

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC. 1b Three-digit plan number (PN): 001 1c Effective date of plan: 07/01/1954 2a Plan sponsor's name (employer, if for a single-employer plan): COLLIN STREET BAKERY, LLC. 2b Employer Identification Number (EIN): 75-0201050 2c Plan Sponsor's telephone number: 903-872-8111 2d Business code (see instructions): 311800

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

|  |   |
|--|---|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>RETIREMENT COMMITTEE COLLIN STREET BAKERY, LLC<br><br>P.O. BOX 79<br>CORSICANA, TX 75110-0079 | <b>3b</b> Administrator's EIN<br>75-1515175<br><br><b>3c</b> Administrator's telephone number<br>903-872-8111 |
|--|---|

|  |                                   |
|--|-----------------------------------|
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|--|-----------------------------------|

|   |          |     |
|---|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 135 |
|---|----------|-----|

|  |              |     |
|--|--------------|-----|
| <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>6a(1)</b> | 38  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....  | <b>6a(2)</b> | 36  |
| <b>b</b> Retired or separated participants receiving benefits .....  | <b>6b</b>    | 56  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....   | <b>6c</b>    | 38  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....  | <b>6d</b>    | 130 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....   | <b>6e</b>    | 10  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  | <b>6f</b>    | 140 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....   | <b>6g(1)</b> |     |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....   | <b>6g(2)</b> |     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....   | <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> |  |
|--|----------|--|

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

**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)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|---|---|

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

**a Pension Schedules**

(1)  **R** (Retirement Plan Information)

(2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_

(5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1)  **H** (Financial Information)

(2)  **I** (Financial Information – Small Plan)

(3)  **A** (Insurance Information) – Number Attached 0

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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<br><u>RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC.</u>   | <b>B</b> Three-digit plan number (PN) ▶   | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>COLLIN STREET BAKERY, LLC.</u>                             | <b>D</b> Employer Identification Number (EIN)<br><u>75-0201050</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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | <u>9308583</u>            |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>9303772</u>            |
| <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 .....   | <u>62</u>                  | <u>5621400</u>            |
|          | <b>b</b> For terminated vested participants .....   | <u>36</u>                  | <u>586526</u>             |
|          | <b>c</b> For active participants .....  | <u>38</u>                  | <u>3089904</u>            |
|          | <b>d</b> Total .....  | <u>136</u>                 | <u>9297830</u>            |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b) .....  |                            |                           |
|          | <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>5.22 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>0</u>                  |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>32159</u>              |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>32159</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>04/04/2025</u>                      |
|                  | <u>DAVID G. BELL</u>   | Date                                   |
|                  | Type or print name of actuary  | <u>23-03180</u>                        |
|                  | <u>WILLIS TOWERS WATSON US LLC</u>   | Most recent enrollment number          |
|                  | Firm name  | <u>214-520-4200</u>                    |
|                  | <u>500 N. AKARD STREET</u><br><u>SUITE 4300</u><br><u>DALLAS, TX 75201</u> | Telephone number (including area code) |
|                  | 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 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                     | 57330                  |
| <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                     | 57330                  |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>14.77</u> % .....  | 0                     | 8468                   |
| <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) .....  |                       | 98457                  |
|  | <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>5.38</u> % ..... |                       | 5297                   |
|  | <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 .....  |                       | 103754                 |
|  | <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                     | 65798                  |

| <b>Part III Funding Percentages</b> |  |           |         |
|-------------------------------------|--|-----------|---------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 99.09 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 99.09 % |
| <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> | 93.90 % |
| <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 Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |              |   |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (a) Date (MM-DD-YYYY)                                 | (b) Amount paid by employer(s) | (c) Amount paid by employees   | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |              |   |
| 10/12/2023  | 11000                          | 0  |                       |                                |                              |              |   |
| 01/12/2024  | 11000                          | 0  |                       |                                |                              |              |   |
| 04/15/2024  | 10000                          | 0  |                       |                                |                              |              |   |
| 07/12/2024  | 12000                          | 0  |                       |                                |                              |              |   |
|   |                                |  | <b>Totals ▶</b>       | <b>18(b)</b>                   | 44000                        | <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> 42545  |         |
| <b>20</b>  | Quarterly contributions and liquidity shortfalls:  |   |         |
|  | <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....   | <input checked="" type="checkbox"/> Yes <input 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 checked="" 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 |
| 0  | 0  | 0   | 0       |

|   |                                       |   |  |                                     |
|---|---------------------------------------|---|--|-------------------------------------|
| <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:<br>4.75 %                                    | 2nd segment:<br>5.00 %                         | 3rd segment:<br>5.74 %              |
|   |                                       | <input type="checkbox"/> N/A, full yield curve used       |  |                                     |
| <b>b</b>  | Applicable month (enter code).....    | <b>21b</b>  | 0  |                                     |
| <b>22</b>   | Weighted average retirement age ..... | <b>22</b>   | 64   |                                     |
| <b>23</b>   | Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined | <input 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>          | 32159 |             |
| <b>b</b>  | Excess assets, if applicable, but not greater than line 31a .....  | <b>31b</b>          | 0     |             |
| <b>32</b>   | Amortization installments:   | Outstanding Balance |       | Installment |
| <b>a</b>  | Net shortfall amortization installment .....   | 84395               | 10229 |             |
| <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>           | 42388 |             |
| <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>           | 42388 |             |
| <b>37</b>   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   | <b>37</b>           | 42545 |             |
| <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>          | 157   |             |
| <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 |  |  |  |

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC.</b>        | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COLLIN STREET BAKERY, LLC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>75-0201050</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)

COMMUNITY NAT'L BANK & TRUST OF TEX

75-1047436

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 21 28<br>50 51      | NONE  | 33882  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b> |  |
| <b>A</b> Name of plan<br><b>RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC.</b>              | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COLLIN STREET BAKERY, LLC.</b>       | <b>D</b> Employer Identification Number (EIN)<br><b>75-0201050</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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.

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</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>    | 110000                | 12000           |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 18664                 | 59899           |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 527333                | 1972308         |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 986403                | 2996242         |
| <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> | 1002065               | 1171695         |
| <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> | 6403407               | 3085135         |
| <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>   |                       |                 |
| <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>   | 262168                | 269701          |
| <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    | 9310040               | 9566980         |
| <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    | 9310040               | 9566980         |

**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) | 44000      |           |
| (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)    |            | 44000     |
| <b>b Earnings on investments:</b>   |          |            |           |
| (1) Interest:   |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) | 38947      |           |
| (B) U.S. Government securities .....  | 2b(1)(B) | 63614      |           |
| (C) Corporate debt instruments .....  | 2b(1)(C) | 29400      |           |
| (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) |            | 131961    |
| (2) Dividends:  |          |            |           |
| (A) Preferred stock .....   | 2b(2)(A) |            |           |
| (B) Common stock .....  | 2b(2)(B) | 117613     |           |
| (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) |            | 117613    |
| (3) Rents .....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets:  |          |            |           |
| (A) Aggregate proceeds .....  | 2b(4)(A) | 4157715    |           |
| (B) Aggregate carrying amount (see instructions) .....  | 2b(4)(B) | 1642154    |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                          | 2b(4)(C) |            | 2515561   |
| (5) Unrealized appreciation (depreciation) of assets:   |          |            |           |
| (A) Real estate .....   | 2b(5)(A) |            |           |
| (B) Other .....   | 2b(5)(B) | -1832475   |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....                 | 2b(5)(C) |            | -1832475  |

|  |               | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income.....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....        | <b>2d</b>     |            | 976660    |

**Expenses**

|  |               |        |        |
|--|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 685838 |        |
| (2) To insurance carriers for the provision of benefits.....                               | <b>2e(2)</b>  |        |        |
| (3) Other.....   | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |        | 685838 |
| <b>f</b> Corrective distributions (see instructions).....                                  | <b>2f</b>     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |        |        |
| <b>h</b> Interest expense.....   | <b>2h</b>     |        |        |
| <b>i</b> Administrative expenses:  |               |        |        |
| (1) Salaries and allowances.....   | <b>2i(1)</b>  |        |        |
| (2) Contract administrator fees.....   | <b>2i(2)</b>  |        |        |
| (3) Recordkeeping fees.....  | <b>2i(3)</b>  |        |        |
| (4) IQPA audit fees.....   | <b>2i(4)</b>  |        |        |
| (5) Investment advisory and investment management fees.....                                | <b>2i(5)</b>  |        |        |
| (6) Bank or trust company trustee/custodial fees.....                                      | <b>2i(6)</b>  | 33882  |        |
| (7) Actuarial fees.....  | <b>2i(7)</b>  |        |        |
| (8) Legal fees.....  | <b>2i(8)</b>  |        |        |
| (9) Valuation/appraisal fees.....  | <b>2i(9)</b>  |        |        |
| (10) Other trustee fees and expenses.....  | <b>2i(10)</b> |        |        |
| (11) Other expenses.....   | <b>2i(11)</b> |        |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |        | 33882  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |        | 719720 |

