

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2022</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information**—enter all requested information

<p><b>1a</b> Name of plan  <u>SCHREIBER FOODS, INC. PENSION PLAN FOR HOURLY EMPLOYEES AT THE GREEN BAY, WISCONSIN PLANT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>
<p><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>SCHREIBER FOODS, INC.</u></p> <p><u>PO BOX 19010</u>  <u>GREEN BAY, WI 54307-9010</u></p>	<p><b>1c</b> Effective date of plan  <u>04/19/1978</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>39-1017450</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>920-437-7601</u></p> <p><b>2d</b> Business code (see instructions)  <u>311500</u></p>

**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.	07/10/2024	JESSICA FRIENDSHUH
	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

<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> 196
<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> 9 <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> 0
<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  <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 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 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 checked="" 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 type="checkbox"/> <b>0 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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<b>SCHEDULE SB</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>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</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 10/01/2022 and ending 09/30/2023

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>SCHREIBER FOODS, INC. PENSION PLAN FOR HOURLY EMPLOYEES AT THE GREEN BAY, WISCONSIN PLANT</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SCHREIBER FOODS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>39-1017450</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2022</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	<u>9049441</u>	
<b>b</b> Actuarial value.....	<b>2b</b>	<u>9954385</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	<u>177</u>	<u>8442464</u>	<u>8442464</u>
<b>b</b> For terminated vested participants.....	<u>10</u>	<u>209145</u>	<u>209145</u>
<b>c</b> For active participants.....	<u>9</u>	<u>552164</u>	<u>552164</u>
<b>d</b> Total.....	<u>196</u>	<u>9203773</u>	<u>9203773</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	<u>5.24 %</u>	
<b>6</b> Target normal cost.....			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	<u>2173</u>	
<b>b</b> Expected plan-related expenses.....	<b>6b</b>	<u>0</u>	
<b>c</b> Total (line 6a + line 6b).....	<b>6c</b>	<u>2173</u>	

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>06/07/2024</u> Date
	<u>CYNTHIA M. BROWN</u> Type or print name of actuary	<u>23-07656</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>312-288-7700</u> Telephone number (including area code)
	<u>233 S. WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</u> Address of the firm	

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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-14.81</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> %.....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	108.15 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	108.15 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	111.20 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....	<b>19c</b>	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 61

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

<b>28</b> Unpaid minimum required contributions for all prior years.....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	2173
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	2173

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment.....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years..... **40** 0

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

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

<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 **10/01/2022** and ending **09/30/2023**

<b>A</b> Name of plan <b>SCHREIBER FOODS, INC. PENSION PLAN FOR HOURLY EMPLOYEES AT THE GREEN BAY, WISCONSIN PLANT</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SCHREIBER FOODS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>39-1017450</b>	

**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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**(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)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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 **10/01/2022** and ending **09/30/2023**

<b>A</b> Name of plan <b>SCHREIBER FOODS, INC. PENSION PLAN FOR HOURLY EMPLOYEES AT THE GREEN BAY, WISCONSIN PLANT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>SCHREIBER FOODS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>39-1017450</b>

**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: <b>SCHREIBER FOODS INC. MASTER TRUST</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>SCHREIBER FOODS, INC.</b>		
<b>c</b> EIN-PN <b>39-1017450-011</b>	<b>d</b> Entity code <b>M</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<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)



**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

<b>A</b> Name of plan SCHREIBER FOODS, INC. PENSION PLAN FOR HOURLY EMPLOYEES AT THE GREEN BAY, WISCONSIN PLANT	<b>B</b> Three-digit plan number (PN) ► <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 SCHREIBER FOODS, INC.	<b>D</b> Employer Identification Number (EIN) 39-1017450

**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.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<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>		
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>		
<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>		
<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>	9049441	0
<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>		
<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>		

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	9049441	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	9049441	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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		472898
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		472898
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	1005881	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1005881
<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)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		1005881
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-532983
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan.....	2l(2)		8516458

**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: WIPFLI LLP

(2) EIN: 39-0758449

**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		5000000
<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>		X	
<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)
SCHREIBER FOODS, INC. EMPLOYEES RETIREMENT PENSION PLAN	39-1017450	002

**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 502606.

<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 10/01/2022 and ending 09/30/2023

<b>A</b> Name of plan <u>SCHREIBER FOODS, INC. PENSION PLAN FOR HOURLY EMPLOYEES AT THE GREEN BAY, WISCONSIN PLANT</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHREIBER FOODS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>39-1017450</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

1	0
---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 23-1707341

**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	3
---	---

<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.)
----------------	---

**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>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>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.
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**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 \_\_\_\_\_

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

Financial Statements

Years Ended September 30, 2023 and 2022



**WIPFLI**

## **Independent Auditor's Report**

To the Plan Administrator  
Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant  
Green Bay, Wisconsin

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

We have performed audits of the financial statements of Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant, 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 September 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years ended September 30, 2023 and 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant'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 September 30, 2023 and 2022, and for the years ended September 30, 2023 and 2022, stating that the certified investment information, as described in Note 7 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 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 (GAAP).
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant's ability to continue as a going concern for a reasonable period of time.

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

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

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



Wipfli LLP

Appleton, Wisconsin  
July 9, 2024

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Statements of Net Assets Available for Benefits

<i>September 30,</i>	2023	2022
<b>Assets</b>		
Investments - Interest in Schreiber Foods, Inc. Master Pension Trust, at fair value	\$ 0	\$ 9,049,441
Net assets available for benefits	\$ 0	\$ 9,049,441

See accompanying notes to financial statements.

