

**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

**2022**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:
  - a multiemployer plan
  - a single-employer plan
  - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
  - a DFE (specify) \_\_\_\_\_
- B** This return/report is:
  - the first return/report
  - the final return/report
  - an amended return/report
  - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - special extension (enter description)
  - the DFVC program
- 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

<b>1a</b> Name of plan <u>RIVERBEND FOODS, LLC RETIREMENT PLAN FOR PITTSBURGH HOURLY EMPLOYEES</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> 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) <u>NORTHEAST PROPERTIES LLC</u>  <u>1400 CIVIC PL STE 250</u> <u>SOUTHLAKE, TX 76092-7647</u>	<b>1c</b> Effective date of plan <u>04/24/2006</u>  <b>2b</b> Employer Identification Number (EIN) <u>30-0988311</u>  <b>2c</b> Plan Sponsor's telephone number <u>412-442-6919</u>  <b>2d</b> Business code (see instructions) <u>311400</u>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2023	WARREN BONHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)  
v. 220413

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 597
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b> 0 <b>6a(2)</b> 0 <b>6b</b> 0 <b>6c</b> 0 <b>6d</b> 0 <b>6e</b> 0 <b>6f</b> 0  <b>6g</b>  <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I 1H  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <b>1</b> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<b>A</b> Name of plan <b>RIVERBEND FOODS, LLC RETIREMENT PLAN FOR PITTSBURGH HOURLY EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHEAST PROPERTIES LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>30-0988311</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**AMERICAN UNITED LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
		<b>P55205</b>	<b>436</b>		

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end.....	<b>4</b>
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b>
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b>
	(4) Transferred from separate account.....	<b>7c(4)</b>
	(5) Other (specify below) .....	<b>7c(5)</b>
	▶	
	(6) Total additions.....	<b>7c(6)</b>
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account.....	<b>7e(3)</b>
	(4) Other (specify below) .....	<b>7e(4)</b>
	▶	
	(5) Total deductions.....	<b>7e(5)</b>
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve.....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs.....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges.....	<b>9c(1)(G)</b>	
	(H) Total retention.....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	
	Specify nature of costs.		

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>RIVERBEND FOODS, LLC RETIREMENT PLAN FOR PITTSBURGH HOURLY EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHEAST PROPERTIES LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>30-0988311</u>	

**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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**(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)

NORTHEN 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 50	NONE	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALIGHT SOLUTIONS

36-2235791

(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?
15 50	NONE	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUMMIT FINANCIAL CORP

04-3222046

(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	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

GRANT THORNTON LLP

36-6055558

(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	NONE	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

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

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>RIVERBEND FOODS, LLC RETIREMENT PLAN FOR PITTSBURGH HOURLY EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORTHEAST PROPERTIES LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>30-0988311</u>

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST INVESTMENTS, INC.</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>MFB NT COLL US MKTCAP EQUITY ND</u>	
<b>c</b> EIN-PN <u>46-6138589-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>b</b> Name of sponsor of entity listed in (a):	
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>b</b> Name of sponsor of entity listed in (a):	
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>b</b> Name of sponsor of entity listed in (a):	
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>b</b> Name of sponsor of entity listed in (a):	
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>b</b> Name of sponsor of entity listed in (a):	
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>b</b> Name of sponsor of entity listed in (a):	
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>b</b> Name of sponsor of entity listed in (a):	
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<b>A</b> Name of plan <b>RIVERBEND FOODS, LLC RETIREMENT PLAN FOR PITTSBURGH HOURLY EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHEAST PROPERTIES LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>30-0988311</b>	

**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
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	8000000
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	0
<b>(3)</b> Other.....	<b>1b(3)</b>	21686
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>	
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>	
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	5422471
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	29263090
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	42707247	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g	9069	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	9069	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	42698178	0

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	467624	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		-367872
(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)		-3364106
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		-3264354
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	10964097	
(2) To insurance carriers for the provision of benefits .....	2e(2)	28085081	
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		39049178
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses: (1) Professional fees .....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees .....	2i(3)		
(4) Other .....	2i(4)	384646	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		384646
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		39433824
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-42698178
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan.....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON

(2) EIN: 36-6055558

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1)  This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

	Yes	No	Amount
4a		X	

		Yes	No	Amount
<b>b</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.).....	<b>4b</b>		X	
<b>c</b> 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.) .....	<b>4c</b>		X	
<b>d</b> 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.).....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	<b>4e</b>	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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? .....	<b>4g</b>		X	
<b>h</b> 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?.....	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<b>4i</b>		X	
<b>j</b> 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.).....	<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4k</b>	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>			
<b>n</b> 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. ....	<b>4n</b>			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 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.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 470562.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>RIVERBEND FOODS, LLC RETIREMENT PLAN FOR PITTSBURGH HOURLY EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHEAST PROPERTIES LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>30-0988311</u>	

<b>Part I</b>	<b>Distributions</b>
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**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
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**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): 36-3046063

**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	150
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>6 b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>6 c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
 0-3 years  3-6 years  6-9 years  9-12 years  12-15 years  15-18 years  18-21 years  21 years or more

**c** What duration measure was used to calculate line 19(b)?  
 Effective duration  Macaulay duration  Modified duration  Other (specify): \_\_\_\_\_

**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 \_\_\_\_\_

Financial Statements and Report of  
Independent Certified Public  
Accountants

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

December 31, 2022 and 2021

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Plan Administrator  
Riverbend Foods, LLC Retirement Plan for Pittsburgh Hourly Employees

**Scope and nature of the ERISA Section 103(a)(3)(C) audit**

We have performed audits of the financial statements of Riverbend Foods, LLC Retirement Plan for Pittsburgh Hourly Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 (liquidation basis) and 2021 (liquidation basis), and the related statement of changes in net assets available for benefits for the year ended December 31, 2022 (liquidation basis), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

**Opinion**

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

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

**Basis for opinion**

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

**Responsibilities of management for the financial statements**

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

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

**Auditor's responsibilities for the audit of the financial statements**

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

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the

purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

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

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

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

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

#### **Other matter – supplemental schedules required by ERISA**

The supplemental schedule of reportable transactions for the year ended December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with

the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Grant Thornton LLP*

Chicago, Illinois  
October 16, 2023

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
(Liquidation Basis)**

**December 31,**

	<u>2022</u>	<u>2021</u>
<b>ASSETS</b>		
Investments, at fair value	\$ -	\$ 34,685,561
Estimated employer contributions receivable due to Plan termination	-	8,586,269
Accrued dividends	-	21,686
	<hr/>	<hr/>
Total assets	-	43,293,516
<b>LIABILITIES</b>		
Pending trades	-	9,069
Accrued expenses due to Plan termination	-	667,950
	<hr/>	<hr/>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ -</u>	<u>\$ 42,616,497</u>

The accompanying notes are an integral part of these financial statements.

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
(Liquidation Basis)**

**Year ended December 31, 2022**

Investment income (loss)		
Net depreciation in fair value of investments	\$	(3,731,978)
Dividend income		<u>467,624</u>
Net investment (loss)		(3,264,354)
Change in estimated employer contributions due to Plan termination		(677,573)
<b>Deductions from net assets attributed to:</b>		
Benefits paid to participants		10,964,097
Purchase of group annuity contract		27,993,777
Change in estimated administrative expenses due to Plan termination		<u>(283,304)</u>
Total deductions		<u>38,674,570</u>
<b>NET DECREASE</b>		(42,616,497)
<b>Net assets available for benefits</b>		
Beginning of year		<u>42,616,497</u>
End of year	<u>\$</u>	<u>-</u>

The accompanying notes are an integral part of this financial statement.