**Net Income and Reconciliation**

|   |              |  |        |
|---|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 256940 |
| <b>l</b> Transfers of assets:   |              |  |        |
| (1) To this plan.....   | <b>2l(1)</b> |  |        |
| (2) From this plan.....   | <b>2l(2)</b> |  |        |

**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: **ANDERSON, MARX & BOHL, PC**

(2) EIN: **75-2253424**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|  | Yes | No | Amount  |
|--|-----|----|---------|
| <b>a</b> 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.)                 |     | X  |         |
| <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.) |     | 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.)   |     | 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.)  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | 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?   |     | 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?   |     | 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.)   | 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.)   | 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?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | 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>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.  |     |    |         |

**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 \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 534009.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC.</u>        | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COLLIN STREET BAKERY, LLC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>75-0201050</u> |            |

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

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

|  |   |   |
|--|---|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | 1 | 0 |
| <b>2</b> 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):<br><br>EIN(s): _____ |   |   |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |   |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | 3 | 0 |

|                |   |
|----------------|---|
| <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) .....   | 6a |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....   | 6b |  |
| <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) ..... | 6c |  |

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

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

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

**RETIREMENT PLAN FOR EMPLOYEES OF  
COLLIN STREET BAKERY, INC.  
JUNE 30, 2024 AND 2023**

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# RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC.

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**ANDERSON, MARX & BOHL, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

FRANK MARX, III, CPA  
DORI BOHL, CPA & CFE  
CALEB MARX, CPA

*Independent Auditors' Report*

To the Retirement Committee of the  
Retirement Plan for the Employees of Collin Street Bakery, Inc.

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

We have performed audits of the financial statements of Retirement Plan for the Employees of Collin Street Bakery, Inc., 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 June 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of June 30, 2023 and 2022, and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Retirement Plan for the Employees of Collin Street Bakery, Inc.'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 June 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

*Opinion*

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

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

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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 Retirement Plan for the Employees of Collin Street Bakery, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

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

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is

not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Retirement Plan for the Employees of Collin Street Bakery, Inc.'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 Retirement Plan for the Employees of Collin Street Bakery, Inc.'s ability to continue as a going concern for a reasonable period of time.

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

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

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

*Other Matter — Supplemental Schedules Required by ERISA*

The supplemental schedules of assets held and reportable transactions for the fiscal year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Anderson, Marx & Bohl, P.C.*

Anderson, Marx & Bohl, PC  
Corsicana, Texas

April 4, 2025

**RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**JUNE 30, 2024 AND 2023**

|                                     | 2024         | 2023         |
|-------------------------------------|--------------|--------------|
| Assets                              |              |              |
| Investments, at fair value          |              |              |
| Certificates of deposit             | \$ 1,557,789 | \$ 388,947   |
| United States government securities | 2,800,594    | 986,403      |
| Corporate debt instruments          | 1,171,695    | 1,002,065    |
| Mutual funds                        | 269,701      | 262,168      |
| Equity exchange traded funds        | 367,808      | 680,451      |
| Municipal bonds                     | 195,648      | -            |
| Common stocks                       | 2,717,327    | 5,722,956    |
| Receivables                         |              |              |
| Employer contribution               | 12,000       | 110,000      |
| Accrued interest and dividends      | 59,899       | 18,664       |
| Cash                                | 414,519      | 138,386      |
| Total assets                        | 9,566,980    | 9,310,040    |
| Liabilities                         |              |              |
| Accounts payable                    | -            | -            |
| Total liabilities                   | -            | -            |
| Net assets available for benefits   | \$ 9,566,980 | \$ 9,310,040 |

See accompanying notes to the financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

|   | <b>2024</b>  | <b>2023</b>  |
|---|--------------|--------------|
| Investment income   |              |              |
| Net appreciation (depreciation) in<br>fair value of investments | \$ 654,489   | \$ 1,025,595 |
| Interest  | 160,254      | 64,650       |
| Dividends   | 117,917      | 128,240      |
|   | 932,660      | 1,218,485    |
| Contributions   |              |              |
| Employer  | 44,000       | 198,266      |
| Other   | -            | -            |
| Total additions (deductions)                                    | 976,660      | 1,416,751    |
| Benefits paid directly to participants                          | 685,838      | 614,127      |
| Administrative expenses   | 33,882       | 32,159       |
| Total deductions  | 719,720      | 646,286      |
| Net increase (decrease)   | 256,940      | 770,465      |
| Net assets available for benefits                               |              |              |
| Beginning of year   | 9,310,040    | 8,539,575    |
| End of year   | \$ 9,566,980 | \$ 9,310,040 |

See accompanying notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC

STATEMENTS OF ACCUMULATED PLAN BENEFITS

FOR THE YEARS ENDED JUNE 30, 2023 AND 2022

|  | <u>2023</u>                | <u>2022</u>                |
|--|----------------------------|----------------------------|
| Actuarial present value of accumulated plan benefits       |                            |                            |
| Vested Benefits  |                            |                            |
| Participants currently receiving payments                  | \$ 4,762,129               | \$ 5,202,885               |
| Other participants   | <u>2,928,314</u>           | <u>2,860,277</u>           |
|  | 7,690,443                  | 8,063,162                  |
| Nonvested Benefits   | <u>27,165</u>              | <u>34,477</u>              |
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 7,717,608</u></u> | <u><u>\$ 8,097,639</u></u> |

See accompanying notes to the financial statements

**RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC**  
**STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS**  
**FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

|   | <b>2023</b>  | <b>2022</b>  |
|---|--------------|--------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 8,097,639 | \$ 7,837,505 |
| Increase (decrease) during the year attributable to:                      |              |              |
| Benefits accumulated  | -            | -            |
| Net actuarial (gains) losses  | (311,244)    | 357,105      |
| Increase for interest due to the decrease in the discount period          | 545,340      | 526,429      |
| Benefits paid   | (614,127)    | (634,181)    |
| Assumption changes  | -            | 10,781       |
| Plan amendments   | -            | -            |
| Net increase (decrease)   | (380,031)    | 260,134      |
| Actuarial present value of accumulated plan benefits at end of year       | \$ 7,717,608 | \$ 8,097,639 |

See accompanying notes to the financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF  
COLLIN STREET BAKERY, INC.  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

**A. DESCRIPTION OF PLAN AND SUMMARY OF ACCOUNTING POLICIES**

**Description of Plan**

The following brief description of the Retirement Plan for Employees of Collins Street Bakery, Inc. is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

1. General

The Plan is a defined benefit pension plan covering all employees of Collin Street Bakery, Inc. who work over 1,000 hours per year and complete one year of service. Per the amended and restated plan effective July 1, 2014, no employee first hired by the employer after December 31, 2015, shall be eligible to become a participant in the Plan. Effective December 31, 2018, the board of directors of Collin Street Bakery, Inc. adopted an amendment to the Plan to freeze future accruals. No additional retirement income shall be accrued for any participant after the effective date, and other related provisions were amended concerning calculation of anticipated monthly primary insurance amount, credited service, and final average monthly compensation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Pension Benefits

Employees with four years of participation are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1% of the first \$400 of final average monthly compensation plus 1.5% over \$400 multiplied by number of years of credited service, or 3% of the final average monthly compensation times years of credited service up to 15 years less 50% of participants monthly primary social security insurance amount at age 65. Final average monthly compensation is calculated under the provisions of the Plan, as amended and restated effective August 19, 2024.

Effective as of December 31, 2018, notwithstanding any other provision of this Plan to the contrary, Credited Service shall not change from the amount determined as of December 31, 2018, for purposes of determining the Accrued Deferred Monthly Retirement Income Commencing at Normal Retirement Date of any Participant and shall not change from the amount determined as of the date his employment originally terminated for any previously terminated Participant who is reemployed after December 31, 2018.

Also effective as of December 31, 2018, notwithstanding any other provision of this Plan to the contrary, Final Average Monthly Compensation shall not change from the amount determined as

of December 31, 2018, for purposes of determining the Accrued Deferred Monthly Retirement Income Commencing at Normal Retirement Date of any Participant and shall not change from the amount determined as of the date of his employment originally terminated for any previously terminated Participant who is reemployed after December 31, 2018.

The normal benefit is paid for 10 years certain and life thereafter. The Plan permits early retirement at age 55 with 5 years credited service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Employees may receive the value of their accumulated plan benefits as a lump sum distribution upon retirement or termination, in specific circumstances included in the provisions of the Plan document, or they may receive their benefits as a life annuity in monthly payments. For each employee electing a life annuity, payments will not be less than an annuity for 10 years. Between the dates of August 15, 2016 -October 14, 2016, certain eligible individuals were also allowed to make an election to receive an immediate lump sum or annuity benefit. No additional pension benefit shall be accrued after December 31, 2018 by any participant.

