# 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
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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
AGRI-MARK INC. PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1991

**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)
AGRI-MARK INC.

10 NEW ENGLAND BUSINESS CENTER
ANDOVER, MA 01810

**2b** Employer Identification Number (EIN)
04-2704972

**2c** Plan Sponsor's telephone number
978-689-4442

**2d** Business code (see instructions)
311500

**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. | 10/14/2026 | DANIEL SERNA |
| | **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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1075 |
| **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)** | 775 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 794 |
| **b** | Retired or separated participants receiving benefits | **6b** | 94 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 249 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1137 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 10 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1147 |
| **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** | 32 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

1A 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)** | [X] Insurance | **(1)** | [X] 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)** [ ] **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 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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
AGRI-MARK INC. 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
AGRI-MARK INC.

**D** Employer Identification Number (EIN)
04-2704972

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 116275027 |
| **b** Actuarial value | **2b** | 104647524 |

**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 | 69 | 24248162 | 24248162 |
| **b** For terminated vested participants | 233 | 10448635 | 10448635 |
| **c** For active participants | 775 | 47494249 | 48248708 |
| **d** Total | 1077 | 82191046 | 82945505 |

**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** | 5.40 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 4067572 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 4067572 |

**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

10/09/2026
Date

RICHARD P. WEAVER
Type or print name of actuary

26-05950
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

901-930-0000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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) | 230358 | 5497691 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 230358 | 5497691 |
| 10 | Interest on line 9 using prior year's actual return of 14.67 % | 33794 | 806511 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 3187105 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.22 % | | 166367 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 3353472 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 264152 | 6304202 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 118.24 % |
| 15 | Adjusted funding target attainment percentage | 15 | 120.13 % |
| 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 | 112.36 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 10/15/2025 | 260000 | 0 | | | |
| 11/28/2025 | 260000 | 0 | | | |
| 12/05/2025 | 260000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 780000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date. | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 744922 |

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: 5.07 % | 2nd segment: 5.31 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 62 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

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

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | **30** | 0 |

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 4067572 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 4067572 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

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

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

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 744922 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 744922 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
AGRI-MARK INC. PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
AGRI-MARK INC.

**D** Employer Identification Number (EIN)
04-2704972

## 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)

STANCORP FINANCIAL GROUP

93-1253576

| (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? |
|---|---|---|---|---|---|---|
| 12 15 18 50 | NONE | 177016 | Yes [X] No [ ] | Yes [ ] No [X] | 2234 | Yes [ ] No [X] |

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

WILLIS TOWERS WATSON

53-0181291

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 17 50 | NONE | 156480 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

DOPKINS & COMPANY, LLP.

16-0929175

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 24000 | Yes [ ] No [X] | 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 |
|---|---|---|
| RELIANCE TRUST COMPANY | 19 59 | 18281 |
| **(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. | |
| RELIANCE TRUST COMPANY<br><br>58-1428634 | INDIRECT COMPENSATION PAID BY STANDARD RETIREMENT SERVICES WHICH IS A SUBSIDIARY OF STANCORP FINANCIAL GROUP | |

| **(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 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
AGRI-MARK INC. PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
AGRI-MARK INC.

**D** Employer Identification Number (EIN)
04-2704972

## 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 reported 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 | 507602 | 373641 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 2340000 | 0 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(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) | 113594023 | 129443010 |
| **(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 | 116441625 | 129816651 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | 39436 | 48053 |
| **1i** Acquisition indebtedness | 1i | 123116 | 152828 |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 162552 | 200881 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 116279073 | 129615770 |

## 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) | 780000 | |
| **(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) | | 780000 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 2492215 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 2492215 |
| **(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) | | |
| (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) | | 13026404 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 16298619 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2843254 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | -238828 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 2604426 |
| 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) | 177016 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 24000 | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | 156480 | |
| (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) | | 357496 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2961922 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 13336697 |
| 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: DOPKINS & COMPANY, LLP **(2)** EIN: 16-0929175

**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 | | 5000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **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** | | X | |
| **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 583628.

# 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
AGRI-MARK INC. PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
AGRI-MARK INC.

**D** Employer Identification Number (EIN)
04-2704972

## 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): 58-1428634

**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** 2

## 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: 50.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 47.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: 3.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

# AGRI-MARK, INC.
# PENSION PLAN

**Financial Statements and Supplemental Schedules**
**with Independent Auditor's Report**

**December 31, 2025 and 2024**

Dopkins & Company, LLP
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

# CONTENTS


| | |
|---|---|
| INDEPENDENT AUDITOR'S REPORT ON THE FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES | 1 – 4 |
| FINANCIAL STATEMENTS | |
| Statements of net assets available for benefits | 5 |
| Statements of changes in net assets available for benefits | 6 |
| Notes to financial statements | 7 – 15 |
| SUPPLEMENTAL SCHEDULES | |
| Schedule H, Line 4i – Schedule of assets (held at end of year) | 16 |
| Schedule H, Line 4j – Schedule of reportable transactions | 17 |

# INDEPENDENT AUDITOR'S REPORT

To the Retirement Plan Committee
Agri-Mark, Inc. Pension Plan

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

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

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

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

- 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).



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

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

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

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

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

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

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

**Other Matter – Supplemental Schedules Required by ERISA**
The supplemental schedules, (a) Schedule H, Line 4i – Schedule of assets (held at end of year), as of December 31, 2025, and (b) Schedule H, Line 4j – Schedule of reportable transactions 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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).

Dopkins & Company, LLP

CERTIFIED PUBLIC ACCOUNTANTS

October 13, 2026

**AGRI-MARK, INC. PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**December 31, 2025 and 2024**

| **ASSETS** | **2025** | 2024 |
|---|---|---|
| Cash - noninterest bearing | **$ 373,641** | $ 507,602 |
| Investments, at fair value: | | |
| Mutual funds | **129,443,010** | 113,594,023 |
| Employer contributions receivable | **-** | 2,340,000 |
| **Total assets** | **129,816,651** | 116,441,625 |
| **LIABILITIES** | | |
| Accounts payable | **48,053** | 39,436 |
| Due to broker | **152,828** | 123,116 |
| **Total liabilities** | **200,881** | 162,552 |
| **Net assets available for benefits** | **$ 129,615,770** | $ 116,279,073 |

See Notes to Financial Statements.

**AGRI-MARK, INC. PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**Years Ended December 31, 2025 and 2024**

| | **2025** | 2024 |
|---|---|---|
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | **$ 13,026,404** | $ 15,961,661 |
| Interest and dividends | **2,492,215** | 2,853,517 |
| | **15,518,619** | 18,815,178 |
| Employer contributions | **780,000** | 3,390,000 |
| Reimbursement from annuity contract | **238,828** | - |
| **Total additions** | **16,537,447** | 22,205,178 |
| Deductions from net assets attributed to: | | |
| Benefits paid: | | |
| Benefits paid to participants or beneficiaries | **2,843,254** | 11,233,644 |
| Purchase of annuity contract | **-** | 24,861,000 |
| | **2,843,254** | 36,094,644 |
| Administrative expenses | **357,496** | 607,237 |
| **Total deductions** | **3,200,750** | 36,701,881 |
| **Net increase (decrease) in net assets available for benefits** | **13,336,697** | (14,496,703) |
| Net assets available for benefits: | | |
| Beginning of year | **116,279,073** | 130,775,776 |
| End of year | **$ 129,615,770** | $ 116,279,073 |

See Notes to Financial Statements.

