

| | | |
|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|--|--|
| <p>1a Name of plan <u>STEBEN FOODS, INC. SAVINGS PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>002</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STEBEN FOODS, INC.</u></p> <p><u>1150 MAPLE STREET</u> <u>ELMA, NY 14059</u></p> | <p>1c Effective date of plan <u>09/01/1986</u></p> <p>2b Employer Identification Number (EIN) <u>22-2407431</u></p> <p>2c Plan Sponsor's telephone number <u>716-655-4000</u></p> <p>2d Business code (see instructions) <u>311500</u></p> |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 05/15/2025 | JULIE SENKO |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 05/15/2025 | JULIE SENKO |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|--|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1187 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 960 |
| | 6a(2) | 924 |
| | 6b | 2 |
| | 6c | 201 |
| | 6d | 1127 |
| | 6e | 4 |
| | 6f | 1131 |
| | 6g(1) | 1102 |
| 6g(2) | 1095 | |
| 6h | 16 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2K 2S 2T 2U 3D 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (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 | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>0</u> | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

| | | |
|---|--|------------|
| A Name of plan STEUBEN FOODS, INC. SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 STEUBEN FOODS, INC. | D Employer Identification Number (EIN) 22-2407431 | |

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 37 50 64 | CONTRACT ADMINISTRATOR | 185462 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

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

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>STEUBEN FOODS, INC. SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STEUBEN FOODS, INC.</u> | D Employer Identification Number (EIN) <u>22-2407431</u> | |

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

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PN

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>41-6202499-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9143947</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR S&P 500 INDEX CIT N

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>94-3224211-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16561649</u> |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR S&P MID INDEX CIT N

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>52-2265235-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5748605</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR AGG BD INDEX CIT N

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>20-5699010-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2581577</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PNTR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>46-6208187-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36101</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE BD CIT TR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>94-3222878-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2270643</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR INTL EQ INDX CIT TR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>52-2265229-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4262086</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR RUSS 2000 I CIT TR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 52-2265233-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1209244 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/CAUS INTL VALUE CIT TR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 47-6375784-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/MFS VALUE CIT TR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 45-6648640-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1130696 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/MULTI SM CAP CIT TR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|--|
| c EIN-PN 45-6648658-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 857636 |
|--------------------------------|------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/T. ROWE I LGC GR CIT TR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 45-6648614-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1073494 |
|--------------------------------|------------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2023 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024 | |
| A Name of plan STEUBEN FOODS, INC. SAVINGS PLAN | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 STEUBEN FOODS, INC. | D Employer Identification Number (EIN) 22-2407431 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 11682 | |
| (2) Participant contributions | 1b(2) | 24865 | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | 2339337 | 2346824 |
| (9) Value of interest in common/collective trusts | 1c(9) | 39112979 | 44875677 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 20078648 | 24627298 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 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 | 61567511 | 71849799 |
| Liabilities | | | |
| 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 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 61567511 | 71849799 |

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | 1260926 | |
| (B) Participants | 2a(1)(B) | 4186314 | |
| (C) Others (including rollovers) | 2a(1)(C) | 715090 | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) | 2a(3) | | 6162330 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | 168256 | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 168256 |
| (2) Dividends: | | | |
| (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 289527 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) | 2b(2)(D) | | 289527 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts..... | 2b(6) | | 5357005 |
| (7) Net investment gain (loss) from pooled separate accounts..... | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts..... | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities..... | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 2582489 |
| c Other income | 2c | | 62006 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 14621613 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 4163938 | |
| (2) To insurance carriers for the provision of benefits..... | 2e(2) | | |
| (3) Other..... | 2e(3) | 1324 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 4165262 |
| f Corrective distributions (see instructions)..... | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances..... | 2i(1) | | |
| (2) Contract administrator fees..... | 2i(2) | 174063 | |
| (3) Recordkeeping fees..... | 2i(3) | | |
| (4) IQPA audit fees..... | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 174063 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 4339325 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 10282288 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

(1) 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: **FREED MAXICK PC**

(2) EIN: **45-4051133**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-------------------------------------|-------------------------------------|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 83935 |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| e Was this plan covered by a fidelity bond? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| l Has the plan failed to provide any benefit when due under the plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | <input type="checkbox"/> | <input type="checkbox"/> | |