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2022 and 2021**

**NOTE A - DESCRIPTION OF THE PLAN**

The following brief description of the Riverbend Foods, LLC Retirement Plan for Pittsburgh Hourly Employees (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

***General***

On May 22, 2017, TreeHouse Foods, Inc. (TreeHouse) completed the sale of its Soup and Infant Feeding business to Riverbend Foods LLC (the Company), a newly formed portfolio company of Insight Equity, a private equity firm. As of the closing date of the transaction, sponsorship of the Plan was assumed by the Company from TreeHouse and the Plan provisions remained the same.

TreeHouse adopted a defined benefit retirement plan for the exclusive benefit of certain designated hourly paid employees represented by the United Food & Commercial Workers International Union, AFL-CIO & CLC, Local 325. The Plan is a successor plan for those eligible employees who were employees of Del Monte (or an affiliate) and participants in the prior plan (the Prior Plan). It is intended that a participant (or beneficiary) shall receive a total service benefit under the Plan, reduced by the benefit payable to the participant (or beneficiary) under the Prior Plan. The Plan is a continuation of TreeHouse Pension Plan for Pittsburgh Hourly Employees and all service providers remained the same. The Northern Trust Company (Northern Trust) is the Plan's trustee.

In July of 2019, the Company closed its production plant and approximately 400 employees were terminated. On October 22, 2019, the Company filed for voluntary Chapter 11 bankruptcy. In accordance with the Company's Chapter 11 plan of liquidation, which was approved by the United States Bankruptcy Court for the Western District of Pennsylvania on March 12, 2020, Northeast Properties LLC (NE Properties), a non-debtor-controlled group member of the Company, became the Plan Sponsor pursuant to the Fourth Amendment to the Plan dated as of March 16, 2020.

***Plan Termination***

On December 15, 2020, the Board of NE Properties has determined it is advisable to terminate the Plan effective December 29, 2020, subject to regulatory approval from the Pension Benefit Guaranty Corporation (PBGC) and the Internal Revenue Service (IRS). On October 1, 2020, Notices of Intent to Terminate and Notices to Interested Parties were issued. In connection with the Plan's termination, NE Properties submitted a request for a determination letter to the IRS on September 23, 2021. The standard termination notice filing to the PBGC was filed (Form 500) on October 11, 2021. The Plan received a final determination letter dated July 6, 2022.

On June 1, 2020, NE Properties and the PBGC executed a binding term sheet agreement to liquidate the Plan, upon approval, at the end of calendar year 2020 under the standard termination process. The binding term sheet agreement includes among other things, granting the PBGC a first position security interest in a certain property owned by NE Properties in order to secure the unfunded benefit liabilities of the Plan and to fulfill NE Properties' funding obligations. The PBGC will release its security interest in the property concurrent with the closing of the sale of the property and the funding of the obligation as defined in the agreement. The standard termination process has been delayed and the PBGC granted NE Properties an extension to the binding agreement due to various legal reasons noted below.

NE Properties executed an Agreement of Purchase and Sale (Agreement) with a buyer effective September 15, 2021 to sell the property noted above. The purchase price was set at \$20.25 million. Per the terms of the Agreement, the buyer has 45 days to complete their diligence following the release of the lien (lis pendens) put on the property by the unsecured creditors of the former sponsor's operating company.

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

NE Properties and its insurance carriers reached a settlement agreement with the unsecured creditors whereby they agreed to release the lien upon receipt of \$4.5 million (portion owed by NE Properties is \$9 million funded in October 2021, remainder is owed by the insurance carries). The lien was released and on July 7, 2022 and the sale of the property was completed.

As of December 31, 2021, the Plan's actuary has estimated the potential termination liability based on the assumption that all terminated vested participants will elect the lump sum option and current retirees and beneficiaries receiving benefits will continue with an annuity option. Given the current assets of the Plan as of December 31, 2021 and accrued expenses expected through the Plan's full liquidation, the funding gap was estimated to be approximately \$8.6 million. As noted in Note B, under the liquidation basis of accounting, this amount has been recorded as estimated employer contributions due to Plan termination as of December 31, 2021.

Since the sale of the property has been completed, the PBGC released its security interest in the property concurrent with the closing of the sale and the funding of the obligation as defined in the agreement. Based on the agreement with the PBGC, \$8 million was deposited to Northern Trust, the Plan's trustee on July 25, 2022. With the funding of the \$8 million, it was determined the Plan is fully funded and the standard termination process commenced as noted below. The Plan's actuary has reflected \$8 million as contribution towards the 2021 Plan year in order to meet its funding requirements.

As a result of the Plan termination, each affected participant's accrued benefit at the date of termination became fully vested and nonforfeitable. In accordance with the resolution to terminate the Plan, benefit obligations were satisfied with distribution of Plan assets available for benefits through the purchase of an annuity contract from an insurer or single lump-sum payments.

Participants were given the option to take a lump sum distribution. Based on participant elections, the resulting lump sum distributions of approximately \$9 million were distributed to Plan participants on September 30, 2022 and is included in the benefits paid to participants in the Statement of Changes in Net Assets Available for Benefits.

On September 28, 2022, NE Properties entered into a contract with an insurance company to purchase a single premium group annuity contract and on October 3, 2022, premium in the amount of approximately \$28 million (net of refunds) was transferred to the insurance company.

In December 2022, all remaining benefits and plan liabilities were satisfied through the lump sum payments and group annuity contract noted above resulting in \$0 Net Assets Available for Benefits as of December 31, 2022. Accordingly, the Statements of Changes in Net Assets Available for Benefits reported a true up in estimated employer contribution and administrative expenses due to Plan termination, for the year ended December 31, 2022.

***Pension Benefits and Eligibility***

The following were the Plan's provisions prior to Plan termination.

Effective October 1, 2014, eligibility in the Plan was frozen to new participants hired or re-hired after December 31, 2014. Employees hired or re-hired after December 31, 2014 are not eligible for the Plan. In addition, effective March 9, 2015, employees hired or re-hired on or after August 10, 2014 but before December 30, 2014, shall only remain a participant with respect to their accrued retirement benefit as of March 9, 2015. The eligible employees hired before December 31, 2014, became a participant following his or her completion of one year of service. Eligible employees are entitled to an annual pension benefit beginning at normal retirement age (65), at age 62 with 25 years of continuous service or at age 55 with 30 years of service. Pension benefits are equal to the greater of 1.2% of participants' total earnable

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

compensation, as defined, or an amount as defined by the collective bargaining agreement times the years of credited service. Participants who retire early at the age of 55 with 30 years of service receive an early retirement subsidy calculated in accordance with the terms of the Plan until the participant reaches the earlier of age 62 or is eligible for Social Security disability benefits.

The Company amended the Plan to freeze retirement benefit accruals for all participants as of May 31, 2018.