## NOTES TO FINANCIAL STATEMENTS

### Note 1. Plan Description

The following description of the Agri-Mark, Inc. Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

The Plan is a defined benefit pension plan sponsored by Agri-Mark, Inc. (the Cooperative) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Retirement Plan Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Eligibility:

Employees of the Cooperative are eligible to participate in the Plan once they have reached the age of 18 and have completed one year of continuous service, as defined.

Pension benefits:

Participants become fully vested after five years of credited service, as defined. Participants are eligible for normal retirement benefits upon reaching age 65. Normal retirement benefits consist of an annual amount equal to the sum of the following:

(1) 0.9% of final average compensation, as defined, multiplied by years of service, and

(2) 0.4% of final average compensation in excess of covered compensation, as defined, multiplied by years of service (not to exceed 35 years).

The Plan permits early retirement with actuarially reduced benefits for employees who have reached the age of 55 and have five years of vesting service.

Benefits are generally paid through a single life annuity. Married participants may alternatively elect a joint and survivor form of annuity. Other optional forms of benefit payments are also available.

Death benefits:

If an active participant dies after becoming vested, but before retirement, the deceased participant's spouse shall receive the greater of the spouse's minimum benefit earned as of the date of death, as defined, or the sum of amounts credited to the participant's account, plus a percentage of compensation based on years of benefit service. This percentage ranges from 0% for less than ten years of benefit service to a maximum of 50% for twenty-five or more years of benefit service.

**Note 1. Plan Description (Continued)**

Administrative expenses:

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Cooperative. Expenses that are paid by the Cooperative are excluded from these financial statements. The Plan pays for certain benefit processing and administrative services. Investment related expenses are included in net appreciation in fair value of investments.

**Note 2. Significant Accounting Policies**

Basis of accounting:

The financial statements have been prepared using the accrual basis of accounting.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The Plan's Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by Reliance Trust Company (Reliance), the Plan's trustee. See Note 4 for discussion of fair value measurements.

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

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 participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. 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 (retirement, death, disability and termination of employment) are only included to the extent they are deemed attributable to service rendered to the valuation date.

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

**Note 2. Significant Accounting Policies (Continued)**

Actuarial present value of accumulated plan benefits (continued):

Significant assumptions utilized by the actuary in determining the valuation as of December 31, 2025 include: (a) retirement between ages 55 and 65 with an average assumed age of 62; (b) life expectancy of participants (the Pri-2012 (2012) Bottom Quartile table with generational mortality improvement scale MP-2021), (c) terminations based on years of service; (d) discount rate of 7.05%; and (e) future annual compensation increases of 3.25%.

Significant assumptions utilized by the actuary in determining the valuation as of December 31, 2024 include: (a) retirement between ages 55 and 65 with an average assumed age of 62; (b) life expectancy of participants (the RP-2014 (2006) Bottom Quartile table with generational mortality improvement scale MP-2021), (c) terminations based on years of service; (d) discount rate of 7.25%; and (e) future annual compensation increases of 3%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, there would be no material differences.

Annuity arrangements:

Non-participating annuity contracts were purchased from an insurance company in an amount equal to the accumulated benefits of certain active and inactive participants as of June 30, 1985 and the obligation for payment of such benefits was, accordingly, transferred to the insurance company. Under a related reimbursement agreement with the insurance company, the Plan pays directly to retired participants any benefits earned prior to June 30, 1985. The insurance company is obligated to reimburse the Plan for such payments. The amount of payments reimbursed was $19,162 and $119,003 in 2025 and 2024, respectively, and have been presented as a reduction of benefits paid to participants or beneficiaries. The impact of the non-participating annuity contracts and related transactions has been excluded from these financial statements.

The Plan was amended effective November 14, 2024 to permit the purchase of a group annuity contract (the Contract) with Metropolitan Life Insurance Company (MetLife). Pursuant to the Contract effective February 1, 2025, MetLife is obligated to pay benefits to named participants and their beneficiaries under the Contract at the commencement date onward. The Contract was purchased in 2024 for $24,861,000, subject to a final reconciliation. In 2025, the Plan received a reimbursement $238,828 when the reconciliation was completed. The purchase and reimbursement related to the annuity contract is reported on the statements of changes in net assets available for benefits and is included in Note 5 within the presentation of changes in the actuarial present value of accumulated plan benefits as benefits paid.

**Note 2. Significant Accounting Policies (Continued)**

Benefits:

Benefits are recorded when paid.

In July 2024, the Retirement Plan Committee approved a voluntary lump-sum payout program to all terminated vested participants. The Plan was formally amended January 1, 2024 to enact the 2024 Limited Lump Sum Window Program. A participant who terminated employment prior to July 1, 2024, was not scheduled to commence receipt of his or her retirement benefit at any time period to December 31, 2024, and his or her nonforfeitable accrued benefit determined as of December 1, 2024 is in excess of $7,000, or is designated by the Committee to be eligible, were eligible for the 2024 Limited Lump Sum Window Program. The 2024 Limited Lump Sum Window Program allowed participants to elect to receive a lump sum payment on their accrued benefit as of December 1, 2024. In order to participate in this program, participants were required to make their affirmative elections by November 20, 2024. Benefits paid to participants or their beneficiaries under the lump-sum payout amounted to approximately $7,000,000 during the year ended December 31, 2024.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Retirement Plan Committee 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 and changes therein. Actual results could differ from those estimates.

Subsequent events:

Subsequent events have been evaluated through October 13, 2026, which is the date the financial statements were available to be issued.

## Note 3. Information Certified by the Plan's Trustee

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

| | **2025** | 2024 |
|---|---|---|
| Cash – noninterest bearing | **$ 373,641** | $ 507,602 |
| Investments, at fair value: | | |
| Mutual funds | **$ 129,443,010** | $ 113,594,023 |

Reliance also certified to the completeness and accuracy of the following financial information related to the aforementioned assets for the years ended December 31, 2025 and 2024:

| | **2025** | 2024 |
|---|---|---|
| Investment income: | | |
| Net appreciation in fair value of investments | **$ 13,026,404** | $ 15,961,661 |
| Interest and dividends | **2,492,215** | 2,853,517 |
| | **$ 15,518,619** | $ 18,815,178 |

## Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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.

*Mutual funds*: Mutual funds, except for the money market mutual fund, are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The funds held by the Plan are deemed to be actively traded.

*Money market mutual fund:* Valued at the daily closing price as reported by the fund. The money market mutual fund held by the Plan is an open-end mutual fund that is registered with the SEC that generally transacts at a stable $1.00 NAV representing its estimated fair value. On a daily basis the fund's NAV is determined by the fund based on the amortized cost of the fund's underlying investments.