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Statements of Changes in Net Assets Available for Benefits

<i>Years Ended September 30,</i>	2023	2022
Investment income (loss) - Interest in net appreciation (depreciation) in fair value of Schreiber Foods, Inc. Master Pension Trust	\$ 472,898	\$ (1,652,696)
Deductions - Benefits paid to participants	1,005,881	920,392
Net change in net assets available for benefits	(532,983)	(2,573,088)
Transfer of assets out of Plan (see Note 1)	(8,516,458)	0
Net assets available for benefits at beginning	9,049,441	11,622,529
Net assets available for benefits at end	\$ 0	\$ 9,049,441

See accompanying notes to financial statements.

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

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### Note 1: Plan Description

The following description of Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

#### General

The Plan is a defined benefit, noncontributory pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Retirement Plans Administrative Committee (the "Committee") has appointed an investment manager with discretionary authority as defined in Section 3(38) of ERISA, as amended, to act directly on behalf of the Committee in selecting, monitoring, and modifying the investment offerings. The Committee reports to the Board of Directors.

#### Transfer of Assets Out of Plan

Effective September 30, 2023, the Plan merged into the Schreiber Foods, Inc. Employees Retirement Pension Plan. Total assets transferred were \$8,516,458, which is reflected in the accompanying statement of changes in net assets available for benefits for the year ended September 30, 2023.

#### Participation

Effective April 21, 2003, participation in the Plan was frozen, and participants with less than 10 years of continuous service ceased to accrue benefits under the Plan. Prior to that date, any person who was an hourly employee at Schreiber Foods, Inc.'s (the "Company's") Green Bay, Wisconsin, plant and a member of General Teamsters Local Union #662 affiliated with the International Brotherhood of Teamsters was eligible for the Plan.

#### Funding Policy

The Plan provides for employer contributions only. Employer contributions are based on a determination by an enrolled actuary and are in accordance with the Plan's requirements and the funding provisions of ERISA. The contributions include the current year's normal cost and an amount sufficient to fund the prior service cost. The Company made no contributions during 2023 and 2022, which satisfy the minimum funding requirements of ERISA.

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

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### **Note 1: Plan Description** (Continued)

#### **Retirement Benefits**

*Pension Benefits* - Employees who retired or terminated employment on or after October 1, 1990, are entitled to annual pension benefits beginning at normal retirement age (65) equal to \$19.25 multiplied by the employee's years of continuous service up to 20 years plus \$3.00 for each year of continuous service in excess of 20 years. The Plan permits early retirement at ages 50 through 64 at a reduced benefit amount. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. Upon termination of employment, participants have the option of receiving their vested benefit in the form of a monthly lifetime annuity payment or as a lump sum payment (if the present value meets the Plan's small balance requirements). Terminated vested participants and their surviving beneficiaries may elect an immediate lump sum distribution of their entire benefit under the Plan, provided the accrued benefits are between \$5,000 and \$50,000. The employees covered under the Plan were formerly covered under a Teamsters Union plan. The benefits to which an employee is entitled under the Teamsters Union plan are deducted in determining the benefits payable under the Plan.

*Death and Disability Benefits* - If an active employee dies before retirement with at least 10 years of service, the employee's beneficiary will receive a lump sum death benefit of \$2,000, in addition to a death benefit to a surviving spouse equal to 50% of the value of the employee's accumulated pension benefit that would have been payable as a joint and 50% survivor annuity. A death benefit of \$1,000 is paid if the employee has retired but has not received 60 monthly payments. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits accumulated at the time they become disabled.

#### **Vesting**

Benefits under the provisions of the Plan become fully vested at the time the participant completes five years of credited service.

### **Note 2: Summary of Significant Accounting Policies**

#### **Basis of Accounting**

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

#### **Use of Estimates**

The preparation of the financial statements in accordance with 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 and changes therein at the date of the financial statements. Actual results could differ from those estimates.

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

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### **Note 2: Summary of Significant Accounting Policies** (Continued)

#### **Investment in a Master Trust Valuation**

The Plan's investments are commingled with Schreiber Foods, Inc. Employees Retirement Pension Plan and Level Valley Creamery Hourly Employees Pension Plan in Schreiber Foods, Inc. Master Pension Trust (the "Master Trust").

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 5 for discussion of fair value measurements.

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

#### **Payment of Benefits**

Benefit payments to participants or their beneficiaries are recorded when paid.

#### **Administrative Expenses**

The Plan's expenses, including Pension Benefit Guaranty Corporation (PBGC) insurance premiums, are paid by the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. In addition, certain investment-related expenses are included in interest in net appreciation (depreciation) in fair value of Schreiber Foods, Inc. Master Pension Trust presented in the accompanying statements of changes in net assets available for benefits.

#### **Subsequent Events**

Subsequent events have been evaluated through July 9, 2024, which is the date the financial statements were available to be issued.

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

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### Note 3: Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' length of service. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the earlier of the valuation dates or the dates credited service was frozen.

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

The significant actuarial assumptions used in the valuation as of October 1, 2022, were as follows:

- a) Assumed rate of return - 7.80%
- b) Discount rate used to discount plan benefits - 5.24%
- c) Life expectancy - Non-Annuitants: The Pri-2012 "Employees" table, without collar or amount adjustments, projected generationally using Scale MP-2021; Annuitants: The Pri-2012 "Healthy Annuitants" table, without collar or amount adjustments, projected generationally using Scale MP-2021; Lump sums: The 50/50 male/female blended Pri-2012 mortality tables, projected generationally using Scale MP-2021.
- d) Benefit commencement - Age 65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of October 1, 2022, was as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefit payments	\$ 7,077,040
Other participants	607,241

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Actuarial present value of accumulated plan benefits as of October 1, 2022	\$ 7,684,281
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# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

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### Note 3: Actuarial Present Value of Accumulated Plan Benefits (Continued)

The changes in the present value of accumulated plan benefits for the year beginning October 1, 2022, were as follows:

Actuarial present value of accumulated plan benefits as of October 1, 2021	\$ 7,672,065
Increase (decrease) during the year attributable to:	
Actuarial assumption changes	341,540
Benefits accumulated	2,709
Net actuarial gain	(24,880)
Increase for interest due to decrease in the discount period	613,239
Benefit payments	(920,392)
Actuarial present value of accumulated plan benefits as of October 1, 2022	\$ 7,684,281

The computations of the actuarial present value of accumulated plan benefits were made as of October 1. Had the valuations been performed as of September 30, there would be no material differences.

