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
CONTINENTAL GRAIN COMPANY PENSION PLAN

1b Three-digit plan number (PN) ▶ 013

1c Effective date of plan 01/01/1951

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)
CONTINENTAL GRAIN COMPANY

767 FIFTH AVENUE
15TH FLOOR
NEW YORK, NY 10153

2b Employer Identification Number (EIN) 36-0947870

2c Plan Sponsor's telephone number 212-207-5100

2d Business code (see instructions) 523130

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.	10/15/2026	JOSEPH J. BONGIORNO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2633
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)**	20
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	15
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	15
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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)** [ ] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
CONTINENTAL GRAIN COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 013

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL GRAIN COMPANY

D Employer Identification Number (EIN)
36-0947870

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)

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	NONE	1424867	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC INVESTMENT MANAGEMENT

52-1540171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	443341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	142560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEYFARTH SHAW LLP

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	73483	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PKF O'CONNOR DAVIES, LLP

27-1728945

(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 99	NONE	47610	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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
CONTINENTAL GRAIN COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 013

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL GRAIN COMPANY

D Employer Identification Number (EIN)
36-0947870

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5101781	1902434
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	28507311	0
(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)	5521704	0
(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)	4117742	532490
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	56983288	887

		(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	100231826	2435811
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	272393	1353790
1k Total liabilities (add all amounts in lines 1g through1j)	1k	272393	1353790
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	99959433	1082021

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)	7500000	
(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)		7500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	19926	
(B) U.S. Government securities	2b(1)(B)	540217	
(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)		560143
(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)	360172	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		360172
(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)		977372
c Other income	2c		79
d Total income. Add all **income** amounts in column (b) and enter total	2d		9397766
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28869434	
(2) To insurance carriers for the provision of benefits	2e(2)	78003766	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		106873200
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	121222	
(4) IQPA audit fees	2i(4)	47610	
(5) Investment advisory and investment management fees	2i(5)	133201	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	657939	
(8) Legal fees	2i(8)	24836	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	417170	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1401978
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		108275178
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-98877412
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: PKF O'CONNOR DAVIES, LLP **(2)** EIN: 27-1728945

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		2500000
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? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 583368.

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
CONTINENTAL GRAIN COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 013

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL GRAIN COMPANY

D Employer Identification Number (EIN)
36-0947870

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): 36-1561860

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 22.0 % Private Equity: 20.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 32.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: 26.0 %

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_____.

Continental Grain Company Pension Plan

Financial Statements

December 31, 2025 and 2024

Continental Grain Company Pension Plan

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December 31, 2025 and 2024

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PKF O'CONNOR DAVIES
ACCOUNTANTS AND ADVISORS

Independent Auditors' Report

The Administrative Committee of
Continental Grain Company Pension Plan

Opinion

We have audited the accompanying financial statements of Continental Grain Company Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits (liquidation basis) as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits (liquidation basis) for the years then ended, and the statement of accumulated plan benefits (liquidation basis) as of June 30, 2024, and the statement of changes in accumulated plan benefits (liquidation basis) for the period from January 1, 2024 to June 30, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits (liquidation basis) of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits (liquidation basis) for the years then ended, and the accumulated plan benefits (liquidation basis) as of June 30, 2024, and the changes in its accumulated plan benefits (liquidation basis) for the period then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Board of Trustees voted to terminate the Plan effective June 30, 2024. The assets of the Plan are in the process of being distributed. As a result of the termination, the Plan changed its basis of accounting from the going concern basis to the liquidation basis. Our opinion is not modified with respect to this matter.

In October 2025, the Plan purchased a group annuity contract on behalf of Plan participants with The United States Life Insurance Company in the City of New York ("US Life Insurance") for commencement of benefits on January 1, 2026. Our opinion is not modified with respect to this matter.

PKF O'Connor Davies, LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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.