**Note 4. Fair Value Measurements (Continued)**

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value at December 31, 2025 and 2024:

| | 2025 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual funds | **$ 125,526,179** | **$ 3,916,831** | **$ -** | **$ 129,443,010** |

| | 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $ 111,503,439 | $ 2,090,584 | $ - | $ 113,594,023 |

**Note 5. Actuarial Present Value of Accumulated Plan Benefits**

A summary of the actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024 follows:

| | **2025** | 2024 |
|---|---|---|
| Vested benefits: | | |
| Active participants | **$ 36,397,545** | $ 35,544,192 |
| Terminated vested participants | **9,990,636** | 7,624,211 |
| Participants currently receiving payments | **25,631,634** | 20,828,515 |
| Total vested | **72,019,815** | 63,996,918 |
| Nonvested benefits | **1,129,834** | 691,542 |
| Total actuarial present value of accumulated plan benefits | **$ 73,149,649** | $ 64,688,460 |

The changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2025 and 2024 are summarized as follows:

| | **2025** | 2024 |
|---|---|---|
| Actuarial present value of accumulated plan benefits at beginning of year | **$ 64,688,460** | $ 86,500,157 |
| Increase (decrease) during the year attributable to: | | |
| Interest | **4,804,098** | 5,169,387 |
| Benefits accumulated | **3,722,103** | 9,113,560 |
| Benefits paid | **(2,843,254)** | (36,094,644) |
| Assumption changes | **1,600,113** | - |
| Plan amendments | **1,178,129** | - |
| Actuarial present value of accumulated plan benefits at end of year | **$ 73,149,649** | $ 64,688,460 |

The changes in the assumptions are generally related to the change in mortality improvements and a change in the expected rate of return. The Plan amendments ae described in Note 11.

## Note 6. Funding Policy

The Plan's funding policy is for the Cooperative to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2025 and 2024, the Cooperative made or committed to make contributions totaling $780,000 and $3,390,000, respectively. The Cooperative's contributions for 2025 and 2024 met or exceeded the minimum funding requirements of ERISA.

## Note 7. Tax Status

The Plan obtained its latest determination letter on July 30, 2013, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). Although, the Plan has been amended since receiving the determination letter, the Plan Administrator believes 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. The Retirement Plan Committee believes the Plan is no longer subject to income tax examinations for years prior to 2022.

## Note 8. Plan Termination

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

a) Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants 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.

b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.

c) All other vested benefits (that is, vested benefits not insured by the PBGC).

d) All nonvested benefits.

**Note 8. Plan Termination (Continued)**

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 types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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 level of benefits guaranteed by the PBGC.

**Note 9. Party-In-Interest Transactions**

A party-in-interest is defined under the DOL's regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, certain participants, and others. Indirect fees paid by the Plan to Reliance for trustee services are included in net appreciation as they are paid through revenue sharing, rather than a direct payment from the Plan. StanCorp Financial Group provides benefit processing and other administrative services to the Plan. Willis Towers Watson, Dopkins & Company LLP and in 2024, Agilis provides actuarial consulting, audit services and administrative services, respectively. Fees paid to these providers qualify as party-in-interest transactions.

**Note 10. 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.

**Note 11. Plan Amendments**

The Plan was amended on September 30, 2025 at the direction of the Agri-Mark, Inc. Board of Directors. The amendment will freeze participation as of January 1, 2026, such that new hires, rehires or transferred employees will no longer be enrolled on or after January 1, 2026 for the purpose of accruing benefits. The amendment will freeze participant compensation and years of service, at December 31, 2030, pertaining to the determination of pension benefits accrued under this Plan. In connection with the amendment, effective January 1, 2026, participants with a benefit commencement date on or after January 1, 2026, may elect to receive a full lump sum payment option or an immediate annuity option. The effects of this amendment have been quantified for the Plan by the actuary and are presented in Note 5.

* * * * *

# SUPPLEMENTAL SCHEDULES

**AGRI-MARK, INC. PENSION PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**December 31, 2025**

**EIN: 04-2704972**
**PLAN NUMBER: 002**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investments, including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Mutual funds: | | | |
| | Goldman Sachs Asset Management, L.P. | Goldman Sachs Financial Square Funds - Government Fund Institutional (3,916,831 shares) | $ 3,916,831 | $ 3,916,831 |
| | Fidelity Investments | Fidelity 500 Index Fund (232,894 shares) | 29,443,242 | 55,363,584 |
| | Fidelity Investments | Fidelity U.S. Bond Index Fund (5,796,702 shares) | 64,631,677 | 61,213,169 |
| | Fidelity Investments | Fidelity Mid Cap Index Fund (173,568 shares) | 4,476,890 | 6,409,878 |
| | Fidelity Investments | Fidelity Small Cap Index Fund (82,106 shares) | 1,844,410 | 2,539,548 |
| | | | $ 104,313,050 | $ 129,443,010 |

The above information has been certified by Reliance Trust Company, the trustee, as complete and accurate.

**AGRI-MARK, INC. PENSION PLAN**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**
**Year Ended December 31, 2025**

**EIN: 04-2704972**
**PLAN NUMBER: 002**

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred With Transaction | (g) Cost of Assets | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|---|---|---|---|---|---|---|---|---|
| **Series of Transactions:** | | | | | | | | |
| Fidelity 500 Index Fund | Mutual Fund | $ 2,720,217 | $ - | $ - | $ - | $ 2,720,217 | $ 2,720,217 | $ - |
| Fidelity 500 Index Fund | Mutual Fund | $ - | $ 21,260,709 | $ - | $ - | $ 18,305,602 | $ 21,260,709 | $ 2,955,107 |
| Fidelity U.S. Bond Index Fund | Mutual Fund | $ 22,966,268 | $ - | $ - | $ - | $ 22,966,268 | $ 22,966,268 | $ - |
| Fidelity U.S. Bond Index Fund | Mutual Fund | $ - | $ 1,107,985 | $ - | $ - | $ 1,088,856 | $ 1,107,985 | $ 19,129 |
| **Single Transactions:** | | | | | | | | |
| Fidelity 500 Index Fund | Mutual Fund | $ - | $ 19,370,071 | $ - | $ - | $ 16,522,739 | $ 19,370,071 | $ 2,847,332 |
| Fidelity U.S. Bond Index Fund | Mutual Fund | $ 20,126,070 | $ - | $ - | $ - | $ 20,126,070 | $ 20,126,070 | $ - |

The above information has been certified by Reliance Trust Company, the trustee, as complete and accurate.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a
## Schedule of Active Participant Data as of January 1, 2025

| | Attained Years of Credited Service[1] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
| Under 25 | 1 | 37 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 39 |
| 25-29 | 0 | 30 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 42 |
| 30-34 | 0 | 42 | 22 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 77 |
| 35-39 | 0 | 31 | 26 | 18 | 20 | 6 | 0 | 0 | 0 | 0 | 101 |
| 40-44 | 0 | 23 | 16 | 15 | 12 | 20 | 2 | 0 | 0 | 0 | 88 |
| 45-49 | 0 | 28 | 19 | 11 | 5 | 18 | 9 | 0 | 0 | 0 | 90 |
| 50-54 | 0 | 25 | 17 | 12 | 8 | 9 | 10 | 5 | 1 | 0 | 87 |
| 55-59 | 0 | 15 | 18 | 12 | 16 | 19 | 12 | 9 | 4 | 1 | 106 |
| 60-64 | 0 | 14 | 11 | 10 | 10 | 24 | 11 | 14 | 5 | 1 | 100 |
| 65-69 | 0 | 4 | 5 | 1 | 5 | 7 | 4 | 5 | 3 | 3 | 37 |
| 70 & over | 0 | 3 | 0 | 1 | 1 | 2 | 0 | 1 | 0 | 0 | 8 |
| Total | 1 | 252 | 147 | 93 | 77 | 105 | 48 | 34 | 13 | 5 | 775 |