In 2023, the actuarial assumption changes were the result of the following:

- Change in lump sum conversion rates from 3.05% to 5.75%.
- Change in the assumed rate of return from 8.50% to 7.80%.
- Change in segment interest rates used to calculate the funding target and target normal cost updated from an applicable month of June 2021 to June 2022 as required by IRC Subsection 430.
- The life expectancy assumption was updated from the Pri-2012 mortality table, projected generationally with the MP-2020 improvement scale to the Pri-2012 mortality table, projected generationally with the MP-2021 improvement scale.

### Note 4: Interest in Master Trust

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and two other Schreiber Foods, Inc.-sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by SEI Private Trust Company (SEI), the Plan's trustee.

The value of the Plan's interest in the Master Trust is based on the beginning-of-year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income (loss), less actual distributions. The Plan's interest in the net assets of the Master Trust was 0% (as a result of the merger discussed in Note 1) and 12% at September 30, 2023, and 2022, respectively.

Transfers in and out of the Master Trust are specifically identified with the particular plan. Investment income (loss) is allocated to the individual plans based on the ratio of the investment balances of the plans.

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

### Note 4: Interest in Master Trust (Continued)

The following table summarizes the net assets held by the Master Trust at September 30:

	2023	2022
Investments, at fair value:		
Common/collective trust funds	\$ 14,510,204	\$ 18,745,216
U.S. government obligations	10,527,592	0
Mutual funds	48,321,806	54,454,402
Partnership funds - Private equity	28,935	35,042
Receivable for securities sold	208,079	186,640
Non-interest-bearing cash	37,614	19,761
<b>Net assets of the Master Trust</b>	<b>\$ 73,634,230</b>	<b>\$ 73,441,061</b>

The following table summarizes the Plan's interest in the net assets held by the Master Trust at September 30:

	2023	2022
Investments, at fair value:		
Common/collective trust funds	\$ 0	\$ 2,309,794
Mutual funds	0	6,709,896
Partnership funds - Private equity	0	4,318
Receivable for securities sold	0	22,998
Non-interest-bearing cash	0	2,435
<b>Plan's interest in net assets of the Master Trust</b>	<b>\$ 0</b>	<b>\$ 9,049,441</b>

The following table summarizes the net investment income (loss) recognized by the Master Trust for the years ended September 30:

	2023	2022
Net appreciation (depreciation) in fair value of investments	\$ 1,477,032	\$ (15,785,944)
Interest and dividend income	2,255,067	2,449,118
<b>Net investment income (loss) of the Master Trust</b>	<b>\$ 3,732,099</b>	<b>\$ (13,336,826)</b>

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

### Note 4: Interest in Master Trust (Continued)

The following table summarizes Plan's interest in the net investment income (loss) recognized by the Master Trust for the years ended September 30:

	2023	2022
Net appreciation (depreciation) in fair value of investments	\$ 200,028	\$ (1,958,170)
Interest and dividend income	272,870	305,474
<b>Plan's interest in investment income (loss) of the Master Trust</b>	<b>\$ 472,898</b>	<b>\$ (1,652,696)</b>

The following are the changes in net assets for the Master Trust for the years ended September 30:

	2023	2022
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,477,032	\$ (15,785,944)
Interest and dividend income	2,255,067	2,449,118
<b>Total investment income (loss)</b>	<b>3,732,099</b>	<b>(13,336,826)</b>
<b>Net transfers</b>	<b>(3,538,930)</b>	<b>(5,925,370)</b>
Net change in net assets	193,169	(19,262,196)
Net assets at beginning	73,441,061	92,703,257
<b>Net assets at end</b>	<b>\$ 73,634,230</b>	<b>\$ 73,441,061</b>

### Note 5: Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority level; Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1); and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would be used only if Level 1 or Level 2 inputs were not available.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of September 30, 2023 and 2022.

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

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### **Note 5: Fair Value Measurements** (Continued)

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common/collective trust fund - Partnership fund:* Investments are priced based on valuations provided by independent, third-party pricing agents using their proprietary valuation methodology. The third-party pricing agents may value structured credit investments at an evaluated bid price by employing methodologies that utilize actual market transactions, broker-supplied valuations, or other methodologies designed to identify the market value for such securities. Such methodologies generally consider such factors as security prices, yields, maturities, call features, ratings, and developments relating to specific securities in arriving at valuations.

If a price for a structured credit investment cannot be obtained from an independent, third-party pricing agent, the fund shall seek to obtain a bid price from at least one dealer who is independent of the fund. In such cases, the independent dealer providing the price on the structured credit investment may also be a market maker, and in many cases the only market maker, with respect to that security. Most asset-backed securities are valued by an independent dealer who is also a market maker.

*Common/collective trust funds (other than partnership fund):* Valued at the NAV of units held by the Plan at year-end provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV's unit price is quoted on a private market that is not active; however, the unit price is based on the underlying investments that are traded on an active market.

*Partnership funds - Private equity:* Investments are valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV is a quoted price on a private market that is not active, and the unit price is based on underlying investments in nonmarketable, privately held equity. The valuation of nonmarketable, privately held equity investments is based on the capital account balances reported by the underlying partnerships subject to management review and adjustment. These capital account balances reflect the fair value of the underlying partnership funds' investment as reported in the NAV of the underlying partnership.

*U.S. government obligations:* Valued using pricing models maximizing the use of observable inputs for similar securities.