### 3. Death Benefits

If an active employee dies, the participant's beneficiary will receive an income payable for 10 years certain and life thereafter which can be provided by the greater of the present value of the accrued retirement income or either of the following:

- (a) 12 times the final average monthly compensation if the employee has not both attained age 35 and completed 5 years of credited service, subject to a maximum equal to the amount described in (b) below; or
- (b) 100 times the monthly retirement income the participant would have received had he remained in the service of the employer until his normal retirement date, and his last regular rate of compensation had continued unchanged, if he or she has both attained age 35 and completed 5 years of credited service.

### 4. Disability Benefits

If an active employee is disabled totally and permanently, benefits will commence after six months. The benefit is based upon 50% of the final average monthly compensation less 64% of social security disability income. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

## **Summary of Accounting Policies**

The following are the significant accounting policies followed by the Plan:

### 1. Basis of Accounting

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

### 2. Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Sponsor determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See note H for a 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. Realized gains and losses on the sales of investment securities are recorded as the difference between proceeds received and cost. Cost is determined on an average cost basis. Net appreciation includes realized gains and losses and the change in the fair value of investments bought and sold as well as held during the year.

### 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the entry age normal cost method. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances-retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Willis Towers Watson and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money through discounts for interest and the probability of payment of benefits between the valuation date and the expected date of payment. The actuarial assumptions used in the valuations as of July 01, 2023 were (a) life expectancy of participants, (b) retirement age assumptions, and (c) investment return. The interest rates used to discount the obligation for the fiscal years ended June 30, 2024 and 2023 were 7.00% and 7.00%, respectively. 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.

Under this method, the actuarial accrued liability is calculated separately for each participant, and summed to determine the Plan's total liability. For each active participant, the liability is the accumulated value of normal costs since the participant's entry into the Plan. For inactive participants, the liability is the present value of future benefits. The normal cost is calculated separately for each participant and summed to determine the Plan's normal cost.

For the fiscal years ended June 30, 2024 and 2023, significant assumptions include an average retirement age of 65, with an effective interest rate of 5.22% and 5.38%. Weighted invested assets were \$8,246,990 and \$9,689,346, with a long-term rate of return of 14.77% and (8.81)%. It was assumed there will be no new or rehired employees.

#### 4. Management Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results may differ from those estimates.

#### 5. Date of Management's Review

Management has evaluated subsequent events through April 4, 2025, the date on which the financial statements were available to be issued.

#### 6. Administrative Expenses

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

#### 7. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

#### 8. Investment Policies and Strategies

Fixed income portfolios may consist of certificates of deposit, U.S. Government bonds, U.S. investment grade corporate bonds, and U.S. investment grade municipal bonds if applicable. Fixed income exchange traded funds or mutual funds may be utilized as well. Portfolios will have laddered maturities based on market and account conditions.

Equity portfolios may consist of individual stocks, exchange traded funds, or mutual funds. No more than 10% of the total portfolio should be invested in any single company and not more than 30% in any one industry unless authorized by the governing document or client. Equities may be selected from the NYSE, AMEX, NASDAQ and regional stock exchanges, as well as other developed markets outside of the U.S. and Canada. Short sales, margin transactions or similar investment activities are prohibited. Equity investment allocation decisions will be evaluated based on the economics of each account along with the desired investment goals expected. A shift in investment strategy was implemented during the year to move from a growth with moderate income objective to an income with moderate growth strategy in preparation for a proposed future termination of the Plan.

## **B. FUNDING POLICY**

The Company's funding policy is to make annual contributions to the Company's Plan in amounts that are estimated by the actuaries to properly fund the pensions. Prior service cost, if applicable, is recognized during the service periods of those employees who are expected to receive benefits under the plan. Consequently, any unrecognized prior service cost is amortized over the service life of the employees who will receive benefits and is a component of net period pension expense each period. For the Plan years ending June 30, 2024 and 2023, no changes were made to the funding policy, and the pensions were properly funded. The Company contributed \$44,000 and \$198,266 for fiscal years 2024 and 2023. The Company's contributions for 2024 and 2023 met ERISA minimum funding requirements. Because benefit accruals were frozen effective December 31, 2018, target normal cost will decline to the expected administrative expenses assumption in future years. Additionally, because the plan had a funding shortfall in fiscal year 2024, quarterly contributions for the 2024 plan year were required. Estimated required fiscal year 2025 contributions related to the 2024 plan year are \$12,000, based on available information.

As more fully described in Note J, in March 2024 the company began an initial gathering of information related to the possibility of future plan termination. The company 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 August 2024, the company made a formal decision to terminate the Plan effective October 31, 2024.

Change in Minimum Funding Requirement and Funding Shortfall (surplus):

The minimum funding requirement decreased from \$89,840 for the 2022 plan year to \$42,388 for the 2023 plan year, and the funding shortfall (surplus) decreased from \$584,851 on July 1, 2022 to \$84,395 on July 1, 2023.

Significant reasons for these changes include the following:

- The return on the actuarial value of assets since the prior valuation was greater than expected, which decreased the minimum funding requirement and the funding shortfall.
- The plan's effective interest rate under ARPA decreased 16 basis points compared to the prior year, which increased the minimum funding requirement and the funding shortfall.

### **C. PLAN TERMINATION**

Upon Plan termination, the net assets of the Plan will be allocated per ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Annuity benefits former employees or their beneficiaries who 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 the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitation (discussed below).
- (c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (d) All nonvested benefits.

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

Whether all participants receive their benefits upon Plan termination at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

### **D. CERTIFICATION OF AGENT OF TRUSTEE**

Community National Bank & Trust serves as trustee for the Plan. The trust company holds all investments for the Plan and has certified to the plan administrator that the information on pages 5 and 6, and the supplementary schedules provided to the plan administrator are complete and accurate for the years ending June 30, 2024 and 2023. As instructed by the plan administrator, this information was not audited.

### **E. INVESTMENTS**

The Plan's investments are held by a bank-administered trust fund. The following table presents the fair values of those investments. Investments that represent 5% or more of the Plan's net assets are separately identified.

|  | <u>June 30, 2024</u> | <u>June 30, 2023</u> |
|--|----------------------|----------------------|
|  | <u>Fair Value</u>    | <u>Fair Value</u>    |
| Investments at Fair Values as determined by quoted market price: |                      |                      |
| United States Government Securities                              | \$2,800,594          | \$ 986,403           |
| Corporate Debt Instruments                                       | 1,171,695            | 1,002,065            |
| Certificates of Deposit  | 1,557,789            | 388,947              |
| Mutual Funds   | 269,701              | 262,168              |
| Municipal Bonds  | 195,648              | -                    |
| Equity Exchange Traded Funds                                     | 367,808              | 680,451              |
| Common Stocks  | <u>2,717,327</u>     | <u>5,722,956</u>     |
| Total Investments  | <u>\$9,080,562</u>   | <u>\$9,042,990</u>   |

During the years ended June 30, 2024 and 2023, the Plan's investments including investments bought, sold, as well as held during the year appreciated (depreciated) in fair value as follows:

|   | <u>June 30, 2024</u> | <u>June 30, 2023</u> |
|---|----------------------|----------------------|
| Investments at fair value as determined by quoted market price: |                      |                      |
| Certificates of deposit   | \$ 8,841             | \$ (9,001)           |
| United States government securities                             | 29,274               | (42,999)             |
| Corporate debt instruments                                      | 19,629               | (48,773)             |
| Mutual Funds  | 7,533                | 6,530                |
| Municipal Bonds   | (236)                | -                    |
| Equity Exchange Traded Funds                                    | 35,164               | 65,567               |
| Common stocks   | <u>554,284</u>       | <u>1,054,271</u>     |
|   | \$ <u>654,489</u>    | \$ <u>1,025,595</u>  |
| Net realized gains from sale of assets                          | \$ 144,095           | \$ 465               |
| Capital gains distributions                                     | -                    | -                    |
| Net appreciation (depreciation) in fair value of assets         | <u>510,394</u>       | <u>1,025,130</u>     |
|   | \$ <u>654,489</u>    | \$ <u>1,025,595</u>  |

## F. TAX STATUS

The Internal Revenue Service has ruled that the plan qualified under section 401 (a) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax law.

The plan obtained its latest determination letter on January 18, 2017, in which the Internal Revenue service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. As described more fully in Note J, an application was filed in August 2024 to request an advance determination as to whether the Plan meets qualification requirements of

Section 401(a) of the Internal Revenue Code of 1986, as amended, with respect to the Plan's termination.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **G. RISKS AND UNCERTAINTIES**

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

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.

## **H. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation approaches used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). All assets have been valued using a market approach, except for level 3 assets. Level 3 assets are valued using the income approach. The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement, calculated using assumptions about discounted cash flow and other present value techniques.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

*Common stocks and Equity Exchange Traded Funds:* Valued at Stock Exchange reported closing price.