The Plan permits early retirement at ages 55 to 64 with five years of vesting service. The early retirement benefit is reduced by 4% each year for retirement ages 55 to 60 and 2% each year for retirement ages 61 through 64. For partial years, the percentage will be adjusted to the nearest whole percentage. Participants who terminate employment after five years but before becoming eligible for early retirement receive benefits that are reduced by 6% for each year prior to reaching normal retirement age. Participants who terminate service prior to the earlier of age 65 or the completion of five years of service receive no benefits under the Plan.

Employees may elect to receive their pension benefits as a single life annuity or one of the joint and survivor annuities offered by the Plan.

***Vesting***

Upon completion of five years of continuous service, participants are eligible for a vested retirement benefit.

***Death and Disability Benefits***

If an active employee who is age 55 or older dies, the employee's surviving spouse is eligible to receive a benefit equivalent to the amount that the surviving spouse would have received if the employee retired on the date of the employee's death. Active employees with 10 or more years of continuous service who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

***Administration***

The Plan administrator has the authority to carry out the provisions of and establish rules for the administration of the Plan. In this capacity, the Plan administrator has engaged Aon to provide record-keeping and administrative services to the Plan. Aon is also the actuary of the Plan.

Administrative expenses, PBGC insurance expenses, Plan valuation expenses, professional fees and investment management fees shall be paid from the pension trust unless paid directly by the Company at its election.

***Priorities Upon Plan Termination***

The Company has the right to discontinue its contributions or terminate the Plan at any time, subject to provisions set forth in the Employee Retirement Income Security Act of 1974, as amended (ERISA). If the Plan is terminated, participants become fully vested in their benefits, and the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations in accordance with the Plan agreement.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. Whether all participants receive their benefits should the Plan be terminated will depend on the sufficiency, at the time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). As described in Note A to the financial statements, on December 15, 2020, the Board of NE Properties approved the termination of the Plan effective December 29, 2020, and management determined liquidation is imminent. Accordingly, the Plan's 2022 and 2021 financial statements are presented on liquidation basis of accounting.

***Use of Estimates***

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 and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

***Funding Policy***

Contributions are actuarially determined and are accrued to the extent of normal cost required to fund the benefits provided by the Plan, plus an amount necessary to amortize past service and other supplemental pension credits, actuarial gains and losses, and changes in actuarial assumptions, if any. The Company's funding policy provides that annual contributions to the trust will be at least equal to the minimum amounts required by ERISA.

***Investment Valuation and Income Recognition***

The Plan's investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for a discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

***Payment of Benefits***

Benefits are recorded when paid.

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

**NOTE C - INFORMATION CERTIFIED BY THE TRUSTEE**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Northern Trust, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments, and accrued dividends, and pending trade payable, as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021;
- Investment income (loss), as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2022;
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2022.

**NOTE D - FAIR VALUE MEASUREMENTS**

The Financial Accounting Standards Board has issued guidance that requires a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market.

The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include the following:

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

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The inputs rely on management's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

*Mutual funds* - Valued at the NAV of shares held by the Plan at year end based on quoted market prices.

*Collective trusts* - Investments in the collective trusts are valued at net asset value (NAV) on a daily basis. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the collective trusts less its liabilities. This practical expedient is not used when it is determined to be probable that the collective trusts will sell the investment for an amount different than the reported NAV. Certain collective trusts participate in securities lending. Redemption of investments that participate in securities lending to other collective trusts that participate in securities lending are permitted at any time and settle within two days.

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

The following table presents the Plan's fair value hierarchy as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 29,263,090	\$ -	\$ -	\$ 29,263,090
Total investments	\$ 29,263,090	\$ -	\$ -	\$ 29,263,090
Investments measured at NAV				5,422,471
Investments at fair value				\$ 34,685,561

**NOTE E - TAX STATUS**

The Internal Revenue Service has determined and informed the Company by a letter dated February 12, 2014 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC and that the Plan and related trust are tax-exempt. Therefore, no provision for income tax has been included in the Plan's financial statements. The Plan received a final determination letter dated July 6, 2022 in connection with the Plan's termination.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

**NOTE F - RISKS AND UNCERTAINTIES**

Plan contributions are made, and the actuarial present value of accumulated Plan benefits is 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 could be material to the financial statements of the Plan. This includes the estimate of termination liability calculated by the actuary, the resulting employer contributions due from NE Properties due to the funding gap and the adjustment to the estimated employer contributions receivable as of December 31, 2021 as noted in Note A.

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

**NOTE G - PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments were shares of collective trusts managed by Northern Trust. Northern Trust is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

**NOTE H - FORM 5500 RECONCILIATION**

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2022 and 2021.

	2022	2021
Net assets available for benefits per financial statements	\$ -	\$ 41,616,497
Change in estimated employer contribution receivable due to Plan termination	-	(586,269)
Change in accrued expenses due to Plan termination	-	667,950
Net assets available for benefits per Form 5500	\$ -	\$ 42,698,178

The following is a reconciliation of changes in net assets per the financial statements for the year ended December 31, 2022 to Form 5500:

Net (decrease) in net assets available for benefits per financial statements	\$ (42,616,497)
Refund for group annuity contract	(91,304)
Administrative expenses recorded in Form 5500	(384,646)
Change in Employer Contributions through termination	677,573
Change in accrued administrative expenses through termination	(283,304)
Net decrease per Form 5500	\$ (42,698,178)

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

**NOTE I - SUBSEQUENT EVENTS**

The Plan evaluated its December 31, 2022 financial statements for subsequent events through October 16, 2023, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2022