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Agri-Mark Inc. Pension Plan
EIN / PN: 04-2704972/002
Plan Sponsor: Agri-Mark Inc.
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

**Interest rate basis**

| | |
|---|---|
| • Applicable month | September |
| • Interest rate basis | 3-Segment Rates |

| **Interest rates** | **Reflecting Stabilization** | **Not Reflecting Stabilization** |
|---|---|---|
| • First segment rate | 5.07% | 5.07% |
| • Second segment rate | 5.31% | 5.33% |
| • Third segment rate | 5.50% | 5.36% |
| • Effective interest rate | 5.40% | 5.34% |

**Annual rates of increase**

| | |
|---|---|
| • Compensation | 3.00% |
| • Future Social Security wage bases | 2.75% |
| • Statutory limits on compensation | 2.25% |

| | |
|---|---|
| **Plan-related expenses** | $0; the plan sponsor pays administrative expenses directly |

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date**

The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees**

It is assumed that there will be no new or rehired employees.

**Mortality**

- Healthy and disabled lives

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

**Termination**

Sample rates at which participants are assumed to leave the company by age and service are shown below:

| Hired at 25 | | Hired at 35 | | Hired at 45 | |
|---|---|---|---|---|---|
| Service | Rate | Service | Rate | Service | Rate |
| 1 | 15.4% | 1 | 13.1% | 1 | 9.0% |
| 2 | 13.8% | 2 | 11.7% | 2 | 7.5% |
| 3 | 12.4% | 3 | 10.3% | 3 | 5.9% |
| 4 | 11.0% | 4 | 8.9% | 4 | 4.4% |
| 5 | 9.7% | 5 | 7.7% | 5 | 3.1% |
| 6 | 8.6% | 6 | 6.7% | 6 | 2.1% |
| 7 | 7.6% | 7 | 5.8% | 7 | 1.5% |
| 8 | 6.5% | 8 | 4.9% | 8 | 1.0% |
| 9 | 5.5% | 9 | 4.1% | 9 | 0.6% |
| 10 | 4.5% | 10 | 3.2% | 10 | 0.3% |
| 11 | 4.4% | 11 | 3.0% | 11 | 0.2% |
| 12 | 4.2% | 12 | 2.7% | 12 | 0.1% |
| 13 | 4.1% | 13 | 2.4% | 13 | 0.1% |
| 14 | 4.0% | 14 | 1.9% | 14 | 0.0% |
| 15 | 3.8% | 15 | 1.5% | 15 | 0.0% |
| 20 | 3.2% | 20 | 0.3% | 20 | 0.0% |
| 25 | 1.5% | 25 | 0.0% | | |

# SCHEDULE SB ATTACHMENTS

**Retirement**

Rates varying by age.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumption), it was assumed that participants will retire based upon the following rates:

| Age | Rate of Retirement |
|---|---|
| 55 | 5% |
| 56 | 5% |
| 57 | 5% |
| 58 | 5% |
| 59 | 5% |
| 60 | 5% |
| 61 | 5% |
| 62 | 25% |
| 63 | 10% |
| 64 | 10% |
| 65 | 100% |

**Form of payment**

50% elect a single life annuity, 25% elect a 50% joint and survivor annuity, and 25% elect a 100% joint and survivor annuity.

**Percent married**

80% of active and terminated participants are assumed to be married. Used to value pre-retirement surviving spouse benefits.

**Spouse age**

Wives are assumed to be 3 years younger than husbands.

**Covered pay**

Compensation assumed paid in the current year beginning on the valuation date is the prior year compensation adjusted for the salary scale.

**Timing of benefit payments**

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

## Methods

**Valuation date**

First day of plan year

**Funding target**

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

**Target normal cost**

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

# SCHEDULE SB ATTACHMENTS

**Decrement timing**

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

**Actuarial value of assets**

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.25% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

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

**Tax policy**

The actuarial valuation performed for the plan year ending December 31, 2025 is used to determine the maximum deductible contribution for the tax year ending December 31, 2025.

**Benefits not valued**

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

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor furnished participant data, information on assets, contributions and plan provisions as of January 1, 2025. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

| | |
|---|---|
| **Plan Name** | **AGRI-MARK INC. PENSION PLAN** |
| **Plan Sponsor EIN** | **04-2704972** |
| **ERISA Plan #** | **002** |
| **Plan Year Ending** | **12/31/2025** |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| Form/Schedule | Line # | Description | Attachment |
|---|---|---|---|
| 5500 Sch. H | Line 3 | Financial statements used in formulating the IQPA's opinion | X |
| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |
| 5500 Sch. H | Line 4i | Schedule of Assets (Held at End of Year) | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Acquired and Disposed of Within Year) | |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | X |

# 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
AGRI-MARK INC. 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
AGRI-MARK INC.

**D** Employer Identification Number (EIN)
04-2704972

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 116,275,027 |
| **b** Actuarial value | **2b** | 104,647,524 |

**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 | 69 | 24,248,162 | 24,248,162 |
| **b** For terminated vested participants | 233 | 10,448,635 | 10,448,635 |
| **c** For active participants | 775 | 47,494,249 | 48,248,708 |
| **d** Total | 1,077 | 82,191,046 | 82,945,505 |

**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** | 5.40% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 4,067,572 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 4,067,572 |

**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** Richard P. Weaver RPW — Signature of actuary

10/9/2026 — Date

Richard P. Weaver — Type or print name of actuary

2605950 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

901-930-0000 — Telephone number (including area code)

PO Box 674401

Houston TX 77267 — 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) | 230,358 | 5,497,691 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 230,358 | 5,497,691 |
| 10 | Interest on line 9 using prior year's actual return of 14.67% | 33,794 | 806,511 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 3,187,105 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.22% | | 166,367 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 3,353,472 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 264,152 | 6,304,202 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 118.24% |
| 15 | Adjusted funding target attainment percentage | 15 | 120.13% |
| 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 | 112.36% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 10/15/2025 | 260,000 | 0 | | | |
| 11/28/2025 | 260,000 | 0 | | | |
| 12/05/2025 | 260,000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 780,000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date. | 19c | 744,922 |

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: | 5.07 % | 5.31 % | 5.50% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 62 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

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

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | **30** | 0 |

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 4,067,572 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 4,067,572 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