*Corporate debt instruments:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

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

*Certificates of deposit:* Valued at amortized cost, which approximates fair value.

*Mutual funds:* Valued using Net Asset Value (NAV) which is based on the market price of the asset at closing.

*Municipal bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of June 30, 2024 and 2023:

| Fair Value Measurements at Reporting Date Using |                     |   |   |   |
|---|---------------------|---|---|---|
| Description                                     | 6/30/2023           | Quoted Prices in<br>Active Markets for<br>Identical Assets<br>(Level 1) | Significant Other<br>Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) |
| Certificates of deposit                         | \$ 388,947          | \$ -  | \$ 388,947  | \$ -  |
| U.S. government securities                      | 986,403             | -   | 986,403   | -   |
| Corporate debt instruments                      | 1,002,065           | -   | 1,002,065   | -   |
| Mutual Funds                                    | 262,168             | 262,168   | -   | -   |
| Equity Exch. Traded Funds                       | 680,451             | 680,451   | -   | -   |
| Common stocks                                   | 5,722,956           | 5,722,956   | -   | -   |
| Total   | \$ <u>9,042,990</u> | \$ <u>6,665,575</u>   | \$ <u>2,377,415</u>                                 | \$ <u>-</u>                                     |

| Fair Value Measurements at Reporting Date Using |                     |   |   |   |
|---|---------------------|---|---|---|
| Description                                     | 6/30/2024           | Quoted Prices in<br>Active Markets for<br>Identical Assets<br>(Level 1) | Significant Other<br>Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) |
| Certificates of deposit                         | \$ 1,557,789        | \$ -  | \$ 1,557,789  | \$ -  |
| U.S. government securities                      | 2,800,594           | -   | 2,800,594   | -   |
| Corporate debt instruments                      | 1,171,695           | -   | 1,171,695   | -   |
| Mutual Funds                                    | 269,701             | 269,701   | -   | -   |
| Equity Exch. Traded Funds                       | 367,808             | 367,808   | -   | -   |
| Municipal Bonds                                 | 195,648             | -   | 195,648   | -   |
| Common stocks                                   | 2,717,327           | 2,717,327   | -   | -   |
| Total   | \$ <u>9,080,562</u> | \$ <u>3,354,836</u>   | \$ <u>5,725,726</u>                                 | \$ <u>-</u>                                     |

## I. RECENTLY ISSUED ACCOUNTING STANDARDS

The Plan is currently evaluating the potential impact, if any, of ASU 2022-03 Fair Value Measurement (Topic 820): Fair Value Measurement of Equity Securities Subject to contractual Sale Restrictions. The Update is effective for fiscal years beginning after December 15, 2024.

## **J. SUBSEQUENT EVENTS**

On August 19, 2024, the company executed a resolution to terminate the Plan effective October 31, 2024. An application was filed on August 30, 2024 for advance determination as to whether the Plan meets qualification requirements of Section 401(a) of the Internal Revenue Code of 1986, as amended, with respect to the Plan's termination. As of the report date, the application is still pending, and the overall potential financial impact of Plan termination is uncertain. Subsequent to year-end, participants who opted to execute elections were distributed lump sum payments. Annuities were purchased to cover remaining participants. Midland National Insurance Company took responsibility for all future applicable monthly payments beginning February 1, 2025. Additionally, on October 8, 2024, the company executed a standing election to use fund balance to offset future Plan quarterly required contributions.

**SUPPLEMENTARY SCHEDULES**

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RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC.  
SCHEDULE OF ASSETS (HELD AT END OF YEAR) FOR INVESTMENT PURPOSES

Schedule H, Line 4i  
JUNE 30, 2024

| Identity of Issue<br>Borrower, Lessor or<br>Similar Party          | Description of investment<br>including maturity date,<br>rate of int., collateral,<br>par or maturity value | Cost      | Current<br>Value |
|--|---|-----------|------------------|
| United States Government Securities                                |   |           |                  |
| Federal Farm Credit Bank, 1.23% Due 9/10/29 Call 21                |   | 150,000   | 127,171          |
| Federal Farm Credit Bank, 2.02% Due 4/1/31 Call 22                 |   | 100,000   | 84,435           |
| Federal Farm Credit Bank, 2.0% Due 12/07/29 Call 22                |   | 100,000   | 87,554           |
| Federal Farm Credit Bank, 1.52% Due 10/12/28 Call 20               |   | 100,000   | 88,413           |
| Federal Farm Credit Bank, 4.25% Due 8/22/30                        |   | 29,788    | 29,421           |
| Federal Farm Credit Bank, 4.5% Due 8/8/33                          |   | 148,689   | 148,149          |
| Federal Farm Credit Bank, 5.0% Due 8/17/43                         |   | 199,994   | 199,321          |
| Federal Farm Credit Bank, 4.625% Due 4/5/29                        |   | 149,321   | 151,363          |
| Federal Farm Credit Bank, 4.375% Due 1/13/38                       |   | 191,660   | 191,168          |
| Federal Farm Credit Bank, 5.11% Due 8/14/28 Call 25                |   | 100,165   | 99,846           |
| Federal Farm Credit Bank, 5.73% Due 12/13/32 Call 24               |   | 100,000   | 100,099          |
| Federal Farm Credit Bank, 4.30% Due 9/23/31                        |   | 100,059   | 98,199           |
| Federal Farm Credit Bank, 4.1% Due 8/1/33                          |   | 99,921    | 95,839           |
| Federal Home Loan Bank, 1.375% Due 1/29/36 Call 21                 |   | 150,000   | 114,934          |
| Federal Home Loan Bank, 2.0% Due 4/14/31 Call 23                   |   | 150,000   | 127,019          |
| Federal Home Loan Bank, 1.25% Due 9/30/31 Call 21                  |   | 50,000    | 42,925           |
| Federal Home Loan Bank, 1.2% Due 11/18/25 Call 22                  |   | 49,975    | 47,411           |
| Federal Home Loan Bank, 4.37% Due 3/11/33                          |   | 19,951    | 19,679           |
| Federal Home Loan Bank, 3.25% Due 3/12/32                          |   | 99,168    | 91,774           |
| Federal Home Loan Bank, 3.25% Due 4/28/27 Call 23                  |   | 70,000    | 68,548           |
| Federal Home Loan Bank, 4.5% Due 9/13/30                           |   | 99,044    | 100,313          |
| Federal Home Loan Bank, 5.17% Due 9/27/33 Call 28                  |   | 100,000   | 102,297          |
| Federal Home Loan Bank, 4.87% Due 9/9/33                           |   | 149,011   | 152,753          |
| Federal Home Loan Bank, 5.25% Due 9/9/33                           |   | 99,854    | 104,616          |
| Federal Home Loan Bank, 4.375% Due 3/10/34                         |   | 97,282    | 97,956           |
| Federal Home Loan Bank, 4.75% Due 3/14/31                          |   | 49,914    | 50,829           |
| Federal Home Loan Mortgage Corporation, 5.5% Due 10/20/28 Call 25  |   | 100,000   | 100,413          |
| Federal Home Loan Mortgage Corporation, 1.25% Due 12/30/31 Call 21 |   | 99,750    | 78,149           |
|  |   | 2,953,546 | 2,800,594        |
| Corporate Debt Instruments   |   |           |                  |
| Citigroup Inc 3.0% Due 8/30/31 Call 22                             |   | 149,813   | 124,161          |
| Citigroup Inc 2.0% Due 7/30/32 Call 23                             |   | 150,000   | 115,890          |
| Citigroup Inc 2.0% Due 8/31/35 Call 23                             |   | 150,000   | 104,910          |
| Comcast Corporation 1.95% Due 1/15/31                              |   | 49,978    | 41,261           |
| Goldman Sachs Bond 2.25% Due 6/16/31                               |   | 100,000   | 82,618           |
| Bank of America Corp 6.50% Due 10/24/28                            |   | 100,000   | 100,104          |
| JP Morgan Chase 2.00% Due 09/22/31 Call 24                         |   | 100,000   | 78,629           |
| JP Morgan Chase 1.60% Due 12/23/30 Call 24                         |   | 100,000   | 78,485           |
| Morgan Stanley Fin LLC 2.00% Due 1/18/30                           |   | 100,000   | 80,750           |
| Toyota Motor Credit Corp 5.00% Due 01/22/29                        |   | 200,000   | 193,946          |
| State Street Corp 2.20% Due 3/3/31                                 |   | 101,710   | 83,791           |
| Wells Fargo 3.15%, Due 4/17/30 Call 22                             |   | 100,000   | 87,150           |
|  |   | 1,401,501 | 1,171,695        |
| Certificates of Deposit  |   |           |                  |
| CIT Bank 3.05% Due 05/28/25  |   | 150,000   | 146,616          |
| Discover Bank 2.50%, Due 9/9/24                                    |   | 100,000   | 99,349           |
| Republic Bank & Trust KY 5.15% Due 10/27/26                        |   | 100,000   | 100,205          |
| Morgan Stanley Bank 5.35% Due 10/27/25                             |   | 100,000   | 100,350          |
| Wells Fargo Bank 5.50% Due 4/24/25                                 |   | 100,000   | 99,990           |
| Discover Bank 5.05% Due 11/8/27                                    |   | 100,000   | 100,755          |
| FNB 5.2% Due 5/18/26   |   | 100,000   | 100,008          |
| UBS Bank USA 5.0% Due 11/15/27                                     |   | 100,000   | 101,302          |
| Wells Fargo Bk 5.05% Due 11/21/28                                  |   | 100,000   | 102,099          |
| BMW Bank 5.15% Due 5/18/26   |   | 110,000   | 110,054          |
| Southpoint Bk 5.30% Due 5/29/25                                    |   | 100,000   | 99,702           |
| Nextier Bank 5.00% Due 12/01/25                                    |   | 100,000   | 99,460           |
| Morgan Stanley Bank 4.60% Due 3/15/27                              |   | 100,000   | 99,862           |
| Bank of America 4.80% Due 3/16/26                                  |   | 100,000   | 99,810           |
| UBS Bk USA 4.70% Due 4/6/26  |   | 50,000    | 49,840           |
| Goldman Sachs Bank CD 3.00% Due 4/24/26                            |   | 50,000    | 48,387           |
|  |   | 1,560,000 | 1,557,789        |
| Mutual Funds   |   |           |                  |
| Vanguard High Yield Corporate F                                    |   | 300,000   | 269,701          |
|  |   | 300,000   | 269,701          |

RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC.  
SCHEDULE OF ASSETS (HELD AT END OF YEAR) FOR INVESTMENT PURPOSES

Schedule H, Line 4i

JUNE 30, 2024

| Identity of Issue<br>Borrower, Lessor or<br>Similar Party | Description of investment<br>including maturity date,<br>rate of int., collateral,<br>par or maturity value | Cost                | Current<br>Value    |
|---|---|---------------------|---------------------|
| Equity Exchange Traded Funds                              |   |                     |                     |
|   | <u>Shares</u>   |                     |                     |
| Ishares MSCI EAFE Min Volatility                          | 990   | \$ 68,373           | \$ 68,661           |
| Ishares Tr Core S&P Mid-Cap                               | 2,050   | 78,011              | 119,966             |
| Ishares Core S&P Smallcap                                 | 1,210   | 92,881              | 129,059             |
| Ishares MSCI EAFE   | 690   | 51,032              | 50,122              |
|   |   | <u>290,297</u>      | <u>367,808</u>      |
| Municipal Bond  |   |                     |                     |
| San Antonio TX ISD 4.006% Due 8/15/28 Call 24             |   | 195,884             | 195,648             |
|   |   | <u>195,884</u>      | <u>195,648</u>      |
| Common Stocks   |   |                     |                     |
| ABBIVE Inc.   | 400   | 44,923              | 68,608              |
| Air Products & Chemicals Inc.                             | 280   | 62,016              | 72,254              |
| Amazon Com Inc  | 460   | 68,712              | 88,895              |
| Apple Inc.  | 920   | 14,926              | 193,770             |
| Becton Dickinson & Co                                     | 235   | 19,004              | 54,922              |
| Block Inc   | 265   | 49,563              | 17,090              |
| Boeing Company  | 245   | 64,111              | 44,592              |
| Chevron Corp.   | 261   | 5,969               | 40,826              |
| Comcast Corporation                                       | 1,365   | 60,174              | 53,453              |
| Costco Wholesale  | 160   | 23,529              | 135,998             |
| Cummins Inc   | 230   | 47,546              | 63,694              |
| Exxon Mobil Corp.   | 435   | 6,137               | 50,077              |
| Home Depot  | 170   | 9,684               | 58,521              |
| Honeywell Int'l Inc                                       | 195   | 2,855               | 41,640              |
| Johnson & Johnson   | 570   | 37,241              | 83,311              |
| JP Morgan Chase & Co                                      | 305   | 27,860              | 61,689              |
| Lowe's Cos Inc.   | 220   | 768                 | 48,501              |
| Microsoft Corporation                                     | 365   | 48,634              | 163,137             |
| NextEra Energy Common                                     | 1,105   | 28,543              | 78,245              |
| NVIDIA Corp   | 1,900   | 10,113              | 234,726             |
| Phillips 66 New Com                                       | 215   | 15,348              | 30,352              |
| Proctor & Gamble Co.                                      | 550   | 2,608               | 90,706              |
| S&P Financial Select Sector SPDR F                        | 2,130   | 57,676              | 87,564              |
| Select Sector SPDR Consumer Discretionary                 | 275   | 33,764              | 50,160              |
| Select Sector SPDR Technology                             | 670   | 44,115              | 151,574             |
| Select Sector SPDR Tr Real Estate                         | 720   | 25,459              | 27,655              |
| Southwest Airlines Co                                     | 2,232   | 8,534               | 63,858              |
| Stryker Corp  | 215   | 35,196              | 73,154              |
| Texas Instruments Inc.                                    | 535   | 2,473               | 104,074             |
| The Travelers Co.   | 300   | 25,329              | 61,002              |
| Valero Energy Corp.                                       | 295   | 1,355               | 46,244              |
| Vanguard Communications Services                          | 820   | 75,327              | 113,324             |
| Verizon Communications                                    | 1,464   | 71,633              | 60,375              |
| Visa Inc  | 255   | 23,579              | 66,930              |
| Zoetis Inc  | 210   | 34,429              | 36,406              |
|   |   | <u>1,089,133</u>    | <u>2,717,327</u>    |
| Total Assets Held for Investment Purposes                 |   | \$ <u>7,790,361</u> | \$ <u>9,080,562</u> |

Note: The above data is based on information which has been certified as accurate and complete by the plan trustee.



# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a- Schedule of Active Participant Data as of July 1, 2023 Number distributed by attained age and attained years of credited service

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | 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     | 0  |
| 25-29        | 0   | 1   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 1  |
| 30-34        | 0   | 0   | 2   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 2  |
| 35-39        | 0   | 0   | 4   | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 5  |
| 40-44        | 0   | 1   | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 2  |
| 45-49        | 0   | 0   | 2   | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 3  |
| 50-54        | 0   | 0   | 3   | 2     | 0     | 1     | 0     | 0     | 0     | 0         | 0     | 6  |
| 55-59        | 0   | 0   | 2   | 0     | 0     | 0     | 0     | 1     | 0     | 0         | 0     | 3  |
| 60-64        | 0   | 0   | 3   | 0     | 0     | 1     | 1     | 0     | 1     | 1         | 1     | 7  |
| 65-69        | 0   | 1   | 2   | 0     | 1     | 0     | 1     | 0     | 0     | 0         | 1     | 6  |
| 70 & over    | 0   | 1   | 1   | 0     | 0     | 0     | 0     | 1     | 0     | 0         | 0     | 3  |
| Total        | 0   | 4   | 20  | 4     | 1     | 2     | 2     | 2     | 1     | 2         | 2     | 38 |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
 Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
 EIN / PN: 75-0201050/001  
 Plan Sponsor: Collin Street Bakery, LLC  
 Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month July
- Interest rate basis 3-Segment rates

#### Interest rates:

|  | Reflecting Stabilization | Not Reflecting Stabilization |
|--|--------------------------|------------------------------|
|--|--------------------------|------------------------------|

#### Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation None.

#### Administrative Expenses

The amount included this year for plan-related expenses is the prior year plan's administrative expenses of \$32,159.

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
EIN / PN: 75-0201050/001  
Plan Sponsor: Collin Street Bakery, LLC  
Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

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

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

- **Healthy** For all participants: Single blended table of 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-2021) 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-2021).

- **Disabled** For all participants: Single blended table of 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-2021) 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-2021).

### Termination

#### Representative Termination Rates

| Percentage leaving during the year |       |         |
|------------------------------------|-------|---------|
| Attained Age                       | Males | Females |
| 20                                 | 5.0%  | 10.0%   |
| 25                                 | 3.0%  | 6.0%    |
| 30                                 | 1.5%  | 3.0%    |
| 35                                 | 0.5%  | 1.0%    |
| 40 and over                        | 0.0%  | 0.0%    |

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
EIN / PN: 75-0201050/001  
Plan Sponsor: Collin Street Bakery, LLC  
Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

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**Disability** Special Disability Investigation based upon Society of Actuaries' 1952 Intercompany Study.