(a) Identity of Party Involved	(b) Description of Asset	Purchases		Sales			(h) Current Value of Asset on Transaction Date	(i) Net Gain/ on Sales
		Number of Transactions	(c) Purchase Price	Number of Transactions	(d) Selling Price	(g) Cost of Asset		
Category (i) – Single Transactions Excess of 5% of Plan Assets								
Northern Trust	Collective US Marketcap Equity Index Fund	-	\$ -	1	\$ 3,121,018	\$ 3,053,915	\$ 3,121,018	\$ 67,102
Northern Trust	Collective US Marketcap Equity Index Fund	-	-	1	1,933,582	1,972,789	1,933,582	(39,208)
Vanguard	FTSE Developed Markets ETF	-	-	1	1,812,230	1,835,995	1,812,230	(23,765)
Northern Trust	Institutional Treasury Portfolio	1	7,472,203	-	-	7,472,203	7,472,203	-
Northern Trust	Institutional Treasury Portfolio	1	1,824,757	-	-	1,824,757	1,824,757	-
Northern Trust	Institutional Treasury Portfolio	1	11,613,959	-	-	11,613,959	11,613,959	-
Northern Trust	Institutional Treasury Portfolio	1	12,346,811	-	-	12,346,811	12,346,811	-
Northern Trust	Institutional Treasury Portfolio	1	8,000,000	-	-	8,000,000	8,000,000	-
Northern Trust	Institutional Treasury Portfolio	-	-	1	1,937,981	1,937,981	1,937,981	-
Northern Trust	Institutional Treasury Portfolio	-	-	1	9,016,465	9,016,465	9,016,465	-
Northern Trust	Institutional Treasury Portfolio	-	-	1	28,203,276	28,203,276	28,203,276	-
iShares	High Yield Corporate Bond	-	-	1	2,940,962	3,427,665	2,940,962	(486,703)
iShares	High Yield Corporate Bond	-	-	1	2,630,348	3,066,516	2,630,348	(436,167)
Vanguard	Total Stock Market ETF	1	1,937,981	-	-	1,937,981	1,937,981	-
Vanguard	Total Stock Market ETF	-	-	1	1,810,240	2,041,425	1,810,240	(231,185)
Blackrock	High Yield Corporate Bond	-	-	1	2,973,778	3,435,065	2,973,778	(461,287)
DFA Investment Trust	Real Estate Securities Portfolio	-	-	1	2,260,132	2,304,539	2,260,132	(44,407)
DFA Investment Trust	Real Estate Securities Portfolio	-	-	1	2,764,444	3,127,284	2,764,444	(362,840)
Principal	High Yield Fund Institutional	-	-	1	3,342,081	3,410,159	3,342,081	(68,077)
Vanguard	Short-term Bond ETF	1	2,721,663	-	-	2,721,663	2,721,663	-
Vanguard	Short-term Bond ETF	-	-	1	9,219,357	9,756,635	9,219,357	(537,278)
Category (iii) – Series of Transactions in Excess of 5% of Plan Assets								
Northern Trust	Institutional Treasury Portfolio	31	\$ 42,157,957	-	\$ -	\$ 42,157,957	\$ 42,157,957	\$ -
Northern Trust	Institutional Treasury Portfolio	-	-	28	42,346,814	42,346,814	42,346,814	-
Northern Trust	Collective US Marketcap Equity Index Fund	-	-	2	5,054,599	5,026,705	5,054,599	27,894
iShares	High Yield Corporate Bond	1	126,605	-	-	126,605	126,605	-
iShares	High Yield Corporate Bond	-	-	6	6,029,368	7,008,635	6,029,368	(979,267)
Vanguard	Total Stock Market ETF	2	2,041,425	-	-	2,041,425	2,041,425	-
Vanguard	Total Stock Market ETF	-	-	1	1,810,240	2,041,425	1,810,240	(231,185)
Blackrock	High Yield Corporate Bond	5	66,723	-	-	66,723	66,723	-
Blackrock	High Yield Corporate Bond	-	-	2	3,040,067	3,502,587	3,040,067	(462,520)
DFA Investment Trust	Real Estate Securities Portfolio	1	108,800	-	-	108,800	108,800	-
DFA Investment Trust	Real Estate Securities Portfolio	-	-	3	5,343,179	5,738,077	5,343,179	(394,898)
MFS	International Equity Fund	1	1,317,317	-	-	1,317,317	1,317,317	-
MFS	International Equity Fund	-	-	1	1,117,563	1,317,317	1,117,563	(199,754)
Vanguard	Short-term Bond ETF	2	2,815,451	-	-	2,815,451	2,815,451	-
Vanguard	Short-term Bond ETF	-	-	4	9,689,161	10,241,772	9,689,161	(552,612)

There were no category (ii) or (iv) transactions for the year ended December 31, 2022.

# FILING AUTHORIZATION 2022 FORM 5500 / 5500-SF

Plan Name: Riverbend Foods LLC Retirement Plan for Pittsburgh Hourly Employees  
EIN/PN: 82-6297362 / 001  
Plan Year Ending: December 31, 2022

## **Part I - Authorization of Practitioner to Electronically Sign and File**

I hereby authorize HUB International ("HUB") to electronically sign and file the above-named return/report through EFAST2. I understand that in granting this authority that:

- \* I/we must manually sign and date page 2 of the Form 5500/5500-SF and provide a PDF/scanned copy of the Form 5500/5500-SF to HUB before the electronic filing can be initiated;
- \* HUB will retain a copy of this written authorization in its records;
- \* HUB will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL or IRS regarding this annual return/report; and
- \* A copy of my signature, as it appears on page 2 of the Form 5500/5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- \* HUB shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

  
\_\_\_\_\_  
Plan Administrator

10-13-23  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Plan Sponsor (if not the Plan Administrator)

\_\_\_\_\_  
Date

## **Part II - Acknowledgement of Receipt of Authorization**

On behalf of HUB, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

  
\_\_\_\_\_  
HUB Authorized Representative

10/13/23  
\_\_\_\_\_  
Date

Note: The designated service provider must retain this authorization.

## Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
▶ Go to [www.irs.gov/Form5558](http://www.irs.gov/Form5558) for the latest information.

**File With IRS Only**

**Part I Identification**

<p><b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions)</p> <hr/> <p>Number, street, and room or suite no. (If a P.O. box, see instructions)</p> <hr/> <p>City or town, state, and ZIP code</p>	<p><b>B Filer's identifying number (see instructions)</b></p> <p>Employer identification number (EIN) (9 digits XX-XXXXXXX)</p> <hr/> <p>Social security number (SSN) (9 digits XXX-XX-XXXX)</p>													
<p><b>C</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 60%;">Plan name</th> <th rowspan="2" style="width: 10%;">Plan number</th> <th colspan="3" style="text-align: center;">Plan year ending—</th> </tr> <tr> <th style="width: 10%;">MM</th> <th style="width: 10%;">DD</th> <th style="width: 10%;">YYYY</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td style="text-align: center;">     </td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Plan name	Plan number	Plan year ending—			MM	DD	YYYY						
Plan name			Plan number	Plan year ending—										
	MM	DD		YYYY										

**Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA**

- 1**  Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2** I request an extension of time until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to file Form 5500 series. See instructions.  
**Note:** A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3** I request an extension of time until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to file Form 8955-SSA. See instructions.  
**Note:** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

**Part III Extension of Time To File Form 5330 (see instructions)**

- 4** I request an extension of time until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to file Form 5330.  
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.
- a** Enter the Code section(s) imposing the tax . . . . . ▶ 

<b>a</b>	
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- b** Enter the payment amount attached . . . . . ▶ 

<b>b</b>	
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- c** For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . . ▶ 

<b>c</b>	
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**5 State in detail why you need the extension:**

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Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### What's New

An extension of time to file Form 5500 Series (Form 5500, Annual Return/Report of Employee Benefit Plan; Form 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan; Form 5500-EZ, Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan); and/or Form 8955-SSA, Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits; and an extension of time to file Form 5330, Return of Excise Taxes Related to Employee Benefit Plans, must be submitted on separate Forms 5558. A signature is not required for an extension of time to file Form 5500 series and Form 8955-SSA. However, a signature is required for an extension of time to file Form 5330.

### Future Developments

For the latest information about developments related to Form 5558 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form5558](http://www.irs.gov/Form5558).

### Purpose of Form

Use Form 5558 to apply for a one-time extension of time to file the Form 5500 series, Form 8955-SSA, or Form 5330.



To avoid processing delays, the most recent version of this Form 5558 should always be used. For example, this Form 5558 (Rev. September 2018) should be used instead of the August 2012 version or any other prior version. To determine the most recent version of this form, go to [www.irs.gov/Retirement](http://www.irs.gov/Retirement).

### Where To File

File Form 5558 with the Department of Treasury, Internal Revenue Service Center, Ogden, UT 84201-0045.

**Private delivery services.** You can use certain private delivery services (PDS) designated by the IRS to meet the "timely mailing as timely filing" rule for tax returns. Go to [www.irs.gov/PDS](http://www.irs.gov/PDS) for the current list of designated services.