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 Matters

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of: (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) (Liquidation Basis) as of December 31, 2025 and (2) Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions (Liquidation Basis) 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF O'Connor Davies, LLP

October 15, 2026

Continental Grain Company Pension Plan

Statements of Net Assets Available for Benefits
(Liquidation Basis)

	December 31, 2025	December 31, 2024
ASSETS		
Investments, at Fair Value	$ 533,377	$ 95,130,045
Receivables		
Accrued dividends and interest	1,596	393,686
Due from broker	904,604	365,000
Other receivable	996,234	-
Total Receivables	1,902,434	758,686
Accrued liquidation basis adjustments, net	-	4,343,095
Total Assets	2,435,811	100,231,826
LIABILITIES		
Accrued expenses	145,197	218,504
Due to broker	-	53,889
Due to plan sponsor	1,100,000	-
Accrued liquidation basis adjustments, net	108,593	-
Total Liabilities	1,353,790	272,393
Net Assets Available for Benefits	$ 1,082,021	$ 99,959,433

See notes to financial statements

Continental Grain Company Pension Plan

Statements of Changes in Net Assets Available for Benefits
(Liquidation Basis)

	Year Ended December 31,	
	2025	2024
ADDITIONS		
Investment Income		
Interest, dividends and other income	$ 507,331	$ 1,949,159
Net appreciation in fair value of investments	1,360,877	999,259
	1,868,208	2,948,418
Less investment expenses	136,428	438,806
Net Investment Income	1,731,780	2,509,612
Employer contributions	7,500,000	-
Other income	79	-
Total Additions	9,231,859	2,509,612
DEDUCTIONS		
Benefits paid to participants	28,869,434	8,341,180
Purchase of annuity contract for Plan participants	78,003,766	-
Administrative expenses	1,127,478	2,116,281
Total Deductions	108,000,678	10,457,461
Net Decrease	(98,768,819)	(7,947,849)
Liquidation basis adjustments	(108,593)	4,343,095
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	99,959,433	103,564,187
End of year	$ 1,082,021	$ 99,959,433

See notes to financial statements

Continental Grain Company Pension Plan

Statement of Accumulated Plan Benefits
(Liquidation Basis)
June 30, 2024

Vested Benefits		
Active employees	$	5,208,302
Participants with deferred benefits		42,652,810
Participants receiving benefits		48,141,208
Total Vested Benefits		96,002,320
Non-vested benefits		29,687
Total Actuarial Present Value of Accumulated Plan Benefits	$	96,032,007

Statement of Changes in Accumulated Plan Benefits
(Liquidation Basis)
For the Period from January 1, 2024 to June 30, 2024

Actuarial present value of accumulated plan benefits at beginning of year	$	95,527,135
Increase (decrease) during the period attributable to:		
Decrease in the discount period		2,990,860
Benefits paid		(4,190,455)
Assumption changes		1,704,467
Net Increase		504,872
Actuarial Present Value of Accumulated Plan Benefits at June 30, 2024	$	96,032,007

See notes to financial statements

1. Description of Plan

The following description of the Continental Grain Company Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan for eligible employees of Continental Grain Company (the "Company" or "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective August 1, 2019, the Plan was amended to allow each eligible participant to receive an immediate distribution of the actuarial equivalent of the portion of the participant's vested accrued benefit regardless of whether the participant had attained the earliest benefit commencement date permitted under the Plan. The benefit commencement date of such benefits was October 1, 2019. In lieu of the immediate lump-sum distribution, each eligible participant may elect to receive the immediate benefit in the form of an immediate annuity if they meet certain eligibility requirements. For purposes of determining the amount of the alternative annuity forms, each annuity form has been determined as the actuarial equivalent of the 5 year certain and life annuity.

Effective April 1, 2022, the Plan was amended to revise the early retirement factors applicable to certain participants who commence benefits at age 59 or earlier.

Effective June 30, 2024, the Company terminated the Plan with Board consent (executed April 22, 2024) and a plan amendment (executed May 16, 2024). Accordingly, the 2024 and 2025 financial statements are presented under the liquidation basis of accounting and include the accrual of activity for future periods including (1) any contributions made by the Company, (2) any costs that it expects to incur, (3) any interest and dividends it expects to earn during liquidation, and (4) any adjustments to investments through the liquidation period.