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

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

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 744,922 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 744,922 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| x | qxr | lx | x-50p50 = lx / | qxr * lx / l50 | x * qx * lx / l50 |
|---|---|---|---|---|---|
| 55 | 0.05 | 1,000,000 | 1.000000 | 0.050000 | 2.750000 |
| 56 | 0.05 | 950,000 | 0.950000 | 0.047500 | 2.660000 |
| 57 | 0.05 | 902,500 | 0.902500 | 0.045125 | 2.572125 |
| 58 | 0.05 | 857,375 | 0.857375 | 0.042869 | 2.486388 |
| 59 | 0.05 | 814,506 | 0.814506 | 0.040725 | 2.402793 |
| 60 | 0.05 | 773,781 | 0.773781 | 0.038689 | 2.321343 |
| 61 | 0.05 | 735,092 | 0.735092 | 0.036755 | 2.242030 |
| 62 | 0.25 | 698,337 | 0.698337 | 0.174584 | 10.824228 |
| 63 | 0.10 | 523,753 | 0.523753 | 0.052375 | 3.299644 |
| 64 | 0.10 | 471,378 | 0.471378 | 0.047138 | 3.016817 |
| 65 | 1.00 | 424,240 | 0.424240 | 0.424240 | 27.575594 |

| | |
|---|---|
| Average age at retirement | 62.150962 |
| Rounded for Schedule SB item 22 | 62 |

| | |
|---|---|
| Plan Name: | Agri-Mark Inc. Pension Plan |
| EIN / PN: | 04-2704972/002 |
| Plan Sponsor: | Agri-Mark Inc. |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

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

**Economic Assumptions**

**Interest rate basis**

| | |
|---|---|
| • Applicable month | September |
| • Interest rate basis | 3-Segment Rates |

| **Interest rates** | **Reflecting Stabilization** | **Not Reflecting Stabilization** |
|---|---|---|
| • First segment rate | 5.07% | 5.07% |
| • Second segment rate | 5.31% | 5.33% |
| • Third segment rate | 5.50% | 5.36% |
| • Effective interest rate | 5.40% | 5.34% |

**Annual rates of increase**

| | |
|---|---|
| • Compensation | 3.00% |
| • Future Social Security wage bases | 2.75% |
| • Statutory limits on compensation | 2.25% |

| | |
|---|---|
| **Plan-related expenses** | $0; the plan sponsor pays administrative expenses directly |

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date**

The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees**

It is assumed that there will be no new or rehired employees.

**Mortality**

- Healthy and disabled lives

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

**Termination**

Sample rates at which participants are assumed to leave the company by age and service are shown below:

| Hired at 25 | | Hired at 35 | | Hired at 45 | |
|---|---|---|---|---|---|
| Service | Rate | Service | Rate | Service | Rate |
| 1 | 15.4% | 1 | 13.1% | 1 | 9.0% |
| 2 | 13.8% | 2 | 11.7% | 2 | 7.5% |
| 3 | 12.4% | 3 | 10.3% | 3 | 5.9% |
| 4 | 11.0% | 4 | 8.9% | 4 | 4.4% |
| 5 | 9.7% | 5 | 7.7% | 5 | 3.1% |
| 6 | 8.6% | 6 | 6.7% | 6 | 2.1% |
| 7 | 7.6% | 7 | 5.8% | 7 | 1.5% |
| 8 | 6.5% | 8 | 4.9% | 8 | 1.0% |
| 9 | 5.5% | 9 | 4.1% | 9 | 0.6% |
| 10 | 4.5% | 10 | 3.2% | 10 | 0.3% |
| 11 | 4.4% | 11 | 3.0% | 11 | 0.2% |
| 12 | 4.2% | 12 | 2.7% | 12 | 0.1% |
| 13 | 4.1% | 13 | 2.4% | 13 | 0.1% |
| 14 | 4.0% | 14 | 1.9% | 14 | 0.0% |
| 15 | 3.8% | 15 | 1.5% | 15 | 0.0% |
| 20 | 3.2% | 20 | 0.3% | 20 | 0.0% |
| 25 | 1.5% | 25 | 0.0% | | |

# SCHEDULE SB ATTACHMENTS

**Retirement**

Rates varying by age.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumption), it was assumed that participants will retire based upon the following rates:

| Age | Rate of Retirement |
|---|---|
| 55 | 5% |
| 56 | 5% |
| 57 | 5% |
| 58 | 5% |
| 59 | 5% |
| 60 | 5% |
| 61 | 5% |
| 62 | 25% |
| 63 | 10% |
| 64 | 10% |
| 65 | 100% |

**Form of payment**

50% elect a single life annuity, 25% elect a 50% joint and survivor annuity, and 25% elect a 100% joint and survivor annuity.

**Percent married**

80% of active and terminated participants are assumed to be married. Used to value pre-retirement surviving spouse benefits.

**Spouse age**

Wives are assumed to be 3 years younger than husbands.

**Covered pay**

Compensation assumed paid in the current year beginning on the valuation date is the prior year compensation adjusted for the salary scale.

**Timing of benefit payments**

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

## Methods

**Valuation date**

First day of plan year

**Funding target**

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

**Target normal cost**

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

# SCHEDULE SB ATTACHMENTS

**Decrement timing**

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

**Actuarial value of assets**

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.25% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

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

**Tax policy**

The actuarial valuation performed for the plan year ending December 31, 2025 is used to determine the maximum deductible contribution for the tax year ending December 31, 2025.

**Benefits not valued**

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

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor furnished participant data, information on assets, contributions and plan provisions as of January 1, 2025. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Summary of Plan Provisions

| Plan Provisions | |
|---|---|
| **Effective date** | Initial plan established December 30, 1970. Present plan is effective January 1, 1991, as a result of a spin-off from the H.P. Hood Pension Plan. The plan was most recently restated effective January 1, 2024. |
| **Plan year** | Calendar year |
| **Coverage and participation** | Following one year of eligibility service. |
| **Contributions** | Employer contributes total cost.<br><br>Employee contributions were made prior to January 1, 1991. |

| Definitions | |
|---|---|
| **Vesting service** | Continuous service with the employer. For the employees of Cabot Creamery Cooperative, Inc., continuous service from the later of hire date and January 1, 1990. |
| **Benefit service** | Continuous service with the employer.<br><br>For employees of Cabot Creamery Cooperative, Inc., continuous service from the later of hire date and January 1, 1995.<br><br>For employees of Kraft, Inc. in Troy, VT, continuous service from later of hire date or January 1, 1988 (if employed by Kraft, Inc. on January 1, 1989).<br><br>For employees at the Chateaugay, NY facility, continuous service from the later of hire date and February 1, 2003. |
| **Compensation** | Gross compensation paid by the employer during a plan year including overtime payments, commissions and bonuses |
| **Final average compensation** | Highest average compensation received in the three consecutive years out of the last ten calendar years before normal retirement date. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Covered compensation** | Average of taxable wage bases over 35 years ending in the year the participant attains Social Security retirement age. |
| **Normal retirement date (NRD)** | Later of the first day of the month coincident with or next following the employee's 65th birthday or 5 years of participation. |
| **Accrued benefit** | The normal retirement benefit commencing on the participant's normal retirement date, based on benefit service, covered compensation, and final average compensation at time of reference. |
| **Monthly pension benefit** | (0.9% of Final Average Compensation)<br>times (Benefit Service)<br>plus<br>(0.4% of Final Average Compensation in excess of Covered Compensation)<br>times<br>(Benefit Service up to 35 years)<br>For purposes of determining benefits for valuation, accrued benefits under the H.P. Hood Inc. Pension Plan purchased from the Prudential Insurance Company are subtracted. |