The PDS can tell you how to get written proof of the mailing date.

For the IRS mailing address to use if you're using PDS, go to [www.irs.gov/PDSStreetAddresses](http://www.irs.gov/PDSStreetAddresses).



PDS can't deliver items to P.O. boxes. You must use the U.S. Postal Service to mail any item to an IRS P.O. box address.

## Specific Instructions

### Part I. Identification

#### A. Name and Address

Enter your name and address in the heading if you are requesting an extension of time to file the Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA, or Form 5330.

The plan sponsor (generally, the employer for a single-employer plan) or plan administrator listed on the application should be the same as the plan sponsor or plan administrator listed on the annual return/report filed for the plan.

Include the suite, room, or other unit number after the street address. If the Post Office does not deliver mail to the street address and you have a P.O. box, show the box number instead of the street address.

If the entity's address is outside the United States or its possessions, or territories, enter in the space for city or town, state, and ZIP code, the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Do not abbreviate the country name.

If your mailing address has changed since you filed your last return, use Form 8822-B, Change of Address or Responsible Party—Business, to notify the IRS of the change. A new address shown on Form 5558 will not update your records. You can get Form 8822-B at [www.irs.gov/Form8822B](http://www.irs.gov/Form8822B).

#### B. Filer's Identifying Number

**Employer identification number (EIN).** Enter the nine-digit EIN in an XX-XXXXXXX format, assigned to the employer for all applications filed for the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) and/or Form 8955-SSA. Also enter the EIN for applications filed for Form 5330 (see *Social security number (SSN)* next for exceptions).

An entity that does not have an EIN should apply online by visiting the IRS website at [www.irs.gov/EIN](http://www.irs.gov/EIN). The organization may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. Customers outside the United States or U.S. possessions may also apply for an EIN by calling 267-941-1099 (toll call).

**Social security number (SSN).** If you made excess contributions to a section 403(b)(7)(A) custodial account or you are a disqualified person other than an employer, and you are applying for an extension of time to file Form 5330, enter your nine-digit SSN in an XXX-XX-XXXX format. Do not enter your SSN for Form 5500, Form 5500-SF, Form 5500-EZ, or Form 8955-SSA.

#### C. Plan Information

Complete the plan name, plan number, and plan year ending for the plan included on this Form 5558.

### Part II. Extension of Time To File Form 5500 Series and/or Form 8955-SSA

Use Form 5558 to apply for a one-time extension of time to file the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) and/or Form 8955-SSA.



Do not include the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) or the Form 8955-SSA with this form.

**Exception:** Form 5500, Form 5500-SF, Form 5500-EZ, and Form 8955-SSA filers are automatically granted extensions of time to file until the extended due date of the federal income tax return of the employer (and are not required to file Form 5558) if both of the following conditions are met: (1) the plan year and the employer's tax year are the same; and (2) the employer has been granted an extension of time to file its federal income tax return to a date later than the normal due date for filing the Form 5500, Form 5500-SF, Form 5500-EZ, or Form 8955-SSA. An extension granted under this exception cannot be extended further by filing a Form 5558 after the normal due date of the Form 5500, Form 5500-SF, Form 5500-EZ, or Form 8955-SSA.

An extension of time to file a Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA does not operate as an extension of time to file the PBGC (Pension Benefit Guaranty Corporation) Form 1, Annual Premium Payment.

**How to file.** A separate Form 5558 must be used for each plan for which an extension is requested. For example, if an employer maintains a defined benefit plan and a profit-sharing plan, a separate Form 5558 must be filed for each plan. A single Form 5558 may, however, be used to extend the time to file a plan's Form 5500 series return/report and its Form 8955-SSA.

Lists of other plans should not be attached to a Form 5558. Only the plan listed on Form 5558 will be processed. Lists attached to the Form 5558 will not be processed.

**When to file.** To request an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA, file Form 5558 on or before the return/report's normal due date. The normal due date is the date the Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA would otherwise be due, without extension.

Applications for extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA that are filed on or before the return/report's normal due date on a properly completed Form 5558 will be automatically approved to the date that is no later than the 15th day of the 3rd month after the return/report's normal due date.

**Note:** If the filing date falls on a Saturday, Sunday, or a legal holiday, the return may be filed on the next day that is not a Saturday, Sunday, or a legal holiday.

Approved copies of Form 5558 requesting an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA will not be returned to the filer from the IRS.

**Line 1.** Check this box if the extension of time being requested on line 2 is for the first Form 5500 series return/report filed for the plan. This box should not be checked if the plan previously filed a Form 5500 series return/report at any time for any year.

**Line 2.** Enter on line 2 the due date for which you are requesting to file Form 5500, Form 5500-SF, or Form 5500-EZ. This date should not be later than the 15th day of the 3rd month after the normal due date of the return/report.

When using Form 5558 to request an extension of time to file Form 5500, Form 5500-SF, or Form 5500-EZ, plan sponsors or plan administrators are not required to sign the form. If Form 5558 is timely filed and complete, you will be granted an extension to not later than the 15th day of the 3rd month after the return/report's normal due date to file Form 5500, Form 5500-SF, or Form 5500-EZ.

**Line 3.** Enter on line 3 the due date for which you are requesting to file Form 8955-SSA. This date should not be later than the 15th day of the 3rd month after the normal due date of the return.

When using Form 5558 to request an extension of time to file Form 8955-SSA, plan sponsors or plan administrators are not required to sign the form. If Form 5558 is timely filed and complete, you will be granted an extension to not later than the 15th day of the 3rd month after the return's normal due date to file Form 8955-SSA.

### Part III. Extension of Time To File Form 5330

File one Form 5558 to request an extension of time to file Form 5330 for excise taxes with the same filing due date. For specific information on excise tax due dates, see the Instructions for Form 5330.

**How to file.** A separate Form 5558 must be used for an extension of time to file Form 5330. For example, if an employer maintains a profit-sharing plan and wishes to request extensions of time to file Form 5500 and Form 5330 for the plan, a separate Form 5558 must be used for an extension of time to file Form 5500 and an extension of time to file Form 5330.



*An extension of time to file does not extend the time to pay the tax due. Any tax due must be paid with this application for an*

*extension of time to file Form 5330. Additionally, interest is charged on taxes not paid by the due date even if an extension of time to file is granted.*

**Note:** The IRS will no longer return stamped copies of the Form 5558 to filers who request an extension of time to file a Form 5330.

Instead, you will receive a computer-generated notice to inform you if your extension is approved or denied. Because of this change, we ask you to attach a photocopy of this notice to your Form 5330.

**When to file.** To request an extension of time to file Form 5330, file Form 5558 in sufficient time for the IRS to consider and act on it before the return's normal due date.

The normal due date is the date the Form 5330 would otherwise be due, without extension.

**Line 4.** On line 4, enter the requested due date. If your application for extension of time to file Form 5330 is approved, you may be granted an extension of up to 6 months after the normal due date of Form 5330.

**Line 4a.** Indicate the section(s) for the excise tax for which you are requesting an extension.

**Line 4b.** Enter the amount of tax estimated to be due with Form 5330 and attach your payment to this form.

Make your check or money order payable to "United States Treasury." Do not send cash. On all checks or money orders, write your name, filer's identifying number (EIN or SSN), plan number, Form 5330 section number, and the tax year to which the payment applies.