In October 2025, the Plan purchased a group annuity contract on behalf of Plan participants with The United States Life Insurance Company in the City of New York ("US Life Insurance") amounting to $79,000,000. In April 2026, US Life Insurance refunded $996,234 back to the Plan as a premium true-up and is included in the other receivable as of December 31, 2025. The annuity is for the purchase of benefits from the Plan and represents contracts under which US Life Insurance is obligated to pay benefits to named employees or their beneficiaries. The benefit commencement date was January 1, 2026. Funds applied for the purchase of the annuity are excluded from the Plan's assets at December 31, 2025.

Subsequent to December 31, 2025, 15 participants were transferred to the Pension Benefit Guaranty Corporation ("PBGC"), effectively transferring the benefit obligation for these participants, amounting to $257,863, from the Plan to the PBGC. The benefit obligation is not included in the liquidation basis adjustments in the 2025 financial statements.

The remaining descriptions were applicable to the Plan prior to the Plan's termination.

1. Description of Plan *(continued)*

Pension Benefits

Continental Grain Company Salaried Employees

Eligibility and Vesting

Generally, up until January 1, 2009, employees of the Company were eligible for participation in the Plan after completion of one year of service. After completion of 5 years of service, a participant becomes fully vested in the Plan. A participant is required to complete 10 years of service to qualify for early retirement benefits, which is at age 55.

Benefits for participants retiring upon reaching the normal retirement age of 65 are based upon the average highest five consecutive years' annual salary and on the number of years of credited service.

Participants may elect early retirement after having reached age 55 and having completed 10 years of service. Benefits upon election of early retirement are reduced for each month by which the retirement date precedes age 65.

The normal form of benefit payment is payable on a single life annuity basis for single employees, commencing on normal retirement date, and a 50% joint and survivor annuity basis for married participants. Several other payment options are also available to participants upon retirement.

Participants who have attained the age of 72 and are still working may elect to commence collection of their pension benefits.

As of December 31, 2008, the Company froze the benefit service accrual and salary growth recognition for the salaried population. As of January 1, 2009, no new salaried participants have been enrolled in the Plan.

As of January 1, 2016, the Plan was amended to provide a limited period of time in which participants who were not otherwise eligible to commence benefit payments (not yet 55 or those 55-65 who did not have 10 years of service) and who terminated employment prior to April 1, 2016, with a vested interest could elect a distribution, including a lump-sum payment, under the Plan.

As of September 1, 2020, the Plan was amended to provide a limited period of time in which (1) certain salaried participants who terminated employment prior to January 1, 2020, with a vested interest and (2) certain surviving spouses of salaried participants with a vested interest, may elect a distribution, including a lump sum payment, under the Plan of certain benefits.

Hourly Employees

Benefits for participants retiring upon reaching the normal retirement age of 65 are based upon the participants' years of benefit service credited to the date of termination or the date of the freeze (whichever is first) and the benefit level in effect at the date of termination or plan freeze (whichever is first) for the participant's location.

1. Description of Plan *(continued)*

Hourly Employees (continued)

Participants may elect early retirement after having reached age 55 and having completed 10 years of service. Benefits upon election of early retirement are reduced for each month by which the retirement date precedes age 65.

The normal form of benefit payment is payable on a single life annuity basis for single participants, commencing on normal retirement date, and a 50% joint and survivor annuity basis for married participants. Several other payment options are also available to participants upon retirement.

Effective April 1, 2000, participants employed by Wayne Farms LLC, a subsidiary of the Company, who are not subject to a collectively bargained agreement earned a supplemental cash balance benefit equal to $650 credited annually, prorated for benefit service less than one year. The cash balance is increased by interest credit each year based on the average annual yield on 30-year Treasury bonds for the current year. Participants who have attained the age of 72 and are still working may elect to commence collection of their pension benefits.