**Eligibility for Benefits**

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and (a) on or after both attaining age 55 and completing 15 years of benefit service or (b) completing 25 years of benefit service |
| **Postponed retirement** | Retirement after NRD |
| **Vested termination** | Termination for reasons other than death or retirement after completing five years of vesting service |
| **Preretirement death benefit** | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Supplemental benefit** | Employees who were employed by Agri-Mark, Inc. as of February 1, 2003, who were covered by a collective bargaining agreement with Valio, Ltd. immediately prior to the acquisition of the Chateaugay, NY facility by Agri-Mark and who were vested in the New York State Teamsters Conference Pension and Retirement Fund as of February 1, 2003, shall be entitled to a supplemental benefit. |

**Benefits Paid Upon the Following Events**

| | |
|---|---|
| **Normal retirement** | The monthly pension benefit determined as of NRD |
| **Early retirement** | The pension will be equal to the accrued benefit reduced for early commencement by 1/2% for each month prior to age 62, but not earlier than age 55. Otherwise, a participant can retire at age 55 with five years of service but the benefit is actuarially reduced from the participant's normal retirement date.<br><br>Effective January 1, 2007, the early retirement benefit is the actuarial equivalent of the accrued benefit for employees who are collectively bargained employees and not at least age 60 with 15 years of vesting service as of December 31, 2006. This amount cannot be less than the accrued benefit as of December 31, 2006, reduced by the early payment schedule in effect at that time<br><br>Effective October 1, 2007, the early retirement benefit is the actuarial equivalent of the accrued benefit for employees who are not collectively bargained employees and not at least age 60 with 15 years of vesting service as of September 30, 2006. This amount cannot be less than the accrued benefit as of September 30, 2006, reduced by the early payment schedule in effect at that time. |
| **Postponed retirement** | The monthly pension benefit determined as of the actual retirement date |
| **Vested termination** | The monthly pension benefit determined as of the termination date, reduced 6.667% for each of the first five years and 3.333% for each of the next five years that payment precedes the participant's NRD |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Preretirement death** | The greater of (a) the lump sum value of a minimum spouse's benefit equal to 50% of the participant's accrued benefit, converted to a joint and one-half survivor form and reduced by the Plan's early retirement factors for commencement at the participant's earliest retirement age or (b) 2% of compensation for each year of benefit service (10 to 25 years) plus the participant's employee contributions, if any. |
| **Supplemental benefit** | The monthly amount of such supplemental benefit equals a participant's years of service (including pre-acquisition service) multiplied by a dollar amount ranging from $5.00 for retirement at age 55 to $7.00 for retirement at age 62 or later. Also such monthly supplemental benefit is subject to a maximum ranging from $150 for retirement at age 55 to $210 for retirement at age 62. |

## Other Plan Provisions

| | |
|---|---|
| **Forms of payment** | Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a 75% joint and survivor annuity , a fifteen-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on the UP84 mortality table and 7% interest. A cash lump sum is available for employee contribution amounts with and without interest and the remaining net benefit is available in annuity forms. |
| **Pension Increases** | None |
| **Maximum limit on benefits and pay** | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions. |

# SCHEDULE SB ATTACHMENTS

## Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes which are required to be reflected.

## Changes in Benefits Valued Since Prior Year

The plan was amended during 2024 to provide for a retiree annuity purchase and a one-time limited lump sum offer for terminated vested participants.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a
## Schedule of Active Participant Data as of January 1, 2025

| | Attained Years of Credited Service[1] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
| Under 25 | 1 | 37 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 39 |
| 25-29 | 0 | 30 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 42 |
| 30-34 | 0 | 42 | 22 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 77 |
| 35-39 | 0 | 31 | 26 | 18 | 20 | 6 | 0 | 0 | 0 | 0 | 101 |
| 40-44 | 0 | 23 | 16 | 15 | 12 | 20 | 2 | 0 | 0 | 0 | 88 |
| 45-49 | 0 | 28 | 19 | 11 | 5 | 18 | 9 | 0 | 0 | 0 | 90 |
| 50-54 | 0 | 25 | 17 | 12 | 8 | 9 | 10 | 5 | 1 | 0 | 87 |
| 55-59 | 0 | 15 | 18 | 12 | 16 | 19 | 12 | 9 | 4 | 1 | 106 |
| 60-64 | 0 | 14 | 11 | 10 | 10 | 24 | 11 | 14 | 5 | 1 | 100 |
| 65-69 | 0 | 4 | 5 | 1 | 5 | 7 | 4 | 5 | 3 | 3 | 37 |
| 70 & over | 0 | 3 | 0 | 1 | 1 | 2 | 0 | 1 | 0 | 0 | 8 |
| Total | 1 | 252 | 147 | 93 | 77 | 105 | 48 | 34 | 13 | 5 | 775 |

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Agri-Mark Inc. Pension Plan
EIN / PN: 04-2704972/002
Plan Sponsor: Agri-Mark Inc.
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

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

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2025 | 560,788 | 88,955 | 2,175,149 | 2,824,892 |
| 2026 | 1,302,341 | 163,219 | 2,149,009 | 3,614,569 |
| 2027 | 1,636,254 | 234,203 | 2,119,242 | 3,989,699 |
| 2028 | 1,952,772 | 300,617 | 2,085,560 | 4,338,949 |
| 2029 | 2,240,428 | 375,140 | 2,047,695 | 4,663,263 |
| 2030 | 2,467,907 | 418,829 | 2,005,408 | 4,892,144 |
| 2031 | 2,704,720 | 466,943 | 1,958,493 | 5,130,156 |
| 2032 | 2,895,925 | 529,892 | 1,906,767 | 5,332,584 |
| 2033 | 3,022,517 | 573,936 | 1,850,100 | 5,446,553 |
| 2034 | 3,140,077 | 618,939 | 1,788,426 | 5,547,442 |
| 2035 | 3,249,025 | 668,707 | 1,721,790 | 5,639,522 |
| 2036 | 3,338,328 | 719,104 | 1,650,406 | 5,707,838 |
| 2037 | 3,408,785 | 770,444 | 1,574,671 | 5,753,900 |
| 2038 | 3,486,929 | 801,424 | 1,495,151 | 5,783,504 |
| 2039 | 3,562,573 | 830,767 | 1,412,569 | 5,805,909 |
| 2040 | 3,612,756 | 858,379 | 1,327,758 | 5,798,893 |
| 2041 | 3,650,183 | 877,710 | 1,241,551 | 5,769,444 |
| 2042 | 3,677,901 | 893,485 | 1,154,799 | 5,726,185 |
| 2043 | 3,697,850 | 937,580 | 1,068,285 | 5,703,715 |
| 2044 | 3,726,317 | 969,272 | 982,662 | 5,678,251 |
| 2045 | 3,738,691 | 961,715 | 898,524 | 5,598,930 |
| 2046 | 3,740,989 | 953,878 | 816,398 | 5,511,265 |
| 2047 | 3,728,785 | 955,703 | 736,745 | 5,421,233 |
| 2048 | 3,703,551 | 957,729 | 660,016 | 5,321,296 |
| 2049 | 3,665,784 | 953,665 | 586,661 | 5,206,110 |
| 2050 | 3,609,899 | 948,325 | 517,142 | 5,075,366 |
| 2051 | 3,548,334 | 929,733 | 451,910 | 4,929,977 |
| 2052 | 3,477,411 | 911,261 | 391,380 | 4,780,052 |
| 2053 | 3,400,563 | 889,297 | 335,875 | 4,625,735 |
| 2054 | 3,319,686 | 858,913 | 285,615 | 4,464,214 |
| 2055 | 3,216,784 | 835,013 | 240,708 | 4,292,505 |
| 2056 | 3,092,440 | 802,446 | 201,127 | 4,096,013 |
| 2057 | 2,972,561 | 760,386 | 166,714 | 3,899,661 |
| 2058 | 2,847,846 | 718,446 | 137,193 | 3,703,485 |
| 2059 | 2,715,664 | 676,826 | 112,188 | 3,504,678 |
| 2060 | 2,581,160 | 635,781 | 91,266 | 3,308,207 |
| 2061 | 2,443,679 | 593,191 | 73,971 | 3,110,841 |
| 2062 | 2,310,436 | 551,576 | 59,829 | 2,921,841 |
| 2063 | 2,181,123 | 511,090 | 48,371 | 2,740,584 |
| 2064 | 2,056,028 | 471,876 | 39,161 | 2,567,065 |
| 2065 | 1,932,421 | 434,060 | 31,800 | 2,398,281 |
| 2066 | 1,812,000 | 397,737 | 25,936 | 2,235,673 |
| 2067 | 1,697,413 | 362,980 | 21,269 | 2,081,662 |
| 2068 | 1,586,108 | 329,850 | 17,537 | 1,933,495 |
| 2069 | 1,476,681 | 298,403 | 14,527 | 1,789,611 |
| 2070 | 1,371,362 | 268,687 | 12,071 | 1,652,120 |
| 2071 | 1,269,268 | 240,721 | 10,044 | 1,520,033 |
| 2072 | 1,171,069 | 214,520 | 8,351 | 1,393,940 |
| 2073 | 1,076,770 | 190,085 | 6,923 | 1,273,778 |
| 2074 | 986,526 | 167,414 | 5,708 | 1,159,648 |