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 _____.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>STEBEN FOODS, INC. SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>STEBEN FOODS, INC.</u> | D Employer Identification Number (EIN) <u>22-2407431</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

| | | |
|---|---|---|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-0127290

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|--|----|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year..... | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) | 6c | |

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

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

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702477A.

| | | |
|--|---|---|
| <p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> | <p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p> |
|--|---|---|

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

| | | |
|--|---|-------------------|
| <p>A Name of plan STEUBEN FOODS, INC. SAVINGS PLAN</p> | <p>B Three-digit Plan number (PN) ▶</p> | <p>002</p> |
| <p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF STEUBEN FOODS, INC.</p> | <p>D Administrator's EIN 22-2407431</p> | |

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) CONTROLLED GROUP (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

| | | | |
|--|------------------------------------|---|--|
| 2a Name of Participating Employer STEUBEN FOODS, INC. | 2b EIN 22-2407431 | 2c Percentage of Total Contributions for the Plan Year 59.00 | 2d Aggregate Account Balances Attributable to Participating Employer 162743 |
| 2a Name of Participating Employer ELMHURST DAIRY, INC | 2b EIN 11-1604484 | 2c Percentage of Total Contributions for the Plan Year 2.00 | 2d Aggregate Account Balances Attributable to Participating Employer 148700 |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

| | | |
|--|-----------|---|
| 2e Does the plan include any individuals not participating through an employer or who are individual working owners? | 2e | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | 2f | |
| 2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a. | 2g | |

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--|--|
| ELMHURST MILKED, INC. | 81-4594642 | 5.00 | 73038 |
| DORAS NATURALS, INC | 11-3493996 | 23.00 | 33420 |
| EJZ FOODS, INC. | 45-4496023 | 3.00 | 170207 |
| MSF (WORCESTER CREAMERIES) | 11-2211087 | 8.00 | 14254 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

| | |
|-----------------|---|
| Part III | Pooled Employer Plan Information |
|-----------------|---|

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

AUDITED
FINANCIAL STATEMENTS

STEUBEN FOODS, INC. SAVINGS PLAN

JULY 31, 2024

STEBEN FOODS, INC. SAVINGS PLAN

CONTENTS

| | <u>Page</u> |
|--|-------------|
| Independent Auditor's Report | 1 - 3 |
| Financial Statements: | |
| Statements of Net Assets Available for Benefits | 4 |
| Statements of Changes in Net Assets Available for Benefits | 5 |
| Notes to the Financial Statements | 6 - 12 |
| Supplemental Schedules: | |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 13 |
| Schedule H, Line 4a - Schedule of Delinquent Participant Contributions | 14 |

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Steuben Foods, Inc. Savings Plan

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

We have performed audits of the financial statements of Steuben Foods, Inc. Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of July 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 and for the years ended July 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of schedule H, line 4i – schedule of assets (held at end of year) as of July 31, 2024 and schedule H, line 4a – schedule of delinquent participant contributions for the year then ended, 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Freed Maxick P.C.

Buffalo, New York
May 15, 2025

STEBEN FOODS, INC. SAVINGS PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

As of July 31,

| ASSETS | 2024 | 2023 |
|---|----------------------|----------------------|
| Investments at fair value: | | |
| Shares of registered investment companies | \$ 24,627,298 | \$ 20,078,648 |
| Common/collective trusts | 45,313,600 | 39,702,245 |
| | <u>69,940,898</u> | <u>59,780,893</u> |
| Receivables: | | |
| Notes receivable from participants | 2,346,824 | 2,339,337 |
| Participant contributions | - | 24,865 |
| Employer contributions | 454,929 | 492,844 |
| | <u>2,801,753</u> | <u>2,857,046</u> |
| Net assets available for benefits | <u>\$ 72,742,651</u> | <u>\$ 62,637,939</u> |

See accompanying notes.