At June 30, 2009, all non-union hourly Wayne Farms locations froze their benefits. Union locations listed below froze their benefits at the dates indicated:

12/31/2008:	Guntersville, AL Decatur East, AL Enterprise, AL (Feed Mill)
3/31/2009:	Albertville, AL Decatur Fresh, AL
11/30/2009:	Maysville, GA
3/31/2010:	Enterprise, AL
5/31/2010:	Union Springs, AL (Feed Mill) Troy, AL
3/31/2011:	Decatur West, AL (Plant) Laurel, MS (Plant and Feed Mill)
4/30/2011:	Danville, AR (Plant and Feed Mill)
6/30/2011:	Union Springs, AL (Plant)

As each location's defined benefit plan was frozen, a 401(k) plan was put in its place. In September of 2015, the Plan was amended to provide a limited period of time in which certain Wayne Farms participants who terminated employment prior to April 1, 2015, with a vested interest could elect a distribution, including a lump-sum payment, under the Plan.

1. Description of Plan *(continued)*

Contributions

The Company's policy is designed to contribute such amounts as are necessary to provide sufficient assets to meet the benefits paid to Plan participants in accordance with at least the minimum funding requirements of ERISA. The earnings of the Plan serve to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. The Company has met the minimum funding requirements of ERISA for 2025 and 2024.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

As a result of the Plan termination (see Note 1), the Plan changed its basis of accounting from the going concern basis to the liquidation basis. The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Pursuant to U.S. GAAP guidance, alternative investments where fair value is measured using the Net Asset Value ("NAV") per share as a practical expedient are not categorized within the fair value hierarchy.

Investment Valuation and Income Recognition

Investments in marketable equity securities, mutual funds, and U.S. government and agency obligations are valued based on quoted market prices.

The Plan's interest in commingled funds are based on the fair value of the commingled funds' underlying investments as based on information reported by the investment advisor using the audited financial statements of the commingled funds at year-end.

2. Summary of Significant Accounting Policies *(continued)*

Investment Valuation and Income Recognition (continued)

The fair value of the common/collective trusts and alternative investments has been estimated using the NAV as reported by the management of the respective alternative investment fund. U.S. GAAP guidance provides for the use of NAV as a "*Practical Expedient*" for estimating fair value of alternative investments. NAV reported by the common/collective trusts and each alternative investment fund is used as a practical expedient to estimate the fair value of the Plan's interest therein.

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be realized in the immediate settlement of the financial asset and does not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset.

Because the NAV reported by each private equity investment and hedge fund is used as a practical expedient to estimate fair value of the Plan's interest therein, they are not classified within the fair value hierarchy.

Purchases and sales of securities are recorded on a trade-date basis. Gains or losses on sales of securities are calculated on the average cost basis. Dividend income is recorded on the ex-dividend dates. Interest income is recorded as earned. 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.

Transactions in other currencies are translated into U.S. dollars at the exchange rates in effect at the date of transactions. Monetary assets and liabilities denominated in non-U.S. currency are reported at the exchange rates in effect at year end. Any gain or loss arising from a change in exchange rates subsequent to the date of the transaction is included in the net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Due from/to Broker

The due from/to broker amounts consist of cash due from/to broker for the sales/purchases of securities executed during the plan year that settled in the subsequent plan year.

Payment of Benefits

Benefit payments are recorded when paid.

2. Summary of Significant Accounting Policies *(continued)*

Administrative and Investment Expenses

All fees and expenses of the Plan are paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 15, 2026.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered through the date the Plan was frozen or the date of their termination, whichever occurred earlier. Accumulated plan benefits are expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees vested in the Plan or to their beneficiaries.