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

### Note 5: Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Master Trust's investment assets at fair value as of September 30, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets at Fair Value as of September 30, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 48,321,806	\$ 0	\$ 0	\$ 48,321,806
Common/collective trust fund - Partnership fund	0	0	1,821,412	1,821,412
U.S. government obligations	0	10,527,592	0	10,527,592
<b>Total investment assets in the fair value hierarchy</b>	<b>\$ 48,321,806</b>	<b>\$ 10,527,592</b>	<b>\$ 1,821,412</b>	<b>60,670,810</b>
Investment assets measured at NAV				12,717,727
<b>Total investment assets at fair value</b>				<b>\$ 73,388,537</b>

	Assets at Fair Value as of September 30, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 54,454,402	\$ 0	\$ 0	\$ 54,454,402
Common/collective trust fund - Partnership fund	0	0	6,024,530	6,024,530
<b>Total investment assets in the fair value hierarchy</b>	<b>\$ 54,454,402</b>	<b>\$ 0</b>	<b>\$ 6,024,530</b>	<b>60,478,932</b>
Investment assets measured at NAV				12,755,728
<b>Total investment assets at fair value</b>				<b>\$ 73,234,660</b>

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

### Note 5: Fair Value Measurements (Continued)

#### Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following tables set forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the years ended September 30, 2023 and 2022:

#### Level 3 Assets Year Ended September 30, 2023 (Common/Collective Trust Fund - Partnership Fund)

Balance, beginning of year	\$	6,024,530
Realized gains on instruments sold during the year		2,785,185
Unrealized losses relating to instruments still held at the reporting date		(2,423,543)
Sales of instruments during the year		(4,564,760)
<hr/>		
Balance, end of year	\$	1,821,412

The amount of total losses for the period attributable to the change in unrealized losses relating to assets still held at the reporting date	\$	(2,423,543)
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#### Level 3 Assets Year Ended September 30, 2022 (Common/Collective Trust Fund - Partnership Fund)

Balance, beginning of year	\$	5,894,914
Unrealized gains relating to instruments still held at the reporting date		129,616
<hr/>		
Balance, end of year	\$	6,024,530

The amount of total gains for the period attributable to the change in unrealized gains relating to assets still held at the reporting date	\$	129,616
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Unrealized gains (losses) included in changes in net assets for the periods above are reported in interest in net appreciation (depreciation) in fair value of Schreiber Foods, Inc. Master Pension Trust in the statements of changes in net assets available for benefits.

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

### Note 5: Fair Value Measurements (Continued)

#### Quantitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following tables represent the Master Trust's Level 3 financial instrument, the valuation technique used to measure the fair value of the financial instrument as of September 30, 2023 and 2022, and the significant unobservable input and the range of values for that input:

Instrument	Fair Value 9/30/23	Principal Valuation Technique	Significant Unobservable Input	Range of Significant Input Values
Common/collective trust fund - Partnership fund	\$ 1,821,412	Market quotes	Broker quote	\$0 - \$94

Instrument	Fair Value 9/30/22	Principal Valuation Technique	Significant Unobservable Input	Range of Significant Input Values
Common/collective trust fund - Partnership fund	\$ 6,024,530	Market quotes	Broker quote	\$0-\$100

### Note 6: Net Asset Value Per Share

The following tables set forth additional disclosures of the Plan's investments, whose fair value is estimated using NAV per share as of September 30, 2023 and 2022:

<i>September 30, 2023</i>	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period	Other Redemption Restrictions
Common/collective trust funds (other than partnership fund):					
Real Estate - SEI Core Property Collective Fund	\$ 6,739,373	\$0	Quarterly	95 days	Subject to the discretion of the advisor
Other - SEI Special Situations Collective Fund	5,949,419	0	Semiannual	95 days	Can be gated to 20% by the fund board and lockup period of two years on initial subscriptions
Partnership Funds - Private Equity (a)	28,935	170,737	N/A	N/A	N/A

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

### Note 6: Net Asset Value Per Share (Continued)

<i>September 30, 2022</i>	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period	Other Redemption Restrictions
Common/collective trust funds (other than partnership fund):					
Real Estate - SEI Core Property Collective Fund	\$ 7,231,575	\$0	Quarterly	95 days	Subject to the discretion of the advisor
Other - SEI Special Situations Collective Fund	5,489,111	0	Semiannual	95 days	Can be gated to 20% by the fund board and lockup period of two years on initial subscriptions
Partnerships Funds - Private Equity (a)	35,042	170,737	N/A	N/A	N/A

(a) The investment was formed for the purpose of investing in private markets limited partnerships (primary investments). Primary investments are investments in an original issuance of a private markets fund. It is expected that the liquidation of the limited partnership interests will generally coincide with the term of the investment. Primary investments are generally illiquid and cannot be redeemed.

### Note 7: Information Prepared and Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information disclosed in the accompanying financial statements, including investments - interest in Schreiber Foods, Inc. Master Pension Trust at September 30, 2023 and 2022, and investment income (loss) - interest in net appreciation (depreciation) in fair value of Schreiber Foods, Inc. Master Pension Trust for the years ended September 30, 2023 and 2022, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by SEI, the trustee of the Plan.

### Note 8: Party-in-Interest Transactions

Certain plan investments are managed by SEI, the Plan's trustee. Therefore, these transactions qualify as party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

Fees incurred by the Plan for the investment management services are included in interest in net appreciation (depreciation) in fair value of Schreiber Foods, Inc. Master Pension Trust because they are paid through revenue sharing rather than a direct payment.

# Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant

## Notes to Financial Statements

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### Note 9: Plan Termination

While the Company has not expressed any intention to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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

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

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

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

The freeze of the Plan described in Note 1 is not considered termination of the Plan.

### Note 10: Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated June 19, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and that the related trust is tax-exempt.