STEBEN FOODS, INC. SAVINGS PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
For the Years Ended July 31,

| | <u>2024</u> | <u>2023</u> |
|---|----------------------|----------------------|
| Sources of net assets: | | |
| Participant contributions | \$ 4,186,314 | \$ 3,975,718 |
| Employer contributions | 1,234,692 | 1,236,213 |
| Participant rollover contributions | 715,090 | 114,793 |
| Interest and dividends | 289,527 | 142,276 |
| Interest income on notes receivable from participants | 168,256 | 121,152 |
| Net appreciation on investments | 7,788,152 | 3,988,189 |
| Other income | 62,006 | 55,472 |
| Total sources of net assets | <u>14,444,037</u> | <u>9,633,813</u> |
| Applications of net assets: | | |
| Benefits paid to participants and beneficiaries | 4,165,262 | 4,058,681 |
| Administrative expenses | 174,063 | 158,653 |
| Total applications of net assets | <u>4,339,325</u> | <u>4,217,334</u> |
| Increase in net assets available for benefits | 10,104,712 | 5,416,479 |
| Net assets available for benefits: | | |
| Beginning of year | <u>62,637,939</u> | <u>57,221,460</u> |
| End of year | <u>\$ 72,742,651</u> | <u>\$ 62,637,939</u> |

See accompanying notes.

STEBEN FOODS, INC. SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF THE PLAN

General: The Plan is a 401(k) defined contribution plan, which was established by Steuben Foods, Inc. and became effective on September 1, 1986. Worcester Creameries Corp., Steuben Sales, Inc., Elmhurst Dairy, Inc. and Dora's Naturals, Inc., affiliates of Steuben Foods, Inc., have also adopted the Plan. Steuben Foods, Inc., Worcester Creameries Corp., Steuben Sales, Inc., Elmhurst Dairy, Inc. and Dora's Naturals, Inc. are referred to as "the Company" in the financial statements. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA). The Plan administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan trustees.

Effective October 30, 2016, the Company closed the Elmhurst Dairy, Inc. location and the majority of the employees were terminated.

Eligibility: Employees of the Company, who are not covered by a collective bargaining agreement, are eligible to participate in the Plan, subject to a length of service requirement. The Plan covers employees of the Company who have completed 3 months of service and have attained age 18.

Contributions: Each year, participants may contribute an elective deferred contribution not to exceed the limits imposed by the Internal Revenue Code (IRC). All new participants are automatically enrolled in the Plan and have elective deferrals withheld in the amount of 5% of compensation unless they elect otherwise and participants with a deferral rate greater than 0% will have that deferral rate increased annually by 1% until a deferral rate of 6% is reached. The Company will make a matching contribution equal to 30% of the first 5% of base compensation that a participant contributes to the Plan.

The Plan allows the Company to make a discretionary profit sharing contribution. To be eligible for the discretionary contribution the participant shall have completed one year of service, attained age 21, and must be employed on the last day of the Plan year. The discretionary profit sharing contribution will be allocated among participants in a method chosen at the Company's discretion. The Company's discretionary profit sharing contribution included in employer contributions receivable on the statements of net assets available for benefits amounted to approximately \$455,000 and \$493,000 for the years ended July 31, 2024 and 2023, respectively.

Participants who have attained age 50 before the end of the calendar year are eligible to make catch-up contributions as of January 1, of that calendar year. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct their contributions and contributions made on their behalf into various investment options offered by the Plan. Participants may change their investment allocation on a daily basis. Contributions are subject to certain limitations.

Participant Accounts: Each participant's account is credited with the participant's contribution, and Company's matching contribution, as well as allocations of the Company's discretionary profit sharing contribution and Plan earnings. Investments of participant accounts are participant-directed. Earnings on the investments held in each account are credited to that account, and accounts are charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on the provisions of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions and in the Company's matching contributions, plus actual earnings thereon net of any allocation of administrative expenses. Employees eligible to receive a discretionary profit sharing contribution are 100% vested after three years of service for participants who entered the Plan before August 1, 2013. For those participants who entered the Plan on or after August 1, 2013, discretionary profit sharing contributions are 20% vested after two years, 40% after 3 years, 60% after 4 years, 80% after 5 years, and 100% after 6 years of service.

Notes Receivable from Participants: Participants may borrow from their fund accounts the lesser of \$50,000 or 50% of their non-forfeitable account balance. Terms of the notes range from one to five years or in excess of five years for the purchase of a primary residence. The notes are collateralized by the balance in the participant's account and bear interest at a rate commensurate with similar loans from commercial lending institutions. Principal and interest are paid in equal installments over the term of the receivable through payroll deductions.

STEBEN FOODS, INC. SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits: On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or one of several other options offered by the Plan, subject to the amount of the participant's vested interest in his or her account. On termination of employment for other reasons, a participant may elect to receive either a lump-sum distribution equal to the value of the participant's vested interest in his or her account, leave the account under the Plan until death, disability or retirement, or one of several other options offered by the Plan, subject to the amount of the participant's vested interest in his or her account.