Effective December 31, 2008, the salaried component of the Plan was frozen and effective June 30, 2009 the non-union hourly component of the Plan was frozen. At various times beginning December 31, 2009, union participant benefits were frozen. No further benefit accruals are permitted after those respective freeze dates and no new participants were admitted to the Plan. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

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

3. Actuarial Present Value of Accumulated Plan Benefits *(continued)*

The Plan was terminated effective June 30, 2024. The actuary prepared a valuation report that reflects a short plan year from January 1, 2024 through the termination date of June 30, 2024. The significant actuarial assumptions used in the valuation as of June 30, 2024 are as follows:

Expected Long-Term Rate of Return:	6.40%
Mortality Rates:	Pri-2012 base mortality tables with separate tables of rates for annuitants and non-annuitants with no collar adjustment, sex distinct, separate beneficiary mortality after the annuitant's death, using MP-2021 generational improvement scale.
Retirement Age	
Salaried:	Earlier of age 58 and 10 years of service or age 65 and 5 years of service
Hourly:	Age 65 and 5 years of service

The actuarial assumptions from the December 31, 2023 valuation were unchanged for the June 30, 2024 valuation, except as follows: (1) the lump sum conversion was updated to IRC Section 417(e) 3-segment interest rates from September 2024 for lump sums to be paid in 2025 (4.17% for 5 years, 4.76% for payments in the next 15 years, and 5.25% for payments beyond 20 years); (2) IRC Section 417(e) 2025 unisex mortality table without any adjustment; and (3) the interest crediting rate for RGA balances was changed from 4.94% for 2024 and 4.25% for 2025 and thereafter to 2.46% for all years.

4. Investments

The following are major categories of investments measured at fair value grouped by the fair value hierarchy as of December 31:

	2025				
	Level 1	Level 2	Level 3	Other Investments Measured at NAV *	Total
Mutual Fund	$ 532,490	$ -	$ -	$ -	$ 532,490
Private Equity Investments	-	-	-	887	887
	$ 532,490	$ -	$ -	$ 887	$ 533,377

4. Investments *(continued)*

	2024				
	Level 1	Level 2	Level 3	Other Investments Measured at NAV *	Total
Fixed Income Securities	$ -	$ 28,507,311	$ -	$ -	$ 28,507,311
Mutual Fund	4,117,742	-	-	-	4,117,742
Private Equity Investments	-	-	-	5,521,704	5,521,704
Commingled Funds	-	-	13,726,754	-	13,726,754
Common/Collective Trusts	-	-	-	18,222,630	18,222,630
Hedge Funds	-	-	-	25,033,904	25,033,904
	$ 4,117,742	$ 28,507,311	$ 13,726,754	$ 48,778,238	$ 95,130,045

*As discussed in Note 2, investments that are measured using the practical expedient are not classified within the fair value hierarchy.

The hedge funds consists of event driven and multi-strategy funds. Event driven investing generally involves investment in spin-offs, mergers and acquisitions, bankruptcy reorganizations, recapitalizations and share buybacks. The portfolio of some managers may focus on merger arbitrage or distressed and value debt securities; however, others may not have a particular focus. Instruments include: (1) long and short common and preferred stocks, (2) debt securities and (3) options. Some managers may use leverage. In addition, they may hedge against market risk by purchasing Standard & Poor's put options or put option spreads. Funds that employ a multi-strategy may employ a variety of strategies.

Redemptions for the hedge funds are effected as of the last business day of each calendar quarter, upon ninety days advance notice. The redemption frequency of the commingled funds is monthly. The redemption notice period is thirty days. The unfunded commitments for the private equity investments amounted to $16,137 and $16,137 for the years ended December 31, 2025 and 2024. For the private equity investments, the Plan's interest may not be sold, assigned, pledged, or otherwise transferred without the consent of the general partner of the fund. Additionally, the Plan's interest cannot be redeemed.

The following investments represent 10% or more of the Plan's net assets available for benefits at December 31:

	2025	2024
MFB Northern Institutional Funds Treasury Portfolio Premier CL	$ 532,490	*
CF Strategic (Restricted) Limited SPC-Alpha Segregated	-	$ 21,143,793

(*) Amount was less than 10% of net assets available for benefits.

