frozen as of March 15, 2005.

Normal Retirement

Eligibility: First of the month coincident with or next following the later of attainment of age 62 and 5 years of service.

Benefit Formula: Benefit is the accrued benefit.

Commencement Date: Payments will commence on the retired participant's Normal Retirement Date.

Form of Payment: Payable monthly for life. Optional forms are available on an actuarially equivalent basis.

Early Retirement

Eligibility: First of the month coincident with or next following attainment of age 55 and 10 years of service.

Benefit: Accrued benefit as of the early retirement date reduced by actuarial equivalence for commencement prior to age 62.

Commencement Date: Payments will commence on the retired participant's Early Retirement Date.

Form of Payment: Payable monthly for life. Optional forms are available on an actuarially equivalent basis.

Late Retirement The actuarial equivalent as of the delayed retirement date of the normal retirement benefit the participant would have received on their normal retirement date.

APPENDIX B: SUMMARY OF PRINCIPAL PLAN PROVISIONS (WILCO)

Vested Deferred Retirement

Eligibility: Termination other than by retirement, death, or disability with at least five years of Service.

Benefit: Accrued benefit to date of termination.

Commencement Date: Deferred until normal retirement date. Participants who have completed ten years of Vesting Service may elect a benefit commencement date as early as age 55, reduced for early retirement (as applicable).

Form of Payment: Payable monthly for life. Optional forms are available on an actuarially equivalent basis. Immediate lump sum available up to $10,000.

Death Before Retirement

Eligibility: Payable to surviving spouse of a vested participant.

Benefit: Lifetime benefit equal to 50% of the participant's deferred vested benefit (including a reduction to reflect an assumed election of a 50% joint & survivor option as well as an early retirement reduction, if applicable).

Commencement Date: Payable at the earliest date that the participant would have become eligible for early retirement.

Form of Payment: Payable monthly for life.

Death After Retirement

Death benefits payable after retirement are paid according to the form of annuity elected by the participant at retirement.

Disability Benefit

Eligibility: Termination due to disability as determined by receipt of Social Security disability benefits which continue until early retirement.

Benefit: Accrued benefit as of the Disability Retirement Date without reduction for early commencement, if applicable.

Commencement Date: Payments will commence on the later of the participant's Disability Retirement Date or eligibility for Early Retirement.

Form of Payment: Payable monthly for life. Optional forms are available on an actuarially equivalent basis.

Forms of Payment

The normal form of payment for single participants is the life annuity. The normal form for married participants is an actuarially reduced joint & survivor annuity.

Benefits Not Valued

None.

Changes Since Prior Valuation

None.

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

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
SUNSWEET HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SUNSWEET GROWER'S INC.

D Employer Identification Number (EIN)
94-0360795

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	5935161
b Actuarial value	2b	5935161

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	129	4836337	4836337
b For terminated vested participants	39	983483	983483
c For active participants	16	409449	414144
d Total	184	6229269	6233964

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	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	50000
c Target normal cost	6c	50000

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

09/21/2026
Date

JASON A. DENTON
Type or print name of actuary

26-06692
Most recent enrollment number

HUB INTERNATIONAL
Firm name

781-229-9500
Telephone number (including area code)

300 BALLARDVALE STREET
WILMINGTON, MA 01887
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
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	95.21%
15	Adjusted funding target attainment percentage	15	%
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	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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
b	Contributions made to avoid restrictions adjusted to valuation date	19b
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	61

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	1

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
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	
b Excess assets, if applicable, but not greater than line 31a	31b	

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

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

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	

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

a Total (excess, if any, of line 37 over line 36)	38a	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	

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 B (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ **Attach to Form 5500 or 5500-EZ if applicable.**
▶ **See separate instructions.**

Official Use Only
OMB No. 1210-0110

2007

This Form is Open to Public Inspection (except when attached to Form 5500-EZ).

For calendar plan year 2007 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

SUNSWEET HOURLY PENSION PLAN

B Three-digit plan number ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

SUNSWEET GROWERS INC.

D **Employer Identification Number**

94 0360795

E Type of plan:

(1) Multiemployer (2) Single-employer (3) X Multiple-employer

F 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: 01 01 2025

b Assets:

(1) Current value of assets 5935161

(2) Actuarial value of assets for funding standard account 6826390

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

Signature of actuary

SIGN HERE ▶ J G D Date 09 21 2026

Type or print

JASON A DENTON
HUB INTERNATIONAL
300 BALLARDVALE STREET
WILMINGTON MA 01887

G Most recent enrollment number 26 06692 Telephone number (including area code) 781 229 9500

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 .....

Official Use Only

1c (1) Accrued liability for plans using immediate gain methods 5702196

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases .....

(b) Accrued liability under entry age normal method .....

(c) Normal cost under entry age normal method .....

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) 0

(2) "RPA '94" information:

(a) Current liability 6133414

(b) Expected increase in current liability due to benefits accruing during the plan year 0

(c) Current liability computed at highest allowable interest rate (see instructions) 6133414

(d) Expected release from "RPA '94" current liability for the plan year .....