**Line 5.** The IRS will grant a reasonable extension of time (not to exceed 6 months) for filing Form 5330 if you file a timely application showing that you are unable to file Form 5330 because of circumstances beyond your control. Clearly describe these circumstances. Generally, an application will be considered on the basis of your own efforts to fulfill this filing responsibility, rather than the convenience of anyone providing help in preparing the return. However, consideration will be given to any circumstances that prevent your practitioner, for reasons beyond his or her control, from filing the return by the normal due date, and to circumstances in which you are unable to get needed professional help in spite of timely efforts to do so.



*If we grant you an extension of time to file Form 5330 and later find that the statements made on this form are false or misleading, the extension will be null and void. A late filing penalty associated with the form for which you filed this extension will be charged.*

### Signature

If you are filing Form 5558 for an extension of time to file Form 5330, the Form 5558 must be signed. The person who signs this form may be an employer, a plan sponsor, a plan administrator, a disqualified person required to file Form 5330, an attorney or certified public accountant qualified to practice before the IRS, a person enrolled to practice before the IRS, or a person holding a power of attorney.

If you are filing Form 5558 for an extension of time to file Form 5500 series return/report or Form 8955-SSA, a signature is not required.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States and the Employee Retirement Income Security Act of 1974 (ERISA). We need it to determine if you are entitled to an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA, or Form 5330. You are not required to request an extension; however, if you want an extension, section 6081 requires you to provide the information. Section 6109 requires you to provide your identification number. Failure to provide this information may delay or prevent processing your request; providing false information may subject you to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential as required by section 6103.

However, section 6103 allows or requires the IRS to disclose this information to others. We may disclose to the Department of Justice for civil or criminal litigation, to the Department of Labor and the Pension Benefit Guaranty Corporation for the administration of ERISA, and to cities, states, the District of Columbia, and U.S. commonwealths or possessions to carry out their tax laws. We may also disclose the information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 24 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments through [www.irs.gov/FormComments](http://www.irs.gov/FormComments). Or you can write to:

Internal Revenue Service  
Tax Forms and Publications  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the tax form to this address. Instead, see *Where To File*, earlier.

Financial Statements and Report of  
Independent Certified Public  
Accountants

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

December 31, 2022 and 2021

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Plan Administrator  
Riverbend Foods, LLC Retirement Plan for Pittsburgh Hourly Employees

**Scope and nature of the ERISA Section 103(a)(3)(C) audit**

We have performed audits of the financial statements of Riverbend Foods, LLC Retirement Plan for Pittsburgh Hourly Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 (liquidation basis) and 2021 (liquidation basis), and the related statement of changes in net assets available for benefits for the year ended December 31, 2022 (liquidation basis), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

**Opinion**

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

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

**Basis for opinion**

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

**Responsibilities of management for the financial statements**

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

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

**Auditor's responsibilities for the audit of the financial statements**

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

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the

purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

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

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

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

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

#### **Other matter – supplemental schedules required by ERISA**

The supplemental schedule of reportable transactions for the year ended December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with

the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Grant Thornton LLP*

Chicago, Illinois  
October 16, 2023

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
(Liquidation Basis)**

**December 31,**

	<u>2022</u>	<u>2021</u>
<b>ASSETS</b>		
Investments, at fair value	\$ -	\$ 34,685,561
Estimated employer contributions receivable due to Plan termination	-	8,586,269
Accrued dividends	-	21,686
	<hr/>	<hr/>
Total assets	-	43,293,516
<b>LIABILITIES</b>		
Pending trades	-	9,069
Accrued expenses due to Plan termination	-	667,950
	<hr/>	<hr/>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ -</u>	<u>\$ 42,616,497</u>

The accompanying notes are an integral part of these financial statements.

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
(Liquidation Basis)**

**Year ended December 31, 2022**

Investment income (loss)	
Net depreciation in fair value of investments	\$ (3,731,978)
Dividend income	<u>467,624</u>
Net investment (loss)	(3,264,354)
Change in estimated employer contributions due to Plan termination	(677,573)
<b>Deductions from net assets attributed to:</b>	
Benefits paid to participants	10,964,097
Purchase of group annuity contract	27,993,777
Change in estimated administrative expenses due to Plan termination	<u>(283,304)</u>
Total deductions	<u>38,674,570</u>
<b>NET DECREASE</b>	(42,616,497)
<b>Net assets available for benefits</b>	
Beginning of year	<u>42,616,497</u>
End of year	<u><u>\$ -</u></u>

The accompanying notes are an integral part of this financial statement.

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2022 and 2021**

**NOTE A - DESCRIPTION OF THE PLAN**

The following brief description of the Riverbend Foods, LLC Retirement Plan for Pittsburgh Hourly Employees (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

***General***

On May 22, 2017, TreeHouse Foods, Inc. (TreeHouse) completed the sale of its Soup and Infant Feeding business to Riverbend Foods LLC (the Company), a newly formed portfolio company of Insight Equity, a private equity firm. As of the closing date of the transaction, sponsorship of the Plan was assumed by the Company from TreeHouse and the Plan provisions remained the same.

TreeHouse adopted a defined benefit retirement plan for the exclusive benefit of certain designated hourly paid employees represented by the United Food & Commercial Workers International Union, AFL-CIO & CLC, Local 325. The Plan is a successor plan for those eligible employees who were employees of Del Monte (or an affiliate) and participants in the prior plan (the Prior Plan). It is intended that a participant (or beneficiary) shall receive a total service benefit under the Plan, reduced by the benefit payable to the participant (or beneficiary) under the Prior Plan. The Plan is a continuation of TreeHouse Pension Plan for Pittsburgh Hourly Employees and all service providers remained the same. The Northern Trust Company (Northern Trust) is the Plan's trustee.

In July of 2019, the Company closed its production plant and approximately 400 employees were terminated. On October 22, 2019, the Company filed for voluntary Chapter 11 bankruptcy. In accordance with the Company's Chapter 11 plan of liquidation, which was approved by the United States Bankruptcy Court for the Western District of Pennsylvania on March 12, 2020, Northeast Properties LLC (NE Properties), a non-debtor-controlled group member of the Company, became the Plan Sponsor pursuant to the Fourth Amendment to the Plan dated as of March 16, 2020.

***Plan Termination***

On December 15, 2020, the Board of NE Properties has determined it is advisable to terminate the Plan effective December 29, 2020, subject to regulatory approval from the Pension Benefit Guaranty Corporation (PBGC) and the Internal Revenue Service (IRS). On October 1, 2020, Notices of Intent to Terminate and Notices to Interested Parties were issued. In connection with the Plan's termination, NE Properties submitted a request for a determination letter to the IRS on September 23, 2021. The standard termination notice filing to the PBGC was filed (Form 500) on October 11, 2021. The Plan received a final determination letter dated July 6, 2022.

On June 1, 2020, NE Properties and the PBGC executed a binding term sheet agreement to liquidate the Plan, upon approval, at the end of calendar year 2020 under the standard termination process. The binding term sheet agreement includes among other things, granting the PBGC a first position security interest in a certain property owned by NE Properties in order to secure the unfunded benefit liabilities of the Plan and to fulfill NE Properties' funding obligations. The PBGC will release its security interest in the property concurrent with the closing of the sale of the property and the funding of the obligation as defined in the agreement. The standard termination process has been delayed and the PBGC granted NE Properties an extension to the binding agreement due to various legal reasons noted below.