Forfeited Accounts: At July 31, 2024, forfeited non-vested accounts totaled \$18,029 (\$5,988 - 2023). These accounts can be used to reduce future employer contributions to the Plan or to pay plan expenses. Forfeitures used during the year ended July 31, 2024 amounted to \$35,000 (\$50,084 - 2023).

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The Plan prepares its financial statements on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation 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 administrator determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus an accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of July 31, 2024 or 2023. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payments of Benefits: Benefits are recorded when paid.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation on investments.

Subsequent Events: These financial statements have not been updated for subsequent events occurring after May 15, 2025, which is the date these financial statements were available to be issued.

NOTE 3. FINANCIAL CERTIFICATION

The following financial information relating to the Plan's assets at July 31, 2024 and 2023, as well as income and transactions for the years then ended, has been derived from information provided by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal), and has been certified by them as complete and accurate. The incorporation of this financial information in the accompanying financial statements and supplemental

STEBEN FOODS, INC. SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. FINANCIAL CERTIFICATION (CONTINUED)

schedule of assets held at end of year is based solely on their certifications and has not been audited by independent accountants.

| | July 31, | |
|---|---------------------|---------------------|
| | 2024 | 2023 |
| Investments: | | |
| Shares of registered investment companies | \$ 24,627,298 | \$ 20,078,648 |
| Common/collective trusts | \$ 45,313,600 | \$ 39,702,245 |
| Notes receivable from participants | \$ 2,346,824 | \$ 2,339,337 |
| Transactions for the year ended: | | |
| Net appreciation on investments | \$ 7,788,152 | \$ 3,988,189 |
| Interest and dividends | \$ 289,527 | \$ 142,276 |
| Interest income on notes receivable from participants | \$ 168,256 | \$ 121,152 |

NOTE 4. FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset 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 July 31, 2024 and 2023.

Shares of Registered Investment Companies: Valued at the daily closing price as reported by the fund. Shares of registered investment companies held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish daily net asset value (NAV) and to transact at that price.

Common/Collective Trusts: These investments are composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

STEBEN FOODS, INC. SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of July 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

| | <u>Investments at Fair Value as of July 31, 2024</u> | | |
|---|--|------------------|----------------------|
| | <u>(Level 1)</u> | <u>(Level 2)</u> | <u>Total</u> |
| Shares of registered investment companies | \$ 24,627,298 | \$ - | \$ 24,627,298 |
| Common/collective trusts (a) | - | - | 45,313,600 |
| Total investments at fair value | \$ 24,627,298 | \$ - | \$ 69,940,898 |
| | <u>Investments at Fair Value as of July 31, 2023</u> | | |
| | <u>(Level 1)</u> | <u>(Level 2)</u> | <u>Total</u> |
| Shares of registered investment companies | \$ 20,078,648 | \$ - | \$ 20,078,648 |
| Common/collective trusts (a) | - | - | 39,702,245 |
| Total investments at fair value | \$ 20,078,648 | \$ - | \$ 59,780,893 |

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of their fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments measured at fair value based on NAV per share as of July 31,:

| July 31, 2024 | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|------------------------------|--------------|----------------------|----------------------|--------------------------|
| Prin/BR S&P 500 Index CIT N | \$10,739,710 | n/a | Daily | None |
| Galliard Stable Return PN | \$9,580,150 | n/a | Daily | 12 months |
| Prin/BR S&P 500 Index CIT TR | \$5,821,939 | n/a | Daily | None |
| Prin/BR Intl Eq Indx CIT TR | \$4,262,086 | n/a | Daily | None |
| Prin/BR S&P Mid Index CIT N | \$3,955,859 | n/a | Daily | None |
| Allspring Core Bd CIT TR | \$2,270,643 | n/a | Daily | None |
| Prin/BR Agg Bd Index CIT TR | \$1,989,862 | n/a | Daily | None |
| Prin/BR S&P Mid Index CIT TR | \$1,792,746 | n/a | Daily | None |
| Prin/BR Russ 2000 I CIT TR | \$1,209,244 | n/a | Daily | None |
| Prin/MFS Value CIT TR | \$1,130,696 | n/a | Daily | None |
| Prin/T.Rowe I LgC Gr CIT TR | \$1,073,494 | n/a | Daily | None |
| Prin/Multi Sm Cap CIT TR | \$857,636 | n/a | Daily | None |
| Prin/BR Agg Bd Index CIT N | \$591,715 | n/a | Daily | None |
| Galliard Stable Return PNTR | \$37,820 | n/a | Daily | 12 months |