(3) Expected plan disbursements for the plan year 502254

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions) 5935161

b "RPA '94" current liability:

	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1)	For retired participants and beneficiaries receiving payments	4758187	4758187
	129		
(2)	For terminated vested participants	965378	965378
	39		
(3)	For active participants	405825	409849
	16		
(4)	Total	6129390	6133414
	184		

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage ....

0 7 0 7 0 0 0 2 0 G

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

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees

3 **Totals** ..... ▶

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) ... 117.8

b If line 4a is less than 100%, see instructions, and complete the following amount fields as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	**(3)** 3rd
(2) 2nd	**(4)** 4th

5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

(a)	Attained age normal	**(b)**	Entry age normal	**(c)**	X Accrued benefit (unit credit)	**(d)**	Aggregate
(e)	Frozen initial liability	**(f)**	Individual level premium	**(g)**	Individual aggregate	**(h)**	Other (specify)

▶

0 7 0 7 0 0 0 3 0 H

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5 i Has a change been made in funding method for this plan year? ..... Yes X No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ..... Yes No

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method .....

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability ..... 5.50 N/A

b Weighted average retirement age 61

	Pre-retirement			Post-retirement		
c Rates specified in insurance or annuity contracts	Yes X No		N/A	Yes X No		N/A
d Mortality table code for valuation purposes:						
(1) Males		A			A	
(2) Females		A	N/A		A	N/A
e Valuation liability interest rate		6.00			6.00	
f Expense loading		48.3			.	X
g Annual withdrawal rates:	Male			Female		
(1) Age 25	Rate Code U	5.27		Rate Code U	5.27	
(2) Age 40	U	3.84		U	3.84	
(3) Age 55	U	0.33	N/A	U	0.33	N/A
h Salary scale		.	X		.	X

i Estimated investment return on actuarial value of assets for year ending on the valuation date ..... -0.2

j Estimated investment return on current value of assets for year ending on the valuation date 3.4

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	462515	103584

0 7 0 7 0 0 0 4 0 1

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8 Miscellaneous information:

a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval .....

b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions .....

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) ..... X Yes No

If "Yes," attach schedule.

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a	Prior year funding deficiency, if any		0
b	Employer's normal cost for plan year as of valuation date		50000
c	Amortization charges as of valuation date:	Outstanding Balance	
	(1) All bases except funding waivers ▶	462515	103584
	(2) Funding waivers ▶		0
d	Interest as applicable on line 9a, 9b, and 9c		9215
e	Additional interest charge due to late quarterly contributions, if applicable		0
f	Adjusted additional funding charge from Part II, line 12q, if applicable ... N/A X		
g	Total charges. Add lines 9a through 9f		162799

Credits to funding standard account:

h	Prior year credit balance, if any		462515
i	Employer contributions. Total from column (b) of line 3		0
		Outstanding Balance	
j	Amortization credits as of valuation date ▶	0	0
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j		27751
l	Full funding limitation (FFL) and credits		
	(1) ERISA FFL (accrued liability FFL)	296323	
	(2) "RPA '94" override (90% current liability FFL) .	0	
	(3) FFL credit		0
m	(1) Waived funding deficiency		0
	(2) Other credits		0
n	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)		490266

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9o Credit balance: If line 9n is greater than line 9g, enter the difference 327467

p Funding deficiency: If line 9g is greater than line 9n, enter the difference 0

Reconciliation account:

q Current year's accumulated reconciliation account:

(1) Due to additional funding charges as of the beginning of the plan year 0

(2) Due to additional interest charges as of the beginning of the plan year 0

(3) Due to waived funding deficiencies:

(a) Reconciliation outstanding balance as of valuation date 0

(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a) ... 0

(4) Total as of valuation date ..... ▶ 0

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable 0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. X Yes No

Part II Additional Information for Certain Plans Other Than Multiemployer Plans

Please see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.

12 Additional required funding charge (see instructions):

a Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter -0-. If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0-. Otherwise, go to line 12b .....

b "RPA '94" current liability. Enter line 1d(2)(a) .....

c Adjusted value of assets (see instructions) .....

d Funded current liability percentage. Divide line 12c by 12b and multiply by 100 ....

e Unfunded current liability. Subtract line 12c from line 12b .....

f Liability attributable to any unpredictable contingent event benefit .....

g Outstanding balance of unfunded old liability .....

h Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative .....

i Unfunded new liability amount (. % of line 12h) .....

j Unfunded old liability amount .....

k Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b) .....

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12 l Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero .....

m Unpredictable contingent event amount:

(1) Benefits paid during year attributable to unpredictable contingent event .....

(2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100% .....

(3) Enter the product of lines 12m(1) and 12m(2) .....

(4) Amortization of all unpredictable contingent event liabilities .....

(5) "RPA '94" additional amount (see instructions)

(6) Enter the greatest of lines 12m(3), 12m(4), or 12m(5) .....

n Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest .....

o Contributions needed to increase current liability percentage to 100% (see instructions) .....

p Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o .....

q Adjusted additional funding charge. (.0 % of line 12p) .....