NE Properties executed an Agreement of Purchase and Sale (Agreement) with a buyer effective September 15, 2021 to sell the property noted above. The purchase price was set at \$20.25 million. Per the terms of the Agreement, the buyer has 45 days to complete their diligence following the release of the lien (lis pendens) put on the property by the unsecured creditors of the former sponsor's operating company.

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

NE Properties and its insurance carriers reached a settlement agreement with the unsecured creditors whereby they agreed to release the lien upon receipt of \$4.5 million (portion owed by NE Properties is \$9 million funded in October 2021, remainder is owed by the insurance carries). The lien was released and on July 7, 2022 and the sale of the property was completed.

As of December 31, 2021, the Plan's actuary has estimated the potential termination liability based on the assumption that all terminated vested participants will elect the lump sum option and current retirees and beneficiaries receiving benefits will continue with an annuity option. Given the current assets of the Plan as of December 31, 2021 and accrued expenses expected through the Plan's full liquidation, the funding gap was estimated to be approximately \$8.6 million. As noted in Note B, under the liquidation basis of accounting, this amount has been recorded as estimated employer contributions due to Plan termination as of December 31, 2021.

Since the sale of the property has been completed, the PBGC released its security interest in the property concurrent with the closing of the sale and the funding of the obligation as defined in the agreement. Based on the agreement with the PBGC, \$8 million was deposited to Northern Trust, the Plan's trustee on July 25, 2022. With the funding of the \$8 million, it was determined the Plan is fully funded and the standard termination process commenced as noted below. The Plan's actuary has reflected \$8 million as contribution towards the 2021 Plan year in order to meet its funding requirements.

As a result of the Plan termination, each affected participant's accrued benefit at the date of termination became fully vested and nonforfeitable. In accordance with the resolution to terminate the Plan, benefit obligations were satisfied with distribution of Plan assets available for benefits through the purchase of an annuity contract from an insurer or single lump-sum payments.

Participants were given the option to take a lump sum distribution. Based on participant elections, the resulting lump sum distributions of approximately \$9 million were distributed to Plan participants on September 30, 2022 and is included in the benefits paid to participants in the Statement of Changes in Net Assets Available for Benefits.

On September 28, 2022, NE Properties entered into a contract with an insurance company to purchase a single premium group annuity contract and on October 3, 2022, premium in the amount of approximately \$28 million (net of refunds) was transferred to the insurance company.

In December 2022, all remaining benefits and plan liabilities were satisfied through the lump sum payments and group annuity contract noted above resulting in \$0 Net Assets Available for Benefits as of December 31, 2022. Accordingly, the Statements of Changes in Net Assets Available for Benefits reported a true up in estimated employer contribution and administrative expenses due to Plan termination, for the year ended December 31, 2022.

***Pension Benefits and Eligibility***

The following were the Plan's provisions prior to Plan termination.

Effective October 1, 2014, eligibility in the Plan was frozen to new participants hired or re-hired after December 31, 2014. Employees hired or re-hired after December 31, 2014 are not eligible for the Plan. In addition, effective March 9, 2015, employees hired or re-hired on or after August 10, 2014 but before December 30, 2014, shall only remain a participant with respect to their accrued retirement benefit as of March 9, 2015. The eligible employees hired before December 31, 2014, became a participant following his or her completion of one year of service. Eligible employees are entitled to an annual pension benefit beginning at normal retirement age (65), at age 62 with 25 years of continuous service or at age 55 with 30 years of service. Pension benefits are equal to the greater of 1.2% of participants' total earnable

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

compensation, as defined, or an amount as defined by the collective bargaining agreement times the years of credited service. Participants who retire early at the age of 55 with 30 years of service receive an early retirement subsidy calculated in accordance with the terms of the Plan until the participant reaches the earlier of age 62 or is eligible for Social Security disability benefits.

The Company amended the Plan to freeze retirement benefit accruals for all participants as of May 31, 2018.

The Plan permits early retirement at ages 55 to 64 with five years of vesting service. The early retirement benefit is reduced by 4% each year for retirement ages 55 to 60 and 2% each year for retirement ages 61 through 64. For partial years, the percentage will be adjusted to the nearest whole percentage. Participants who terminate employment after five years but before becoming eligible for early retirement receive benefits that are reduced by 6% for each year prior to reaching normal retirement age. Participants who terminate service prior to the earlier of age 65 or the completion of five years of service receive no benefits under the Plan.

Employees may elect to receive their pension benefits as a single life annuity or one of the joint and survivor annuities offered by the Plan.

***Vesting***

Upon completion of five years of continuous service, participants are eligible for a vested retirement benefit.

***Death and Disability Benefits***

If an active employee who is age 55 or older dies, the employee's surviving spouse is eligible to receive a benefit equivalent to the amount that the surviving spouse would have received if the employee retired on the date of the employee's death. Active employees with 10 or more years of continuous service who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

***Administration***

The Plan administrator has the authority to carry out the provisions of and establish rules for the administration of the Plan. In this capacity, the Plan administrator has engaged Aon to provide record-keeping and administrative services to the Plan. Aon is also the actuary of the Plan.

Administrative expenses, PBGC insurance expenses, Plan valuation expenses, professional fees and investment management fees shall be paid from the pension trust unless paid directly by the Company at its election.

***Priorities Upon Plan Termination***

The Company has the right to discontinue its contributions or terminate the Plan at any time, subject to provisions set forth in the Employee Retirement Income Security Act of 1974, as amended (ERISA). If the Plan is terminated, participants become fully vested in their benefits, and the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations in accordance with the Plan agreement.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. Whether all participants receive their benefits should the Plan be terminated will depend on the sufficiency, at the time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). As described in Note A to the financial statements, on December 15, 2020, the Board of NE Properties approved the termination of the Plan effective December 29, 2020, and management determined liquidation is imminent. Accordingly, the Plan's 2022 and 2021 financial statements are presented on liquidation basis of accounting.

***Use of Estimates***

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 and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

***Funding Policy***

Contributions are actuarially determined and are accrued to the extent of normal cost required to fund the benefits provided by the Plan, plus an amount necessary to amortize past service and other supplemental pension credits, actuarial gains and losses, and changes in actuarial assumptions, if any. The Company's funding policy provides that annual contributions to the trust will be at least equal to the minimum amounts required by ERISA.

***Investment Valuation and Income Recognition***

The Plan's investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for a discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

***Payment of Benefits***

Benefits are recorded when paid.

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

**NOTE C - INFORMATION CERTIFIED BY THE TRUSTEE**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Northern Trust, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments, and accrued dividends, and pending trade payable, as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021;
- Investment income (loss), as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2022;
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2022.

**NOTE D - FAIR VALUE MEASUREMENTS**

The Financial Accounting Standards Board has issued guidance that requires a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market.

The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include the following:

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

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The inputs rely on management's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

*Mutual funds* - Valued at the NAV of shares held by the Plan at year end based on quoted market prices.