# **Schreiber Foods, Inc. Pension Plan For Hourly Employees at the Green Bay Wisconsin Plant**

## **Notes to Financial Statements**

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### **Note 11: Risks and Uncertainties**

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

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

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 26a Schedule of Active Participant Data as of October 1, 2022

Attained Age	Attained Years of Credited Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	1	0	0	1
60-64	0	0	0	0	0	0	0	0	0	5	5
65-69	0	0	0	0	0	0	0	0	0	2	2
70 & over	0	0	0	0	0	0	0	0	0	1	1
Total	0	0	0	0	0	0	0	1	0	8	9

Plan Name: Schreiber Foods, Inc. Pension Plan for Hourly Employees at the Green Bay Wisconsin Plant  
 EIN / PN: 39-1017450/003  
 Plan Sponsor: Schreiber Foods, Inc.  
 Valuation Date: October 1, 2022

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month                      June
- Interest rate basis                      3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
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#### Annual rates of increase

- Compensation                      N/A
- Future Social Security wage bases                      N/A
- Statutory limits on compensation                      N/A

**Administrative expenses**                      \$0; the plan sponsor pays administrative expenses directly.

Plan Name:                      Schreiber Foods, Inc. Pension Plan for Hourly Employees at the Green Bay Wisconsin Plant  
EIN / PN:                      39-1017450/003  
Plan Sponsor:                      Schreiber Foods, Inc.  
Valuation Date:                      October 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Demographic Assumptions

<b>Inclusion date</b>	The valuation date coincident with or next following the date on which the employee becomes a participant
<b>New or rehired employees</b>	It was assumed there will be no new or rehired employees.
<b>Mortality</b>	<p>For all participants: Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020).</p> <p>For lump sum purposes, the 2022 PPA unisex combined mortality table was used.</p>
<b>Disability</b>	Two Times Class (1) Inter-Company disability rates.

**Termination  
(per 100 employees)**

**Representative Termination Rates**

Percentage leaving during the year		
Attained Age	Males	Females
20	12.0%	13.5%
25	7.9%	9.0%
30	5.5%	6.2%
35	3.9%	4.4%
40	2.3%	2.6%
45	1.4%	1.7%
50	0.4%	0.7%
55	-	0.1%
60 and over	-	-

Plan Name: Schreiber Foods, Inc. Pension Plan for Hourly Employees at the Green Bay Wisconsin Plant  
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Plan Sponsor: Schreiber Foods, Inc.  
Valuation Date: October 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Percentage retiring during the year	
Age	Males and Females
50-54	0.0%
55	10.0%
56	2.5%
57	2.5%
58	2.5%
59	2.5%
60	10.0%
61	10.0%
62	50.0%
63	33.3%
64	33.3%
65	100.0%

Deferred vested participants are assumed to retire upon reaching their normal retirement date.

## Form of payment

50% of participants are assumed to elect an annuity while 50% of those eligible are assumed to elect a lump sum.

## Percent married

It is assumed that 85% of all active and terminated employees are married to an eligible spouse.

## Spouse age

Husbands are assumed to be 3 years older than wives.

## Covered pay

Not applicable

## Timing of benefit payments

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

## Methods

### Valuation date

First day of plan year

Plan Name: Schreiber Foods, Inc. Pension Plan for Hourly Employees at the Green Bay Wisconsin Plant  
EIN / PN: 39-1017450/003  
Plan Sponsor: Schreiber Foods, Inc.  
Valuation Date: October 1, 2022

# SCHEDULE SB ATTACHMENTS

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

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

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

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

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

**Benefits not valued** Willis Towers Watson has reviewed the plan provisions with Schreiber Foods, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Schreiber Foods, Inc. Pension Plan for Hourly Employees at the Green Bay Wisconsin Plant  
EIN / PN: 39-1017450/003  
Plan Sponsor: Schreiber Foods, Inc.  
Valuation Date: October 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Sources of Data and Other Information

The plan sponsor furnished participant data via DataLink as of October 1, 2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen for IRC 430 purposes was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Lump sum conversion rate</b>	As required by IRC 430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.
<b>Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Termination</b>	Termination rates are set based on plan design and expected participant behavior with periodic monitoring of observed gains and losses caused by termination patterns different from assumed, and vary by age and gender.
<b>Disability</b>	Disability rates are based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.
<b>Retirement</b>	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Plan Name: Schreiber Foods, Inc. Pension Plan for Hourly Employees at the Green Bay Wisconsin Plant  
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Plan Sponsor: Schreiber Foods, Inc.  
Valuation Date: October 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Sources of Prescribed Methods

### Funding methods

The methods used for funding purposes as described herein, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of June 2021 to June 2022 as required by IRC §430.
- Mortality used to calculate the funding target and target normal cost was updated to use the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.
- Mortality for lump sum purposes was updated to the 2022 PPA unisex combined mortality table.

Plan Name: Schreiber Foods, Inc. Pension Plan for Hourly Employees at the Green Bay  
Wisconsin Plant  
EIN / PN: 39-1017450/003  
Plan Sponsor: Schreiber Foods, Inc.  
Valuation Date: October 1, 2022

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Schreiber Foods, Inc.
<b>EIN/PN</b>	39-1017450/003
<b>Plan Name</b>	Schreiber Foods, Inc. Pension Plan for Hourly Employees at the Green Bay Wisconsin Plant
<b>Valuation Date</b>	October 1, 2022
<b>Enrolled Actuary</b>	Cynthia M. Brown
<b>Enrollment Number</b>	23-07656

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No 1210-0110

**2022**

**This Form is Open to Public  
Inspection**

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1 000 will be assessed for late filing of this report unless reasonable cause is established