4. Investments *(continued)*

The following is a reconciliation of the beginning and ending balances for assets measured at fair value using significant unobservable inputs (Level 3) during the years ended December 31, 2025 and 2024:

	Commingled Funds (a)
Balance, January 1, 2024	$ 15,804,222
2024	
Sales proceeds and other settlements	(4,225,000)
Net appreciation in fair value of investments	2,147,532
Balance, December 31, 2024	13,726,754
2025	
Sales proceeds and other settlements	(15,161,840)
Net appreciation in fair value of investments	1,435,086
Balance, December 31, 2025	$ -

(a) The Plan invested in commingled funds, and these funds typically invest equity capital into a portfolio of private companies. These funds may invest in an array of companies, industries, sectors, countries and geographies.

5. Related Party Transaction

During the 2025 Plan year, the Company entered into a loan agreement with the Plan, whereby the Company could loan the Plan up to $2,000,000 interest-free. The proceeds of the loan could only be used to pay ordinary operating expenses incurred by the Plan. In November 2025, the Company loaned the Plan $1,100,000 under the terms of the loan agreement. In August 2026, the $1,100,000 loan proceeds were repaid by the Plan to the Company in full. This amount is included in the due to plan sponsor liability on the statement of net assets available for benefits (liquidation basis) as of December 31, 2025. This transaction represents a related party transaction.

6. Parties-in-Interest Transactions

Northern Trust Company is the Plan's trustee. The Plan pays Northern Trust Company investment fees and therefore, these transactions qualify as exempt party-in-interest transactions under ERISA. Fees paid by the Plan to Northern Trust Company amounted to $184,041 and $103,078 for the years ended December 31, 2025 and 2024.

7. Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the plan administrator by a letter dated December 16, 2020, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). On May 14, 2025, the IRS issued a determination letter approving the Plan's termination effective June 30, 2024. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

U.S. GAAP requires 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 examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risk. 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 change could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions and the actuarial present value of accumulated plan benefits are prepared 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.

* * * * *

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
Continental Grain Company Pension Plan

1b Three-digit plan number (PN) ▶ 013

1c Effective date of plan 01/01/1951

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)

Continental Grain Company

767 Fifth Avenue
15th floor
New York NY 10153

2b Employer Identification Number (EIN) 36-0947870

2c Plan Sponsor's telephone number 212-207-5100

2d Business code (see instructions) 523130

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	Joseph Bongiorno	10/15/2026	Joseph J. Bongiorno
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Joseph Bongiorno	10/15/2026	Joseph J. Bongiorno
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2,633
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)**	20
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	15
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	15
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A

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)** [ ] **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 _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Continental Grain Company Pension Plan

Schedule Pursuant to Department of Labor Requirements
(Liquidation Basis)
Year Ended December 31, 2025