*Collective trusts* - Investments in the collective trusts are valued at net asset value (NAV) on a daily basis. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the collective trusts less its liabilities. This practical expedient is not used when it is determined to be probable that the collective trusts will sell the investment for an amount different than the reported NAV. Certain collective trusts participate in securities lending. Redemption of investments that participate in securities lending to other collective trusts that participate in securities lending are permitted at any time and settle within two days.

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

The following table presents the Plan's fair value hierarchy as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 29,263,090	\$ -	\$ -	\$ 29,263,090
Total investments	\$ 29,263,090	\$ -	\$ -	\$ 29,263,090
Investments measured at NAV				5,422,471
Investments at fair value				\$ 34,685,561

**NOTE E - TAX STATUS**

The Internal Revenue Service has determined and informed the Company by a letter dated February 12, 2014 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC and that the Plan and related trust are tax-exempt. Therefore, no provision for income tax has been included in the Plan's financial statements. The Plan received a final determination letter dated July 6, 2022 in connection with the Plan's termination.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Riverbend Foods, LLC Retirement Plan  
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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

**NOTE F - RISKS AND UNCERTAINTIES**

Plan contributions are made, and the actuarial present value of accumulated Plan benefits is 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 could be material to the financial statements of the Plan. This includes the estimate of termination liability calculated by the actuary, the resulting employer contributions due from NE Properties due to the funding gap and the adjustment to the estimated employer contributions receivable as of December 31, 2021 as noted in Note A.

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

**NOTE G - PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments were shares of collective trusts managed by Northern Trust. Northern Trust is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

**NOTE H - FORM 5500 RECONCILIATION**

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2022 and 2021.

	2022	2021
Net assets available for benefits per financial statements	\$ -	\$ 41,616,497
Change in estimated employer contribution receivable due to Plan termination	-	(586,269)
Change in accrued expenses due to Plan termination	-	667,950
Net assets available for benefits per Form 5500	\$ -	\$ 42,698,178

The following is a reconciliation of changes in net assets per the financial statements for the year ended December 31, 2022 to Form 5500:

Net (decrease) in net assets available for benefits per financial statements	\$ (42,616,497)
Refund for group annuity contract	(91,304)
Administrative expenses recorded in Form 5500	(384,646)
Change in Employer Contributions through termination	677,573
Change in accrued administrative expenses through termination	(283,304)
Net decrease per Form 5500	\$ (42,698,178)

**Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022 and 2021**

**NOTE I - SUBSEQUENT EVENTS**

The Plan evaluated its December 31, 2022 financial statements for subsequent events through October 16, 2023, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

Riverbend Foods, LLC Retirement Plan  
for Pittsburgh Hourly Employees

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2022

(a) Identity of Party Involved	(b) Description of Asset	Purchases		Sales			(h) Current Value of Asset on Transaction Date	(i) Net Gain/ on Sales
		Number of Transactions	(c) Purchase Price	Number of Transactions	(d) Selling Price	(g) Cost of Asset		
Category (i) – Single Transactions Excess of 5% of Plan Assets								
Northern Trust	Collective US Marketcap Equity Index Fund	-	\$ -	1	\$ 3,121,018	\$ 3,053,915	\$ 3,121,018	\$ 67,102
Northern Trust	Collective US Marketcap Equity Index Fund	-	-	1	1,933,582	1,972,789	1,933,582	(39,208)
Vanguard	FTSE Developed Markets ETF	-	-	1	1,812,230	1,835,995	1,812,230	(23,765)
Northern Trust	Institutional Treasury Portfolio	1	7,472,203	-	-	7,472,203	7,472,203	-
Northern Trust	Institutional Treasury Portfolio	1	1,824,757	-	-	1,824,757	1,824,757	-
Northern Trust	Institutional Treasury Portfolio	1	11,613,959	-	-	11,613,959	11,613,959	-
Northern Trust	Institutional Treasury Portfolio	1	12,346,811	-	-	12,346,811	12,346,811	-
Northern Trust	Institutional Treasury Portfolio	1	8,000,000	-	-	8,000,000	8,000,000	-
Northern Trust	Institutional Treasury Portfolio	-	-	1	1,937,981	1,937,981	1,937,981	-
Northern Trust	Institutional Treasury Portfolio	-	-	1	9,016,465	9,016,465	9,016,465	-
Northern Trust	Institutional Treasury Portfolio	-	-	1	28,203,276	28,203,276	28,203,276	-
iShares	High Yield Corporate Bond	-	-	1	2,940,962	3,427,665	2,940,962	(486,703)
iShares	High Yield Corporate Bond	-	-	1	2,630,348	3,066,516	2,630,348	(436,167)
Vanguard	Total Stock Market ETF	1	1,937,981	-	-	1,937,981	1,937,981	-
Vanguard	Total Stock Market ETF	-	-	1	1,810,240	2,041,425	1,810,240	(231,185)
Blackrock	High Yield Corporate Bond	-	-	1	2,973,778	3,435,065	2,973,778	(461,287)
DFA Investment Trust	Real Estate Securities Portfolio	-	-	1	2,260,132	2,304,539	2,260,132	(44,407)
DFA Investment Trust	Real Estate Securities Portfolio	-	-	1	2,764,444	3,127,284	2,764,444	(362,840)
Principal	High Yield Fund Institutional	-	-	1	3,342,081	3,410,159	3,342,081	(68,077)
Vanguard	Short-term Bond ETF	1	2,721,663	-	-	2,721,663	2,721,663	-
Vanguard	Short-term Bond ETF	-	-	1	9,219,357	9,756,635	9,219,357	(537,278)
Category (iii) – Series of Transactions in Excess of 5% of Plan Assets								
Northern Trust	Institutional Treasury Portfolio	31	\$ 42,157,957	-	\$ -	\$ 42,157,957	\$ 42,157,957	\$ -
Northern Trust	Institutional Treasury Portfolio	-	-	28	42,346,814	42,346,814	42,346,814	-
Northern Trust	Collective US Marketcap Equity Index Fund	-	-	2	5,054,599	5,026,705	5,054,599	27,894
iShares	High Yield Corporate Bond	1	126,605	-	-	126,605	126,605	-
iShares	High Yield Corporate Bond	-	-	6	6,029,368	7,008,635	6,029,368	(979,267)
Vanguard	Total Stock Market ETF	2	2,041,425	-	-	2,041,425	2,041,425	-
Vanguard	Total Stock Market ETF	-	-	1	1,810,240	2,041,425	1,810,240	(231,185)
Blackrock	High Yield Corporate Bond	5	66,723	-	-	66,723	66,723	-
Blackrock	High Yield Corporate Bond	-	-	2	3,040,067	3,502,587	3,040,067	(462,520)
DFA Investment Trust	Real Estate Securities Portfolio	1	108,800	-	-	108,800	108,800	-
DFA Investment Trust	Real Estate Securities Portfolio	-	-	3	5,343,179	5,738,077	5,343,179	(394,898)
MFS	International Equity Fund	1	1,317,317	-	-	1,317,317	1,317,317	-
MFS	International Equity Fund	-	-	1	1,117,563	1,317,317	1,117,563	(199,754)
Vanguard	Short-term Bond ETF	2	2,815,451	-	-	2,815,451	2,815,451	-
Vanguard	Short-term Bond ETF	-	-	4	9,689,161	10,241,772	9,689,161	(552,612)

There were no category (ii) or (iv) transactions for the year ended December 31, 2022.