<b>A</b> Name of plan SCHREIBER FOODS, INC. PENSION PLAN FOR HOURLY EMPLOYEES AT THE GREEN BAY, WISCONSIN PLANT	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  SCHREIBER FOODS, INC.	<b>D</b> Employer Identification Number (EIN)  39-1017450	
<b>E</b> Type of plan <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date Month <u>10</u> Day <u>01</u> Year <u>2022</u>		
<b>2</b>	Assets		
	<b>a</b> Market value	<b>2a</b>	9,049,441
	<b>b</b> Actuarial value	<b>2b</b>	9,954,385
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment	177	8,442,464
	<b>b</b> For terminated vested participants	10	209,145
	<b>c</b> For active participants	9	552,164
	<b>d</b> Total	196	9,203,773
<b>4</b>	If the plan is in at-risk status check the box and complete lines (a) and (b) <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	<b>4b</b>	
<b>5</b>	Effective interest rate	<b>5</b>	5.24%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals	<b>6a</b>	2,173
	<b>b</b> Expected plan-related expenses	<b>6b</b>	0
	<b>c</b> Total (line 6a + line 6b)	<b>6c</b>	2,173

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Cynthia M Brown	6/7/2024
	Signature of actuary	Date
	Cynthia M Brown	2307656
	Type or print name of actuary	Most recent enrollment number
	Willis Towers Watson US LLC	312-288-7700
	Firm name	Telephone number (including area code)
	233 S. Wacker Drive Suite 1800 Chicago IL 60606	
	Address of the firm	

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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-14.81</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	108.15 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	108.15 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	111.20 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV** **Contributions and Liquidity Shortfalls**

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 2,173
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 2,173
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of October 1, 2022

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	$q_x^r$	$l_x$	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.100	1,000,000	1.000000	0.100000	5.500000
56	0.025	900,000	0.900000	0.022500	1.260000
57	0.025	877,500	0.877500	0.021938	1.250438
58	0.025	855,563	0.855563	0.021389	1.240566
59	0.025	834,173	0.834173	0.020854	1.230406
60	0.100	813,319	0.813319	0.081332	4.879915
61	0.100	731,987	0.731987	0.073199	4.465122
62	0.500	658,788	0.658788	0.329394	20.422443
63	0.333	329,394	0.329394	0.109688	6.910362
64	0.333	219,706	0.219706	0.073162	4.682373
65	1.000	146,544	0.146544	0.146544	9.525352
Average age at retirement					61.366977
Rounded for Schedule SB item 22					61

Plan Name: Schreiber Foods, Inc. Pension Plan for Hourly Employees at the Green Bay Wisconsin Plant  
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 Plan Sponsor: Schreiber Foods, Inc.  
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# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The Effective Date of the restated plan is October 1, 1997. The plan was amended and restated effective October 1, 2017.

**Covered employees** All employees at Green Bay represented by the Teamsters' Union. Employees not participating as of April 21, 2003 are not eligible to participate in the plan. Benefits for participants with less than 10 years of service as of April 1, 2003 are frozen as of that date.

### Definitions

**Vesting service** Elapsed time from date of hire to date of termination, including service prior to April 14, 1978 under any collective bargaining agreement between any employer and the Central States Teamsters.

**Pension service** Elapsed time from date of hire to date of termination, including service prior to April 14, 1978 under any collective bargaining agreement between any employer and the Central States Teamsters.

**Average earnings** Not applicable.

**Normal retirement date (NRD)** The first of the month coinciding with or next following attainment of age 65 with 5 years of pension service.

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# SCHEDULE SB ATTACHMENTS

## Monthly pension benefit

An employee retiring at age 65 or later with 5 or more years of continuous service receives a monthly income for life equal to the scheduled benefit multiplied by the first 20 years of continuous service plus an additional \$3.00 for each year of continuous service in excess of 20 as follows:

Period	Monthly Benefit for First 20 Years	Monthly Benefit for Each Year in Excess of 20 Years
For Retirements prior to 9/06/83	\$16.00	\$3.00
Retirements Between 9/06/83 to 09/30/84	\$17.50	\$3.00
Retirements Between 10/01/84 to 09/30/85	\$18.00	\$3.00
Retirements Between 10/01/85 to 09/30/90	\$18.50	\$3.00
Retirements on 10/01/90 or later	\$19.25	\$3.00

## Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

## Eligibility for Benefits

### Normal retirement

Retirement on NRD

### Twenty-year service retirement

An employee with 20 or more years of continuous service retiring at or after age 60.

### Early retirement

An employee retiring at or after age 50 with 20 or more years of continuous service or with 30 or more years of continuous service regardless of age.

### Vested termination

An employee with 5 or more years of continuous service will be entitled to receive a vested monthly pension commencing at his normal retirement age of 65.

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<b>Disability</b>	An employee becoming totally and permanently disabled before age 65 and after completing 10 or more years of continuous service.
<b>Preretirement death benefit</b>	In the event of the death of an active employee with 10 or more years of continuous service, before becoming eligible for early retirement.
<b>Death benefits after retirement</b>	In the event of the death during the first 60 months of retirement of a retired employee who is not survived by a spouse.

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	The monthly pension benefit determined as of NRD.
<b>Twenty-year service retirement</b>	Monthly pension benefit for life equal to the scheduled benefit calculated under the Normal Retirement Benefit formula.
<b>Early retirement</b>	Monthly pension benefit projected under the 20-year service formula based on projected service at age 60 and the rate in effect at the time of early retirement multiplied by the ratio of service at retirement to projected service at age 60. Such pension shall be reduced by .50% for each month by which the income commences before age 60. Alternatively, an employee with 20 or more years of service retiring at or after age 57 and before age 60 could elect to receive a monthly benefit of \$300 for 5 years, and \$200 per month thereafter for life.
<b>Vested termination</b>	The amount of monthly pension would equal the scheduled benefit multiplied by the first 20 years of continuous service plus \$3.00 for each additional year of service projected to age 65, multiplied by the ratio of service at termination to projected service to age 65. An employee age 50 with 10 or more years of continuous service could elect to commence such income prior to age 65 reduced by .50% for each month by which the income commences before age 65.