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN #: 36-0947870
Plan #: 013

(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 Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Single Transactions in Excess of 5% of the Current Value of the Plan Assets								
Northern Trust	United States of America Treasury Bonds 3.625% Due 02-15-2053	$ -	$ 5,424,453	$ -	$ -	$ 6,264,375	$ 5,424,453	$ (839,922)
Northern Trust	United States of America Treasury Bonds 3% Due 08-15-2052	-	5,172,344	-	-	6,077,461	5,172,344	(905,117)
Northern Trust	United States of America Treasury Notes 4.25% Due 05-15-2035	7,893,438	-	-	-	7,893,438	7,893,438	-
Northern Trust	United States of America Treasury Notes 4.25% Due 05-15-2035	5,650,793	-	-	-	5,650,793	5,650,793	-
Northern Trust	United States of America Treasury Notes 4.25% Due 05-15-2035	-	13,883,559	-	-	13,544,230	13,883,559	339,329
Northern Trust	United States of America Treasury Notes 2.75% Due 08-15-2032	-	5,643,988	-	-	5,599,554	5,643,988	44,434
Northern Trust	United States of America Treasury N/B 4.75% Due 05-15-2055	14,272,070	-	-	-	14,272,070	14,272,070	-
Northern Trust	United States of America Treasury N/B 4.75% Due 05-15-2055	18,842,379	-	-	-	18,842,379	18,842,379	-
Northern Trust	United States of America Treasury N/B 4.75% Due 05-15-2055	-	16,923,047	-	-	17,094,480	16,923,047	(171,433)
Northern Trust	United States of America Treasury N/B 4.75% Due 05-15-2055	-	16,610,125	-	-	16,019,970	16,610,125	590,155
Northern Trust	CF DoubleLine Long Duration Total Return Fund	-	7,912,993	-	-	7,505,719	7,912,993	407,274
Northern Trust	CF MetLife Long Credit CIT CL E	-	5,445,704	-	-	6,432,755	5,445,704	(987,051)
Northern Trust	CF Voya Private Credit Trust Fund	-	5,530,544	-	-	5,856,539	5,530,544	(325,995)
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	6,421,546	-	-	-	6,421,546	6,421,546	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	8,500,000	-	-	-	8,500,000	8,500,000	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	5,530,544	-	-	-	5,530,544	5,530,544	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	5,530,544	-	-	-	5,530,544	5,530,544	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	18,000,000	-	-	-	18,000,000	18,000,000	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	18,141,788	-	-	-	18,141,788	18,141,788	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	5,445,704	-	-	-	5,445,704	5,445,704	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	7,912,993	-	-	-	7,912,993	7,912,993	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	13,358,697	-	-	-	13,358,697	13,358,697	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	17,173,777	-	-	-	17,173,777	17,173,777	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	17,000,091	-	-	-	17,000,091	17,000,091	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	65,698,287	-	-	-	65,698,287	65,698,287	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	8,600,000	-	-	-	8,600,000	8,600,000	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	8,500,000	-	-	8,500,000	8,500,000	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	7,923,003	-	-	7,923,003	7,923,003	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	5,530,544	-	-	5,530,544	5,530,544	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	18,000,233	-	-	18,000,233	18,000,233	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	23,100,000	-	-	23,100,000	23,100,000	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	5,445,705	-	-	5,445,705	5,445,705	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	7,912,993	-	-	7,912,993	7,912,993	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	20,102,109	-	-	20,102,109	20,102,109	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	17,000,000	-	-	17,000,000	17,000,000	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	5,464,015	-	-	5,464,015	5,464,015	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	15,478,271	-	-	15,478,271	15,478,271	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	78,346,721	-	-	78,346,721	78,346,721	-
Northern Trust	CF Strategic (Restricted) Limited SPC-Alpha Segregated	-	20,541,684	-	-	12,138,651	20,541,684	8,403,033

See independent auditors' report.

Continental Grain Company Pension Plan

Schedule Pursuant to Department of Labor Requirements
(Liquidation Basis)
Year Ended December 31, 2025