Plan Name: Agri-Mark Inc. Pension Plan
EIN / PN: 04-2704972/002
Plan Sponsor: Agri-Mark Inc.
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| x | qxr | lx | x-50p50 = lx / | qxr * lx / l50 | x * qx * lx / l50 |
|---|---|---|---|---|---|
| 55 | 0.05 | 1,000,000 | 1.000000 | 0.050000 | 2.750000 |
| 56 | 0.05 | 950,000 | 0.950000 | 0.047500 | 2.660000 |
| 57 | 0.05 | 902,500 | 0.902500 | 0.045125 | 2.572125 |
| 58 | 0.05 | 857,375 | 0.857375 | 0.042869 | 2.486388 |
| 59 | 0.05 | 814,506 | 0.814506 | 0.040725 | 2.402793 |
| 60 | 0.05 | 773,781 | 0.773781 | 0.038689 | 2.321343 |
| 61 | 0.05 | 735,092 | 0.735092 | 0.036755 | 2.242030 |
| 62 | 0.25 | 698,337 | 0.698337 | 0.174584 | 10.824228 |
| 63 | 0.10 | 523,753 | 0.523753 | 0.052375 | 3.299644 |
| 64 | 0.10 | 471,378 | 0.471378 | 0.047138 | 3.016817 |
| 65 | 1.00 | 424,240 | 0.424240 | 0.424240 | 27.575594 |

| | |
|---|---|
| Average age at retirement | 62.150962 |
| Rounded for Schedule SB item 22 | 62 |

| | |
|---|---|
| Plan Name: | Agri-Mark Inc. Pension Plan |
| EIN / PN: | 04-2704972/002 |
| Plan Sponsor: | Agri-Mark Inc. |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

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

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2025 | 560,788 | 88,955 | 2,175,149 | 2,824,892 |
| 2026 | 1,302,341 | 163,219 | 2,149,009 | 3,614,569 |
| 2027 | 1,636,254 | 234,203 | 2,119,242 | 3,989,699 |
| 2028 | 1,952,772 | 300,617 | 2,085,560 | 4,338,949 |
| 2029 | 2,240,428 | 375,140 | 2,047,695 | 4,663,263 |
| 2030 | 2,467,907 | 418,829 | 2,005,408 | 4,892,144 |
| 2031 | 2,704,720 | 466,943 | 1,958,493 | 5,130,156 |
| 2032 | 2,895,925 | 529,892 | 1,906,767 | 5,332,584 |
| 2033 | 3,022,517 | 573,936 | 1,850,100 | 5,446,553 |
| 2034 | 3,140,077 | 618,939 | 1,788,426 | 5,547,442 |
| 2035 | 3,249,025 | 668,707 | 1,721,790 | 5,639,522 |
| 2036 | 3,338,328 | 719,104 | 1,650,406 | 5,707,838 |
| 2037 | 3,408,785 | 770,444 | 1,574,671 | 5,753,900 |
| 2038 | 3,486,929 | 801,424 | 1,495,151 | 5,783,504 |
| 2039 | 3,562,573 | 830,767 | 1,412,569 | 5,805,909 |
| 2040 | 3,612,756 | 858,379 | 1,327,758 | 5,798,893 |
| 2041 | 3,650,183 | 877,710 | 1,241,551 | 5,769,444 |
| 2042 | 3,677,901 | 893,485 | 1,154,799 | 5,726,185 |
| 2043 | 3,697,850 | 937,580 | 1,068,285 | 5,703,715 |
| 2044 | 3,726,317 | 969,272 | 982,662 | 5,678,251 |
| 2045 | 3,738,691 | 961,715 | 898,524 | 5,598,930 |
| 2046 | 3,740,989 | 953,878 | 816,398 | 5,511,265 |
| 2047 | 3,728,785 | 955,703 | 736,745 | 5,421,233 |
| 2048 | 3,703,551 | 957,729 | 660,016 | 5,321,296 |
| 2049 | 3,665,784 | 953,665 | 586,661 | 5,206,110 |
| 2050 | 3,609,899 | 948,325 | 517,142 | 5,075,366 |
| 2051 | 3,548,334 | 929,733 | 451,910 | 4,929,977 |
| 2052 | 3,477,411 | 911,261 | 391,380 | 4,780,052 |
| 2053 | 3,400,563 | 889,297 | 335,875 | 4,625,735 |
| 2054 | 3,319,686 | 858,913 | 285,615 | 4,464,214 |
| 2055 | 3,216,784 | 835,013 | 240,708 | 4,292,505 |
| 2056 | 3,092,440 | 802,446 | 201,127 | 4,096,013 |
| 2057 | 2,972,561 | 760,386 | 166,714 | 3,899,661 |
| 2058 | 2,847,846 | 718,446 | 137,193 | 3,703,485 |
| 2059 | 2,715,664 | 676,826 | 112,188 | 3,504,678 |
| 2060 | 2,581,160 | 635,781 | 91,266 | 3,308,207 |
| 2061 | 2,443,679 | 593,191 | 73,971 | 3,110,841 |
| 2062 | 2,310,436 | 551,576 | 59,829 | 2,921,841 |
| 2063 | 2,181,123 | 511,090 | 48,371 | 2,740,584 |
| 2064 | 2,056,028 | 471,876 | 39,161 | 2,567,065 |
| 2065 | 1,932,421 | 434,060 | 31,800 | 2,398,281 |
| 2066 | 1,812,000 | 397,737 | 25,936 | 2,235,673 |
| 2067 | 1,697,413 | 362,980 | 21,269 | 2,081,662 |
| 2068 | 1,586,108 | 329,850 | 17,537 | 1,933,495 |
| 2069 | 1,476,681 | 298,403 | 14,527 | 1,789,611 |
| 2070 | 1,371,362 | 268,687 | 12,071 | 1,652,120 |
| 2071 | 1,269,268 | 240,721 | 10,044 | 1,520,033 |
| 2072 | 1,171,069 | 214,520 | 8,351 | 1,393,940 |
| 2073 | 1,076,770 | 190,085 | 6,923 | 1,273,778 |
| 2074 | 986,526 | 167,414 | 5,708 | 1,159,648 |