**Retirement** It is assumed that participants will retire according to the following rates once the participant reaches age 55 with 10 years of service:

| Attained Age | Rate |
|--------------|------|
| 55           | 2%   |
| 56           | 2%   |
| 57           | 2%   |
| 58           | 2%   |
| 59           | 2%   |
| 60           | 2%   |
| 61           | 2%   |
| 62           | 2%   |
| 63           | 2%   |
| 64           | 2%   |
| 65           | 100% |

**Benefit commencement date:**

- Preretirement death benefit Upon death of the participant.
- Deferred vested benefit The later of age 65 or termination of employment.
- Disability benefit Upon disablement.
- Retirement benefit Upon termination of employment.

**Form of payment** It is assumed that 60% of participants will elect a 10 years certain and life and 40% will elect a 100% joint and survivor annuity.

**Percent married** It is assumed that 100% of participants are married.

**Spouse age** Husbands are assumed to be 3 years older than wives.

**Covered pay** Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay.

**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.

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
EIN / PN: 75-0201050/001  
Plan Sponsor: Collin Street Bakery, LLC  
Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

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## Methods

|   |  |
|---|--|
| <b>Valuation date</b>   | First day of plan year.  |
| <b>Funding target</b>   | Present value of accrued benefits as required by regulations under IRC §430.   |
| <b>Target normal cost</b>   | 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.  |
| <b>Decrement timing</b>   | 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.   |
| <b>Actuarial value of assets for determining minimum required contributions</b> | <p>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).</p> <p>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.</p> |
| <b>Benefits not valued</b>  | All benefits described in the Plan Provisions section of this report were valued.  |

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
EIN / PN: 75-0201050/001  
Plan Sponsor: Collin Street Bakery, LLC  
Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

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## Sources of Data and Other Information

The plan sponsor furnished participant data as of July 1, 2023. 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. There were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider.

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 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>Plan-related expenses</b> | As required by regulations, plan-related expenses are the prior year actual administrative expenses and are an estimate of the expenses to be paid from the trust during the coming year. |

## Assumptions Rationale - Significant Demographic Assumptions

|                           |  |
|---------------------------|--|
| <b>Healthy Mortality</b>  | Assumptions used for funding purposes are as prescribed by IRC §430(h).  |
| <b>Disabled Mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).  |
| <b>Termination</b>        | Assumed termination rates differ by age and gender because of expected differences in termination rates by gender.   |
| <b>Disability</b>         | Disability rates were 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.  |

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
EIN / PN: 75-0201050/001  
Plan Sponsor: Collin Street Bakery, LLC  
Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

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## 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 July 2022 to July 2023 and reflect the interest rate corridors of ARPA.
- The projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2020 to Scale MP-2021, as required by IRC §430.
- The administrative expense assumption was changed from \$35,793 to \$32,159.

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
EIN / PN: 75-0201050/001  
Plan Sponsor: Collin Street Bakery, LLC  
Valuation Date: July 1, 2023

|                         |  |
|-------------------------|--|
| <b>Plan Name</b>        | <b>RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC.</b> |
| <b>Plan Sponsor EIN</b> | <b>75-0201050</b>  |
| <b>ERISA Plan #</b>     | <b>001</b>   |
| <b>Plan Year Ending</b> | <b>06/30/2024</b>  |

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

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

**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

**2023**

**This Form is Open to Public  
Inspection**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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<br>RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC.  |   | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>COLLIN STREET BAKERY, LLC.                                    |   | <b>D</b> Employer Identification Number (EIN)<br>75-0201050 |     |
| <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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |   |     |

**Part I Basic Information**

|  |                            |                           |                          |
|--|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>  |                            |                           |                          |
| <b>2</b> Assets:   |                            |                           |                          |
| <b>a</b> Market value.....   | <b>2a</b>                  | 9,308,583                 |                          |
| <b>b</b> Actuarial value.....  | <b>2b</b>                  | 9,303,772                 |                          |
| <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.....   | 62                         | 5,621,400                 | 5,621,400                |
| <b>b</b> For terminated vested participants.....   | 36                         | 586,526                   | 586,526                  |
| <b>c</b> For active participants.....  | 38                         | 3,089,904                 | 3,114,443                |
| <b>d</b> Total.....  | 136                        | 9,297,830                 | 9,322,369                |
| <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>                   | 5.22%                     |                          |
| <b>6</b> Target normal cost  |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals.....  | <b>6a</b>                  | 0                         |                          |
| <b>b</b> Expected plan-related expenses.....   | <b>6b</b>                  | 32,159                    |                          |
| <b>c</b> Target normal cost.....   | <b>6c</b>                  | 32,159                    |                          |

**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<br/>HERE</b>                                 | David G. Bell <i>DGB</i> | April 4, 2025                          |
|  | Signature of actuary     | Date                                   |
| David G. Bell  |                          | 2303180                                |
| Type or print name of actuary                        |                          | Most recent enrollment number          |
| Willis Towers Watson US LLC                          |                          | 214-520-4200                           |
| Firm name  |                          | Telephone number (including area code) |
| 500 N. Akard Street<br>Suite 4300<br>Dallas TX 75201 |                          |  |
| Address of the firm                                  |                          |  |

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



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

**21** Discount rate:

|                         |                        |                        |                        |   |
|-------------------------|------------------------|------------------------|------------------------|---|
| <b>a</b> Segment rates: | 1st segment:<br>4.75 % | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 64

**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> | 32,159 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a ..... | <b>31b</b> | 0      |

|   |                     |             |
|---|---------------------|-------------|
| <b>32</b> Amortization installments:                  | Outstanding Balance | Installment |
| <b>a</b> Net shortfall amortization installment ..... | 84,395              | 10,229      |
| <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** 42,388

|   |                   |                    |               |
|---|-------------------|--------------------|---------------|
|   | 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** 42,388

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 42,545

**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> | 157 |
| <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

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |   |
|--------------------------|---|
| <b>Plan Sponsor</b>      | Collin Street Bakery, LLC                                   |
| <b>EIN/PN</b>            | 75-0201050/001  |
| <b>Plan Name</b>         | Retirement Plan for Employees of Collin Street Bakery, Inc. |
| <b>Valuation Date</b>    | July 1, 2023  |
| <b>Enrolled Actuary</b>  | David G. Bell, ASA, EA                                      |
| <b>Enrollment Number</b> | 23-03180  |

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 ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of July 1, 2023

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

| 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 | 0.02    | 1,000,000 | 1.000000                         | 0.020000               | 1.100000                   |
| 56 | 0.02    | 980,000   | 0.980000                         | 0.019600               | 1.097600                   |
| 57 | 0.02    | 960,400   | 0.960400                         | 0.019208               | 1.094856                   |
| 58 | 0.02    | 941,192   | 0.941192                         | 0.018824               | 1.091783                   |
| 59 | 0.02    | 922,368   | 0.922368                         | 0.018447               | 1.088394                   |
| 60 | 0.02    | 903,921   | 0.903921                         | 0.018078               | 1.084705                   |
| 61 | 0.02    | 885,842   | 0.885842                         | 0.017717               | 1.080728                   |
| 62 | 0.02    | 868,126   | 0.868126                         | 0.017363               | 1.076476                   |
| 63 | 0.02    | 850,763   | 0.850763                         | 0.017015               | 1.071961                   |
| 64 | 0.02    | 833,748   | 0.833748                         | 0.016675               | 1.067197                   |
| 65 | 1.00    | 817,073   | 0.817073                         | 0.817073               | 53.109732                  |

Average age at retirement 63.963432

Rounded for Schedule SB item 22 64

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
 EIN / PN: 75-0201050/001  
 Plan Sponsor: Collin Street Bakery, LLC  
 Valuation Date: July 1, 2023



# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

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

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

- **Healthy** For all participants: Single blended table of 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-2021) 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-2021).

- **Disabled** For all participants: Single blended table of 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-2021) 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-2021).

### Termination

#### Representative Termination Rates

| Percentage leaving during the year |       |         |
|------------------------------------|-------|---------|
| Attained Age                       | Males | Females |
| 20                                 | 5.0%  | 10.0%   |
| 25                                 | 3.0%  | 6.0%    |
| 30                                 | 1.5%  | 3.0%    |
| 35                                 | 0.5%  | 1.0%    |
| 40 and over                        | 0.0%  | 0.0%    |

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# SCHEDULE SB ATTACHMENTS

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**Disability** Special Disability Investigation based upon Society of Actuaries' 1952 Intercompany Study.

**Retirement** It is assumed that participants will retire according to the following rates once the participant reaches age 55 with 10 years of service:

| Attained Age | Rate |
|--------------|------|
| 55           | 2%   |
| 56           | 2%   |
| 57           | 2%   |
| 58           | 2%   |
| 59           | 2%   |
| 60           | 2%   |
| 61           | 2%   |
| 62           | 2%   |
| 63           | 2%   |
| 64           | 2%   |
| 65           | 100% |

**Benefit commencement date:**

- Preretirement death benefit Upon death of the participant.
- Deferred vested benefit The later of age 65 or termination of employment.
- Disability benefit Upon disablement.
- Retirement benefit Upon termination of employment.