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN #: 36-0947870
Plan #: 013

(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 Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Series of Transactions by Issue in Excess of 5% of the Current Value of the Plan Assets								
Northern Trust	CF Strategic (Restricted) Limited SPC-Alpha Segregated	-	22,541,684	-	-	13,389,495	22,541,684	9,152,189
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	264,503,872	-	-	-	264,503,872	264,503,872	-
Northern Trust	MFB Northern Institutional Funds Treasury Portfolio Premier CL	-	268,089,124	-	-	268,089,124	268,089,124	-
Northern Trust	United States of America Treasury Notes 4.25% Due 05-15-2035	13,544,230	-	-	-	13,544,230	13,544,230	-
Northern Trust	United States of America Treasury Notes 4.25% Due 05-15-2035	-	13,883,559	-	-	13,544,230	13,883,559	339,329
Northern Trust	United States of America Treasury Notes 3.875% Due 06-30-2030	3,590,297	-	-	-	3,590,297	3,590,297	-
Northern Trust	United States of America Treasury Notes 3.875% Due 06-30-2030	-	3,626,859	-	-	3,590,297	3,626,859	36,562
Northern Trust	United States of America Treasury N/B 4.75% Due 05-15-2055	33,114,449	-	-	-	33,114,449	33,114,449	-
Northern Trust	United States of America Treasury N/B 4.75% Due 05-15-2055	-	33,533,172	-	-	33,114,449	33,533,172	418,723
Series of Transactions with Same Party in Excess of 5% of the Current Value of the Plan Assets								
Barclays Capital Inc. Fixed Income	United States of America Treasury Bonds 2.875% Due 05-15-2052	-	1,081,406	-	-	1,346,602	1,081,406	(265,196)
Barclays Capital Inc. Fixed Income	United States of America Treasury Notes 4.25% Due 05-15-2035	7,893,438	-	-	-	7,893,438	7,893,438	-
Barclays Capital Inc. Fixed Income	United States of America Treasury Notes 3.875% Due 06-30-2030	3,590,297	-	-	-	3,590,297	3,590,297	-
Citadel Securities	United States of America Treasury Bonds 4.125% Due 08-15-2053	-	3,101,039	-	-	3,068,500	3,101,039	32,539
Citadel Securities	United States of America Treasury Bonds 3.625% Due 02-15-2053	-	5,424,453	-	-	6,264,375	5,424,453	(839,922)
Citadel Securities	United States of America Treasury Notes 4.25% Due 05-15-2035	5,650,793	-	-	-	5,650,793	5,650,793	-
Citadel Securities	United States of America Treasury Bonds 1.25% Due 05-15-2050	-	248,535	-	-	478,887	248,535	(230,352)
Citadel Securities	United States of America Treasury Bonds 1.875% Due 02-15-2051	-	1,618,641	-	-	2,710,313	1,618,641	(1,091,672)
Citadel Securities	United States of America Treasury N/B 4.75% Due 05-15-2055	14,272,070	-	-	-	14,272,070	14,272,070	-
Citadel Securities	United States of America Treasury N/B 4.75% Due 05-15-2055	-	16,923,047	-	-	17,094,480	16,923,047	(171,433)
Goldman, Sachs & Co.	United States of America Treasury Bonds 4.0% Due 11-15-2052	-	1,295,977	-	-	1,516,523	1,295,977	(220,546)
Goldman, Sachs & Co.	United States of America Treasury Bonds 4.0% Due 11-15-2052	-	1,071,844	-	-	1,213,219	1,071,844	(141,375)
Goldman, Sachs & Co.	United States of America Treasury Notes 4.25% Due 05-15-2035	-	13,883,559	-	-	13,544,230	13,883,559	339,329
Goldman, Sachs & Co.	United States of America Treasury Notes 2.75% Due 08-15-2032	-	5,643,988	-	-	5,599,554	5,643,988	44,434
Goldman, Sachs & Co.	United States of America Treasury Notes 3.875% Due 06-30-2030	-	3,626,859	-	-	3,590,297	3,626,859	36,562
Goldman, Sachs & Co.	United States of America Treasury N/B 3.125% Due 08-31-2027	-	2,280,234	-	-	2,219,859	2,280,234	60,375
Goldman, Sachs & Co.	United States of America Treasury N/B 4.75% Due 05-15-2055	18,842,379	-	-	-	18,842,379	18,842,379	-
Goldman, Sachs & Co.	United States of America Treasury N/B 4.75% Due 05-15-2055	-	16,610,125	-	-	16,019,970	16,610,125	590,155
J.P. Morgan Securities LLC	United States of America Treasury Bonds 3% Due 08-15-2052	-	5,172,344	-	-	6,077,491	5,172,344	(905,147)
J.P. Morgan Securities LLC	United States of America Treasury Bonds 1.375% Due 08-15-2050	-	254,961	-	-	473,582	254,961	(218,621)

See independent auditors' report.

Continental Grain Company Pension Plan

Supplemental Schedules
(Liquidation Basis)

December 31, 2025

Continental Grain Company Pension Plan

Schedule Pursuant to Department of Labor Requirements
(Liquidation Basis)
December 31, 2025

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

EIN #: 36-0947870
Plan #: 013

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	MUTUAL FUND	**SHARES / UNITS**		
*	MFB Northern Institutional Funds Treasury Portfolio Premier CL	532,490	$ 532,490	$ 532,490
	PRIVATE EQUITY INVESTMENT			
	Apollo Investment Fund IV, LP	1	2,825	887
	Total Investments		$ 535,315	$ 533,377

See independent auditors' report.