Sunsweet Hourly Pension Plan

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

EIN: 94-0360795 Plan Number: 002

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Number of units/shares	(d) Cost	(e) Current Value
Interest-Bearing Cash:					
*	State Street Bank and Trust Company	Government STIF 25 BPS	63,339	$ 63,339	$ 63,339
Collective Trusts:					
*	State Street Global Advisors Trust Company	State Street Systematic High Quality Long Corporate Bond Non-Lending Fund	145,620	2,770,679	2,560,882
*	State Street Global Advisors Trust Company	Global Defensive Equity Non-Lending Fund	36,418	583,963	909,093
*	State Street Global Advisors Trust Company	MSCI ACWI Index Non-Lending Fund	41,976	737,690	878,004
*	State Street Global Advisors Trust Company	SSGA High Yield Bond Index Non-Lending	16,446	286,811	306,733
*	State Street Global Advisors Trust Company	SSGA 20+ Year U.S. Treasury STRIPS Index Non-Lending Fund	25,377	305,296	295,974
*	State Street Global Advisors Trust Company	State Street Systematic High Quality Intermediate Corporate Bond Non-Lending Fund	15,922	259,779	275,791
*	State Street Global Advisors Trust Company	Russell 1000 Index Non-Lending Fund	2,256	227,938	242,196
*	State Street Global Advisors Trust Company	3-10 Year U.S. Treasury Index Non-Lending Fund	7,697	148,541	152,355
*	State Street Global Advisors Trust Company	STT Long U.S. Treasury Index Non-Lending Fund	6,678	145,780	147,157
*	State Street Global Advisors Trust Company	STT Daily MSCI Emerging Markets Index Non-Lending Fund	2,226	103,046	123,449
*	State Street Global Advisors Trust Company	Russell 2000 Index Non-Lending Fund	466	81,300	89,875
				$ 5,714,162	$ 6,044,848

*A party in interest as defined by ERISA.

Sunsweet Hourly Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 94-0360795 Plan Number: 002

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Series Transactions									
	State Street Global Advisors Trust Company	STIF 25 BPS Interest-Bearing Cash							
		18 Purchases	$17,252	$ -	$ -	$ -	$ -	$17,252	NA
		10 Sales	$ -	$293,486	$ -	$ -	$293,486	$293,486	$ -
	State Street Global Advisors Trust Company	SSGA HY BOND INDEX NL Common Collective Trust							
		2 Purchases	$409,900	$ -	$ -	$ -	$ -	$409,900	NA
		18 Sales	$ -	$610,140	$ -	$ -	$578,172	$610,140	$31,968
	State Street Global Advisors Trust Company	3 10 YEAR US TREAS INDX NL FU Common Collective Trust							
		4 Purchases	$354,900	$ -	$ -	$ -	$ -	$354,900	NA
		10 Sales	$ -	$209,008	$ -	$ -	$207,683	$209,008	$1,325
	State Street Global Advisors Trust Company	RUSSELL 1000 INDEX NON LENDING Common Collective Trust							
		2 Purchases	$237,700	$ -	$ -	$ -	$ -	$237,700	NA
		14 Sales	$ -	$157,514	$ -	$ -	$150,085	$157,514	$7,428
	State Street Global Advisors Trust Company	STT LONG US TREASURY IDX NL FD Common Collective Trust							
		3 Purchases	$115,800	$ -	$ -	$ -	$ -	$115,800	NA
		11 Sales	$ -	$329,337	$ -	$ -	$337,565	$329,337	$(8,227)

Sunsweet Hourly Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 94-0360795 Plan Number: 002

Year Ended December 31, 2025

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
State Street Global Advisors Trust Company	SSGA 20+YR US TREA STRIP IN FD Common Collective Trust							
	8 Purchases	$292,000	$ -	$ -	$ -	$ -	$292,000	NA
	10 Sales	$ -	$72,382	$ -	$ -	$74,810	$72,382	$(2,428)
State Street Global Advisors Trust Company	RUSSELL 2000 INDEX NL FUND Common Collective Trust							
	3 Purchases	$243,300	$ -	$ -	$ -	$ -	$243,300	NA
	10 Sales	$ -	$258,747	$ -	$ -	$235,970	$258,747	$22,777
State Street Global Advisors Trust Company	MSCI ACWI INDEX NL FUND Common Collective Trust							
	7 Purchases	$690,700	$ -	$ -	$ -	$ -	$690,700	NA
	19 Sales	$ -	$509,431	$ -	$ -	$487,392	$509,431	$22,038
State Street Global Advisors Trust Company	STATE STREET SYSTEMATIC HQ Common Collective Trust							
	4 Purchases	$205,600	$ -	$ -	$ -	$ -	$205,600	NA
	14 Sales	$ -	$353,058	$ -	$ -	$341,805	$353,058	$11,253
State Street Global Advisors Trust Company	STATE STREET SYSTEMATIC HQ Common Collective Trust							
	6 Purchases	$427,662	$ -	$ -	$ -	$ -	$427,662	NA
	17 Sales	$ -	$495,584	$ -	$ -	$555,327	$495,584	$(59,742)