**Form of payment** It is assumed that 60% of participants will elect a 10 years certain and life and 40% will elect a 100% joint and survivor annuity.

**Percent married** It is assumed that 100% of participants are married.

**Spouse age** Husbands are assumed to be 3 years older than wives.

**Covered pay** Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay.

**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.

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## Methods

|   |  |
|---|--|
| <b>Valuation date</b>   | First day of plan year.  |
| <b>Funding target</b>   | Present value of accrued benefits as required by regulations under IRC §430.   |
| <b>Target normal cost</b>   | 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.  |
| <b>Decrement timing</b>   | 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.   |
| <b>Actuarial value of assets for determining minimum required contributions</b> | <p>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).</p> <p>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.</p> |
| <b>Benefits not valued</b>  | All benefits described in the Plan Provisions section of this report were valued.  |

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
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## Sources of Data and Other Information

The plan sponsor furnished participant data as of July 1, 2023. 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. There were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider.

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 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>Plan-related expenses</b> | As required by regulations, plan-related expenses are the prior year actual administrative expenses and are an estimate of the expenses to be paid from the trust during the coming year. |

## Assumptions Rationale - Significant Demographic Assumptions

|                           |  |
|---------------------------|--|
| <b>Healthy Mortality</b>  | Assumptions used for funding purposes are as prescribed by IRC §430(h).  |
| <b>Disabled Mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).  |
| <b>Termination</b>        | Assumed termination rates differ by age and gender because of expected differences in termination rates by gender.   |
| <b>Disability</b>         | Disability rates were 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.  |

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## 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 July 2022 to July 2023 and reflect the interest rate corridors of ARPA.
- The projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2020 to Scale MP-2021, as required by IRC §430.
- The administrative expense assumption was changed from \$35,793 to \$32,159.

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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was originally effective July 1, 1954. The last amendment was effective as of December 31, 2018.

|                           |   |
|---------------------------|---|
| <b>Covered employees</b>  | “Employee” means any person on the payroll whose wages are subject to withholding for the purposes of federal income tax.   |
| <b>Participation date</b> | <p>All employees are eligible to participate under the plan on the first day of the month coincident with or next following the first anniversary of hire.</p> <p>If an employee fails to complete 1,000 hours during the first year, participation will begin on the July 1 following the plan year in which 1,000 hours are completed.</p> <p>Employees hired after December 31, 2015 shall not be eligible to participate in the plan.</p> |

### Definitions

|                         |  |
|-------------------------|--|
| <b>Vesting service</b>  | The participant’s number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is atleast 1,000 hours.   |
| <b>Pension service</b>  | The number of years and completed months of service from date of hire to date of termination, adjusted for certain periods of unpaid absence. Pension service is frozen as of December 31, 2018.   |
| <b>Pensionable pay</b>  | Compensation includes W-2 Earnings plus any compensation deferred under a Section 125, Section 132(f) or Section 401(k) plan. Compensation is limited to \$275,000 (indexed) as required.  |
| <b>Average earnings</b> | The monthly average of the five completed consecutive calendar years’ compensation out of the last fifteen years (including, if applicable, year of retirement) that gives the highest average. Average earnings are frozen as of December 31, 2018. |

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
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# SCHEDULE SB ATTACHMENTS

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**Social Security benefit** The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.

**Normal retirement date (NRD)** First of month coinciding with or next following the attainment of age 65 with four years of participation.

**Monthly pension benefit** Based on the greater of the following formulas:  
Formula A: Credited service times the sum of:

- a. 1% of first \$400.00 of final average monthly compensation, plus
- b. 1.5% of final average monthly compensation over \$400.00

Formula B:

- a. 3% of final average monthly compensation times credited service up to 15 years, less
- b. 50% of the participant's age 65 monthly Primary Insurance Amount under the Social Security Law in effect on July 1, 1970

No additional pension benefit shall be accrued after December 31, 2018.

**Monthly preretirement death benefit** The participant's beneficiary will receive an income payable for 10 years certain and life that can be provided by the greater of a or b below:

- a. The present value of the accrued benefit.
- b. An amount equal to either (i) or (ii) below:
  - i. 12 times the final average monthly compensation, if the employee has not both attained age 35 and completed 5 years of vesting service, subject to a maximum equal to the amount described in (ii) below:
  - ii. 100 times the monthly retirement income the participant would have received had he remained in the service of the employer until his normal retirement date and his last regular rate of compensation had continued unchanged, if the employee has attained age 35 and completed at least 5 years of vesting service.

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
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# SCHEDULE SB ATTACHMENTS

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## Eligibility for Benefits

|                                    |   |
|------------------------------------|---|
| <b>Normal retirement</b>           | Retirement on NRD.  |
| <b>Early retirement</b>            | Age 55 and 5 years of vesting service.  |
| <b>Postponed retirement</b>        | Retirement after NRD.   |
| <b>Vested termination</b>          | A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching normal retirement age. |
| <b>Disability</b>                  | Permanent and total disability prior to NRD.  |
| <b>Preretirement death benefit</b> | None.   |

## Benefits Paid Upon the Following Events

|                             |   |
|-----------------------------|---|
| <b>Normal retirement</b>    | The monthly pension benefit determined as of NRD.   |
| <b>Early retirement</b>     | The monthly pension benefit determined as of the early retirement date, reduced 6 2/3% for each of the first five years and 3 1/3% for each of the next five years that payment precedes the participant's NRD.   |
| <b>Postponed retirement</b> | The monthly pension benefit determined as of the actual retirement date.  |
| <b>Vested termination</b>   | The monthly pension benefit determined as of the termination date, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive an actuarially reduced benefit commencing prior to normal retirement date. The participant may also elect to receive an actuarially reduced benefit in order to provide a death benefit for the period between termination and the date retirement payments commence. Such death benefit is equal to the actuarial present value of the deferred accrued benefit, determined as of the termination date, accumulated with interest until the date of death. |

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## Disablement

Monthly Benefit Before Normal Retirement:

- a. 50% of final average monthly compensation, less
- b. 64% of Social Security Disability Income under the Social Security Law in effect as of January 1st preceding the date payments commence.

However, the net amount of income cannot exceed the benefit payable on his normal retirement date calculated assuming that he remains disabled until then.

Monthly Benefit After Normal Retirement: Commencing on the participant's normal retirement date, if he is then living and still disabled, the normal retirement benefit, payable for 10 years certain and life, shall be calculated assuming that his service and his monthly rate of basic compensation as of his date of disability continued to his normal retirement date.

Waiting Period: Benefits will not commence until the employee has been disabled for six months and has filed a request for disability benefits with the employer.

Death of Disabled Participant Prior to Normal Retirement: Prior to normal retirement, disabled participants are entitled to a death benefit identical to the one for active employees. This is determined as if the disabled participant had remained in service until his date of death and his last rate of pay had continued unchanged.

## Preretirement death

The monthly preretirement death benefit.

## Other Plan Provisions

### Forms of payment

The normal form at payment is 10 years certain and life.

The plan provides optional payment forms, including Life Only, qualified Joint and Contingent benefit for married employees, Joint and Survivor benefit, or any option with a Certain Period on an actuarially equivalent basis. Actuarial equivalence for this purpose is based on a 6% interest rate and the UP-1984 Mortality Table. Lump-sum distributions are allowed, but only if the lump sum is less than \$5,000 or the lump sum for a pre-retirement death benefit is less than \$75,000.

### Pension Increases

None.

### Plan participants' contributions

None.

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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 funding requirements.

**Changes in Benefits Valued Since Prior Year**

There have been no changes in benefits valued since the prior year.