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# SCHEDULE SB ATTACHMENTS

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## **Disablement**

A monthly disability pension, payable for life equal to the basic monthly pension if he is age 60 or older or a monthly pension projected under the 20-year service formula based on projected service at age 60 and the rate in effect at the time of the disability multiplied by the ratio of service at retirement to projected service at age 60 if he is under age 60; provided, however, the monthly pension shall not be less than \$150. The monthly pension shall commence 6 calendar months after the month in which the disability commences.

## **Preretirement death**

In the event of the death of an active employee with 10 or more years of continuous service, before becoming eligible for early retirement, a lump sum amount of \$2,000 would be payable.

In the event of the death of an active employee, eligible for early retirement, but prior to his normal retirement date, and who has been married for at least one year on the date of death, a pension will be payable to the spouse of such employee equal to 50% of the pension that would have been payable to the employee if he had commenced his early retirement income on the date of his death.

## **Death benefits after retirement**

In the event of the death during the first 60 months of retirement of a retired employee who is not survived by a spouse, a death benefit of \$1,000 shall be payable to the beneficiary designated by the employee. Such death benefit shall also be payable to the beneficiary of a participant who elects not to receive the qualified spouse benefit.

In the event of the death of a retired employee who elected not to be covered under qualified spouse benefit provisions of the plan or was not eligible for this benefit, a pension benefit equal to the monthly amount the employee was entitled to immediately prior to death shall be payable to his spouse if surviving, or if his spouse is deceased, to their surviving dependent children who are either under age 23 or are adjusted to be mentally or physically incompetent. Such benefit will be payable for the lifetime of his spouse for a maximum of 60 months less the number of months paid to the retiree prior to death.

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# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

### Forms of payment

Twenty year service, early, disability and deferred vested retirement income payable to an employee who has not been married for at least a year on his annuity commencement date shall be payable monthly during the lifetime of the employee and shall terminate at his death. Such retirement income payable to an employee who has been married for at least one year on his annuity commencement date shall be reduced and payable in the form of a "qualified spouse's benefit" unless the employee elects prior to retirement to receive the full amount of income payable during his lifetime only. The spouse of an employee married for less than a year or an employee who elects not to receive the qualified spouse benefit shall be entitled, after the death of the employee, to receive a continuation of the income payable to the employee for the remainder of a 60-month period from the date of retirement of the employee.

Under the "qualified spouse's benefit" form, the amount of pension otherwise payable is reduced to a pension of equivalent value which is paid as a level amount during the lifetime of the employee with 50% of such reduced amount continued after the death of the employee during the remaining lifetime of the spouse.

Participants may elect a single life annuity or 50% or 75% joint and survivor annuity, or a lump sum distribution if the value is less than \$50,000. All annuity optional forms of payment are actuarially equivalent to the single life annuity based on the 2017 Applicable Mortality Table of IRC Section 417(e) and an interest rate of 6.0%.

### Pension Increases

Not applicable

### Plan participants' contributions

Not applicable

### Non-duplication offset

The benefits to which an employee is entitled under the Central States Plan shall be deducted from the benefits payable under the Schreiber Foods Plan.

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**Maximum on benefits and pay**

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

## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

None.

Plan Name: Schreiber Foods, Inc. Pension Plan for Hourly Employees at the Green Bay  
Wisconsin Plant  
EIN / PN: 39-1017450/003  
Plan Sponsor: Schreiber Foods, Inc.  
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ACCOUNT NUMBER  
 17139-C

ASSET STATEMENT  
 AS OF 9/30/23  
 SCHREIBER FOODS, INC. CONSOL. INV.

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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
<b>MONEY MARKET FUNDS</b>						
1,250.5300	GOVERNMENT FUND (SEOXX) CUSIP: 783965593 TICKER: 36 17139SC	1,250.53	1,250.53	1.000	0.00	5.08
<b>TOTAL MONEY MARKET FUNDS</b>		<b>1,250.53</b>	<b>1,250.53</b>		<b>0.00</b>	<b>5.08</b>
<b>U.S. GOVERNMENT AGENCIES</b>						
1,741,000.0000	U.S. TREASURY STRIPS Z-CPN 8/15/27 CUSIP: 912833PE4 TICKER: 17139-LDI	1,466,264.94	1,453,508.67	83.4870	1.98	0.00
2,636,000.0000	U.S. TREASURY STRIPS Z-CPN 8/15/29 CUSIP: 912833XP0 TICKER: 17139-LDI	2,070,935.24	2,008,368.40	76.1900	2.74	0.00
4,633,000.0000	U.S. TREASURY STRIPS Z-CPN 8/15/33 CUSIP: 9128334W7 TICKER: 17139-LDI	3,150,311.59	2,903,779.08	62.6760	3.96	0.00
5,783,000.0000	U.S. TREASURY STRIPS Z-CPN 8/15/38 CUSIP: 912834AT5 TICKER: 17139-LDI	3,253,243.11	2,757,392.23	47.6810	3.76	0.00
2,398,000.0000	U.S. TREASURY STRIPS Z-CPN 8/15/43 CUSIP: 912834MT2 TICKER: 17139-LDI	1,079,409.22	876,085.32	36.5340	1.19	0.00
309,000.0000	U.S. TREASURY STRIPS Z-CPN 2/15/48 CUSIP: 912834TF5 TICKER: 17139-LDI	120,826.23	91,757.55	29.6950	0.13	0.00
1,623,000.0000	U.S. TREASURY STRIPS Z-CPN 8/15/52 CUSIP: 912803GK3 TICKER: 17139-LDI	594,168.60	436,700.61	26.9070	0.60	0.00
<b>TOTAL U.S. GOVERNMENT AGENCIES</b>		<b>11,735,158.93</b>	<b>10,527,591.86</b>		<b>14.34</b>	<b>0.00</b>