Plan Name: Agri-Mark Inc. Pension Plan
EIN / PN: 04-2704972/002
Plan Sponsor: Agri-Mark Inc.
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Summary of Plan Provisions

### Plan Provisions

| | |
|---|---|
| **Effective date** | Initial plan established December 30, 1970. Present plan is effective January 1, 1991, as a result of a spin-off from the H.P. Hood Pension Plan. The plan was most recently restated effective January 1, 2024. |
| **Plan year** | Calendar year |
| **Coverage and participation** | Following one year of eligibility service. |
| **Contributions** | Employer contributes total cost.<br><br>Employee contributions were made prior to January 1, 1991. |

### Definitions

| | |
|---|---|
| **Vesting service** | Continuous service with the employer. For the employees of Cabot Creamery Cooperative, Inc., continuous service from the later of hire date and January 1, 1990. |
| **Benefit service** | Continuous service with the employer.<br><br>For employees of Cabot Creamery Cooperative, Inc., continuous service from the later of hire date and January 1, 1995.<br><br>For employees of Kraft, Inc. in Troy, VT, continuous service from later of hire date or January 1, 1988 (if employed by Kraft, Inc. on January 1, 1989).<br><br>For employees at the Chateaugay, NY facility, continuous service from the later of hire date and February 1, 2003. |
| **Compensation** | Gross compensation paid by the employer during a plan year including overtime payments, commissions and bonuses |
| **Final average compensation** | Highest average compensation received in the three consecutive years out of the last ten calendar years before normal retirement date. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Covered compensation** | Average of taxable wage bases over 35 years ending in the year the participant attains Social Security retirement age. |
| **Normal retirement date (NRD)** | Later of the first day of the month coincident with or next following the employee's 65th birthday or 5 years of participation. |
| **Accrued benefit** | The normal retirement benefit commencing on the participant's normal retirement date, based on benefit service, covered compensation, and final average compensation at time of reference. |
| **Monthly pension benefit** | (0.9% of Final Average Compensation)<br>times (Benefit Service)<br>plus<br>(0.4% of Final Average Compensation in excess of Covered Compensation)<br>times<br>(Benefit Service up to 35 years)<br>For purposes of determining benefits for valuation, accrued benefits under the H.P. Hood Inc. Pension Plan purchased from the Prudential Insurance Company are subtracted. |

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and (a) on or after both attaining age 55 and completing 15 years of benefit service or (b) completing 25 years of benefit service |
| **Postponed retirement** | Retirement after NRD |
| **Vested termination** | Termination for reasons other than death or retirement after completing five years of vesting service |
| **Preretirement death benefit** | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Supplemental benefit** | Employees who were employed by Agri-Mark, Inc. as of February 1, 2003, who were covered by a collective bargaining agreement with Valio, Ltd. immediately prior to the acquisition of the Chateaugay, NY facility by Agri-Mark and who were vested in the New York State Teamsters Conference Pension and Retirement Fund as of February 1, 2003, shall be entitled to a supplemental benefit. |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | The monthly pension benefit determined as of NRD |
| **Early retirement** | The pension will be equal to the accrued benefit reduced for early commencement by 1/2% for each month prior to age 62, but not earlier than age 55. Otherwise, a participant can retire at age 55 with five years of service but the benefit is actuarially reduced from the participant's normal retirement date.<br><br>Effective January 1, 2007, the early retirement benefit is the actuarial equivalent of the accrued benefit for employees who are collectively bargained employees and not at least age 60 with 15 years of vesting service as of December 31, 2006. This amount cannot be less than the accrued benefit as of December 31, 2006, reduced by the early payment schedule in effect at that time<br><br>Effective October 1, 2007, the early retirement benefit is the actuarial equivalent of the accrued benefit for employees who are not collectively bargained employees and not at least age 60 with 15 years of vesting service as of September 30, 2006. This amount cannot be less than the accrued benefit as of September 30, 2006, reduced by the early payment schedule in effect at that time. |
| **Postponed retirement** | The monthly pension benefit determined as of the actual retirement date |
| **Vested termination** | The monthly pension benefit determined as of the termination date, reduced 6.667% for each of the first five years and 3.333% for each of the next five years that payment precedes the participant's NRD |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Preretirement death** | The greater of (a) the lump sum value of a minimum spouse's benefit equal to 50% of the participant's accrued benefit, converted to a joint and one-half survivor form and reduced by the Plan's early retirement factors for commencement at the participant's earliest retirement age or (b) 2% of compensation for each year of benefit service (10 to 25 years) plus the participant's employee contributions, if any. |
| **Supplemental benefit** | The monthly amount of such supplemental benefit equals a participant's years of service (including pre-acquisition service) multiplied by a dollar amount ranging from $5.00 for retirement at age 55 to $7.00 for retirement at age 62 or later. Also such monthly supplemental benefit is subject to a maximum ranging from $150 for retirement at age 55 to $210 for retirement at age 62. |

## Other Plan Provisions

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|---|---|
| **Forms of payment** | Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a 75% joint and survivor annuity , a fifteen-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on the UP84 mortality table and 7% interest. A cash lump sum is available for employee contribution amounts with and without interest and the remaining net benefit is available in annuity forms. |
| **Pension Increases** | None |
| **Maximum limit on benefits and pay** | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions. |

# SCHEDULE SB ATTACHMENTS

## Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes which are required to be reflected.

## Changes in Benefits Valued Since Prior Year

The plan was amended during 2024 to provide for a retiree annuity purchase and a one-time limited lump sum offer for terminated vested participants.

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|---|---|
| **Plan Name** | **AGRI-MARK INC. PENSION PLAN** |
| **Plan Sponsor EIN** | **04-2704972** |
| **ERISA Plan #** | **002** |
| **Plan Year Ending** | **12/31/2025** |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| Form/Schedule | Line # | Description | Attachment |
|---|---|---|---|
| 5500 Sch. H | Line 3 | Financial statements used in formulating the IQPA's opinion | X |
| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |
| 5500 Sch. H | Line 4i | Schedule of Assets (Held at End of Year) | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Acquired and Disposed of Within Year) | |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | X |