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## Schedule SB, Line 26a- Schedule of Active Participant Data as of July 1, 2023 Number distributed by attained age and attained years of credited service

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | 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     | 0  |
| 25-29        | 0   | 1   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 1  |
| 30-34        | 0   | 0   | 2   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 2  |
| 35-39        | 0   | 0   | 4   | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 5  |
| 40-44        | 0   | 1   | 1   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 2  |
| 45-49        | 0   | 0   | 2   | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 0     | 3  |
| 50-54        | 0   | 0   | 3   | 2     | 0     | 1     | 0     | 0     | 0     | 0         | 0     | 6  |
| 55-59        | 0   | 0   | 2   | 0     | 0     | 0     | 0     | 1     | 0     | 0         | 0     | 3  |
| 60-64        | 0   | 0   | 3   | 0     | 0     | 1     | 1     | 0     | 1     | 1         | 1     | 7  |
| 65-69        | 0   | 1   | 2   | 0     | 1     | 0     | 1     | 0     | 0     | 1         | 1     | 6  |
| 70 & over    | 0   | 1   | 1   | 0     | 0     | 0     | 0     | 1     | 0     | 0         | 0     | 3  |
| Total        | 0   | 4   | 20  | 4     | 1     | 2     | 2     | 2     | 1     | 2         | 1     | 38 |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32 Schedule of Amortization Bases as of July 1, 2023

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1. Shortfall | 07/01/2023       | (478,465)      | 15.00000                              | (478,465)           | (43,818)             |
| 2. Shortfall | 07/01/2022       | 584,851        | 14.00000                              | 562,860             | 54,047               |
| Total        |                  |                |                                       | 84,395              | 10,229               |

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# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |   |
|--------------------------|---|
| <b>Plan Sponsor</b>      | Collin Street Bakery, LLC                                   |
| <b>EIN/PN</b>            | 75-0201050/001  |
| <b>Plan Name</b>         | Retirement Plan for Employees of Collin Street Bakery, Inc. |
| <b>Valuation Date</b>    | July 1, 2023  |
| <b>Enrolled Actuary</b>  | David G. Bell, ASA, EA                                      |
| <b>Enrollment Number</b> | 23-03180  |

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 ATTACHMENTS

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## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of July 1, 2023

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

| 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 | 0.02    | 1,000,000 | 1.000000                         | 0.020000               | 1.100000                   |
| 56 | 0.02    | 980,000   | 0.980000                         | 0.019600               | 1.097600                   |
| 57 | 0.02    | 960,400   | 0.960400                         | 0.019208               | 1.094856                   |
| 58 | 0.02    | 941,192   | 0.941192                         | 0.018824               | 1.091783                   |
| 59 | 0.02    | 922,368   | 0.922368                         | 0.018447               | 1.088394                   |
| 60 | 0.02    | 903,921   | 0.903921                         | 0.018078               | 1.084705                   |
| 61 | 0.02    | 885,842   | 0.885842                         | 0.017717               | 1.080728                   |
| 62 | 0.02    | 868,126   | 0.868126                         | 0.017363               | 1.076476                   |
| 63 | 0.02    | 850,763   | 0.850763                         | 0.017015               | 1.071961                   |
| 64 | 0.02    | 833,748   | 0.833748                         | 0.016675               | 1.067197                   |
| 65 | 1.00    | 817,073   | 0.817073                         | 0.817073               | 53.109732                  |

Average age at retirement 63.963432

Rounded for Schedule SB item 22 64

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
 EIN / PN: 75-0201050/001  
 Plan Sponsor: Collin Street Bakery, LLC  
 Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was originally effective July 1, 1954. The last amendment was effective as of December 31, 2018.

**Covered employees** “Employee” means any person on the payroll whose wages are subject to withholding for the purposes of federal income tax.

**Participation date** All employees are eligible to participate under the plan on the first day of the month coincident with or next following the first anniversary of hire.

If an employee fails to complete 1,000 hours during the first year, participation will begin on the July 1 following the plan year in which 1,000 hours are completed.

Employees hired after December 31, 2015 shall not be eligible to participate in the plan.

### Definitions

**Vesting service** The participant’s number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is at least 1,000 hours.

**Pension service** The number of years and completed months of service from date of hire to date of termination, adjusted for certain periods of unpaid absence. Pension service is frozen as of December 31, 2018.

**Pensionable pay** Compensation includes W-2 Earnings plus any compensation deferred under a Section 125, Section 132(f) or Section 401(k) plan. Compensation is limited to \$275,000 (indexed) as required.

**Average earnings** The monthly average of the five completed consecutive calendar years’ compensation out of the last fifteen years (including, if applicable, year of retirement) that gives the highest average. Average earnings are frozen as of December 31, 2018.

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
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Plan Sponsor: Collin Street Bakery, LLC  
Valuation Date: July 1, 2023

# SCHEDULE SB ATTACHMENTS

---

**Social Security benefit**      The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.

**Normal retirement date (NRD)**      First of month coinciding with or next following the attainment of age 65 with four years of participation.

**Monthly pension benefit**      Based on the greater of the following formulas:  
Formula A: Credited service times the sum of:

- a. 1% of first \$400.00 of final average monthly compensation, plus
- b. 1.5% of final average monthly compensation over \$400.00

Formula B:

- a. 3% of final average monthly compensation times credited service up to 15 years, less
- b. 50% of the participant's age 65 monthly Primary Insurance Amount under the Social Security Law in effect on July 1, 1970

No additional pension benefit shall be accrued after December 31, 2018.

**Monthly preretirement death benefit**      The participant's beneficiary will receive an income payable for 10 years certain and life that can be provided by the greater of a or b below:

- a. The present value of the accrued benefit.
- b. An amount equal to either (i) or (ii) below:
  - i. 12 times the final average monthly compensation, if the employee has not both attained age 35 and completed 5 years of vesting service, subject to a maximum equal to the amount described in (ii) below:
  - ii. 100 times the monthly retirement income the participant would have received had he remained in the service of the employer until his normal retirement date and his last regular rate of compensation had continued unchanged, if the employee has attained age 35 and completed at least 5 years of vesting service.

Plan Name:                      Retirement Plan for Employees of Collin Street Bakery, Inc.  
EIN / PN:                      75-0201050/001  
Plan Sponsor:                 Collin Street Bakery, LLC  
Valuation Date:              July 1, 2023

# SCHEDULE SB ATTACHMENTS

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## Eligibility for Benefits

|                                    |   |
|------------------------------------|---|
| <b>Normal retirement</b>           | Retirement on NRD.  |
| <b>Early retirement</b>            | Age 55 and 5 years of vesting service.  |
| <b>Postponed retirement</b>        | Retirement after NRD.   |
| <b>Vested termination</b>          | A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching normal retirement age. |
| <b>Disability</b>                  | Permanent and total disability prior to NRD.  |
| <b>Preretirement death benefit</b> | None.   |

## Benefits Paid Upon the Following Events

|                             |   |
|-----------------------------|---|
| <b>Normal retirement</b>    | The monthly pension benefit determined as of NRD.   |
| <b>Early retirement</b>     | The monthly pension benefit determined as of the early retirement date, reduced 6 2/3% for each of the first five years and 3 1/3% for each of the next five years that payment precedes the participant's NRD.   |
| <b>Postponed retirement</b> | The monthly pension benefit determined as of the actual retirement date.  |
| <b>Vested termination</b>   | The monthly pension benefit determined as of the termination date, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive an actuarially reduced benefit commencing prior to normal retirement date. The participant may also elect to receive an actuarially reduced benefit in order to provide a death benefit for the period between termination and the date retirement payments commence. Such death benefit is equal to the actuarial present value of the deferred accrued benefit, determined as of the termination date, accumulated with interest until the date of death. |

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## Disablement

Monthly Benefit Before Normal Retirement:

- a. 50% of final average monthly compensation, less
- b. 64% of Social Security Disability Income under the Social Security Law in effect as of January 1st preceding the date payments commence.

However, the net amount of income cannot exceed the benefit payable on his normal retirement date calculated assuming that he remains disabled until then.

Monthly Benefit After Normal Retirement: Commencing on the participant's normal retirement date, if he is then living and still disabled, the normal retirement benefit, payable for 10 years certain and life, shall be calculated assuming that his service and his monthly rate of basic compensation as of his date of disability continued to his normal retirement date.

Waiting Period: Benefits will not commence until the employee has been disabled for six months and has filed a request for disability benefits with the employer.

Death of Disabled Participant Prior to Normal Retirement: Prior to normal retirement, disabled participants are entitled to a death benefit identical to the one for active employees. This is determined as if the disabled participant had remained in service until his date of death and his last rate of pay had continued unchanged.

## Preretirement death

The monthly preretirement death benefit.

## Other Plan Provisions

### Forms of payment

The normal form at payment is 10 years certain and life.

The plan provides optional payment forms, including Life Only, qualified Joint and Contingent benefit for married employees, Joint and Survivor benefit, or any option with a Certain Period on an actuarially equivalent basis. Actuarial equivalence for this purpose is based on a 6% interest rate and the UP-1984 Mortality Table. Lump-sum distributions are allowed, but only if the lump sum is less than \$5,000 or the lump sum for a pre-retirement death benefit is less than \$75,000.

### Pension Increases

None.

### Plan participants' contributions

None.

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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 funding requirements.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Retirement Plan for Employees of Collin Street Bakery, Inc.  
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|                         |  |
|-------------------------|--|
| <b>Plan Name</b>        | <b>RETIREMENT PLAN FOR EMPLOYEES OF COLLIN STREET BAKERY, INC.</b> |
| <b>Plan Sponsor EIN</b> | <b>75-0201050</b>  |
| <b>ERISA Plan #</b>     | <b>001</b>   |
| <b>Plan Year Ending</b> | <b>06/30/2024</b>  |

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

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

## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of July 1, 2023**

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1. Shortfall | 07/01/2023       | (478,465)      | 15.00000                              | (478,465)           | (43,818)             |
| 2. Shortfall | 07/01/2022       | 584,851        | 14.00000                              | 562,860             | 54,047               |
| Total        |                  |                |                                       | 84,395              | 10,229               |

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