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
<b>EQUITY MUTUAL FUNDS</b>						
86,882.7510	SEI DYNAMIC ASSET ALLOC FUND (SDLAX) CUSIP: 783980683 TICKER: SDLAX 17139-SEI	1,570,436.53	1,704,639.57	19.620	2.32	4.99
781,477.5860	SEI GLOBAL MGD VOLATILITY FD (SGMAX) CUSIP: 783980576 TICKER: SGMAX 17139-SEI	9,113,274.76	8,518,105.69	10.900	11.60	6.10
198,931.7930	U.S. MANAGED VOL FUND (SVYAX) CUSIP: 783980725 TICKER: SVYAX 17139-SEI	2,534,594.17	2,265,833.12	11.390	3.09	2.70
<b>TOTAL EQUITY MUTUAL FUNDS</b>		<b>13,218,305.46</b>	<b>12,488,578.38</b>		<b>17.01</b>	<b>5.33</b>
<b>FIXED INCOME MUTUAL FUNDS</b>						
241,168.3160	SEI HIGH YIELD BOND FUND (SGYAX) CUSIP: 783980303 TICKER: SGYAX 17139-SEI	2,026,288.46	1,712,295.04	7.100	2.33	9.55
2,990,672.5070	SEI INTERMEDIATE DUR CREDIT-A (SIDCX) CUSIP: 783980584 TICKER: SIDCX 17139-LDI	26,534,518.26	25,121,649.06	8.400	34.21	4.00
1,215,950.3010	SEI LONG DUR CREDIT FUND A (SLDAX) CUSIP: 783980634 TICKER: SLDAX 17139-LDI	10,184,953.32	8,998,032.23	7.400	12.26	4.97
<b>TOTAL FIXED INCOME MUTUAL FUNDS</b>		<b>38,745,760.04</b>	<b>35,831,976.33</b>		<b>48.80</b>	<b>4.51</b>
<b>OTHER ASSETS</b>						

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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
1,561.0000	BRINSON PART 2002 PRIM FUND, L.P. CUSIP: 284796554 TICKER: 17139-PE	0.00	1,561.00	1.000	0.00	0.00
2,626.0000	BRINSON PRTSHIP 1998 PRIMARY FUND CUSIP: 681497558 TICKER: 17139-PE	233,768.00	2,626.00	1.000	0.00	0.00
7,544.0000	BRINSON PRTSHIP 1999 PRIMARY FUND CUSIP: 837325257 TICKER: 17139-PE	195,786.00	7,544.00	1.000	0.01	0.00
9,407.0000	BRINSON PRTSHIP 2001 PRIM FUND, L.P. CUSIP: 610198889 TICKER: 17139-PE	0.00	9,407.00	1.000	0.01	0.00
7,797.0000	BRINSON 2000 PRIMARY FUND, L.P. CUSIP: 756481446 TICKER: 17139-PE	233,466.00	7,797.00	1.000	0.01	0.00
1,998.6460	SEI CORE PROPERTY COLLECTIVE INV TR CUSIP: 99994CP72 TICKER: 17139CP	2,233,290.37	6,739,372.95	3,371.969	9.18	0.00
2,954.5940	SEI SPECIAL SITUATIONS COLLECTIVE CUSIP: 99999SSC8 TICKER: 17139SS	3,204,003.61	5,949,418.93	2,013.616	8.10	0.00
448.1840	SEI STRUCTURED CREDIT COLLECTIVE CUSIP: 99999SRC9 TICKER: 17139SC	660,322.93	1,821,412.34	4,063.983	2.48	0.00
TOTAL OTHER ASSETS		6,760,636.91	14,539,139.22		19.80	0.00

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ASSET STATEMENT  
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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
<b>CASH</b>						
37,614.0200	PENDING CASH CUSIP: PEND. CASH 17139-SEI	37,614.02	37,614.02	1.000	0.05	0.00
<b>TOTAL CASH</b>		<b>37,614.02</b>	<b>37,614.02</b>		<b>0.05</b>	<b>0.00</b>
<b>TOTAL ASSETS</b>		<b>70,498,725.89</b>	<b>73,426,150.34</b>		<b>100.00</b>	<b>3.11</b>
<b>ENDING ACCRUAL FOR PERIOD</b>			<b>208,078.99</b>			
<b>ENDING MARKET VALUE</b>			<b>73,634,229.33</b>			

\*UNLESS OTHERWISE NOTED, SEI PRIVATE TRUST COMPANY ("SPTC") IS CUSTODIAN IN CONNECTION WITH THE ASSETS IN YOUR ACCOUNT. FOR INSTANCES IN WHICH SPTC DOES NOT CUSTODY SOME OR ALL OF THE UNITS OF AN ASSET, THAT ASSET WILL BE MARKED BY AN ASTERISK IN THIS REPORT ("HELD-AWAY ASSETS"). ALL INFORMATION ON THIS REPORT REGARDING HELD AWAY ASSETS WAS PROVIDED BY AN INDEPENDENT THIRD-PARTY SUCH AS AN INVESTMENT MANAGER. SPTC HAS NOT VERIFIED SUCH INFORMATION AND HAS NO OBLIGATION TO DO SO NOR WILL SPTC BE HELD RESPONSIBLE OR LIABLE TO YOU FOR THE VALUE THAT HAS BEEN ATTRIBUTED TO SUCH ASSETS. YOU SHOULD RAISE ANY QUESTIONS CONCERNING INFORMATION ON THIS REPORT WITH YOUR INSTITUTIONAL RELATIONSHIP MANAGER.