STEBEN FOODS, INC. SAVINGS PLAN**NOTES TO THE FINANCIAL STATEMENTS****NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)**

| July 31, 2023 | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|------------------------------|-------------|----------------------|----------------------|--------------------------|
| Galliard Stable Return PN | \$9,511,803 | n/a | Daily | 12 months |
| Prin/BR S&P 500 Index CIT N | \$8,495,580 | n/a | Daily | None |
| Prin/BR S&P 500 Index CIT TR | \$4,748,345 | n/a | Daily | None |
| Prin/BR Intl Eq Indx CIT TR | \$4,485,005 | n/a | Daily | None |
| Prin/BR S&P Mid Index CIT N | \$3,297,127 | n/a | Daily | None |
| Prin/BR Agg Bd Index CIT TR | \$1,777,068 | n/a | Daily | None |
| Prin/MFS Value CIT TR | \$1,496,937 | n/a | Daily | None |
| Allspring Core Bd CIT TR | \$1,482,328 | n/a | Daily | None |
| Prin/BR S&P Mid Index CIT TR | \$1,057,271 | n/a | Daily | None |
| Prin/BR Russ 2000 I CIT TR | \$987,722 | n/a | Daily | None |
| Prin/T.Rowe I LgC Gr CIT TR | \$958,824 | n/a | Daily | None |
| Prin/BR Agg Bd Index CIT N | \$519,652 | n/a | Daily | None |
| Prin/Multi Sm Cap CIT TR | \$517,492 | n/a | Daily | None |
| Galliard Stable Return PNTR | \$366,864 | n/a | Daily | 12 months |
| Prin/Caus Intl Value CIT TR | \$227 | n/a | Daily | None |

NOTE 5. PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments in common/collective trusts are managed by Principal for the years ended July 31, 2024 and 2023. Principal is the trustee of the Plan, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in realized gains on investments, as they are paid through revenue sharing, rather than direct payment. The Plan sponsor pays directly any other fees related to the Plan's operations. Fees paid by the Plan amounted to \$174,063 for the year ended July 31, 2024 (\$158,653 - 2023).

NOTE 6. PLAN TERMINATION

Although they have not expressed any intent to do so, the Company has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 7. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

STEBEN FOODS, INC. SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 8. TAX STATUS

The Plan adopted a non-standardized form of a prototype plan sponsored by Principal. The IRS has determined and informed Principal by a letter dated June 30, 2020 that the prototype plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since the date of the determination letter, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of:

| | <u>July 31,</u> | |
|--|----------------------|----------------------|
| | <u>2024</u> | <u>2023</u> |
| Net assets available for benefits per the financial statements | \$ 72,742,651 | \$ 62,637,939 |
| Differences in: | | |
| Investments | 2,346,824 | 2,339,337 |
| Notes receivable from participants | (2,346,824) | (2,339,337) |
| Employer contributions receivable | (454,929) | (481,162) |
| Fair value adjustment for common/collective trusts | <u>(437,923)</u> | <u>(589,266)</u> |
| Net assets available for benefits per the Form 5500 | <u>\$ 71,849,799</u> | <u>\$ 61,567,511</u> |

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the years ended:

| | <u>July 31,</u> | |
|--|----------------------|---------------------|
| | <u>2024</u> | <u>2023</u> |
| Increase in net assets per the financial statements | \$ 10,104,712 | \$ 5,416,479 |
| Differences in: | | |
| Current year employer contributions | (454,929) | (481,162) |
| Prior year employer contributions | 481,162 | (11,723) |
| Current year value of interest in common/collective trusts | (437,923) | (589,266) |
| Prior year value of interest in common/collective trusts | <u>589,266</u> | <u>(191,447)</u> |
| Net income per the Form 5500 | <u>\$ 10,282,288</u> | <u>\$ 4,142,881</u> |

STEBEN FOODS, INC. SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 10. PROHIBITED TRANSACTIONS

The Plan Sponsor inadvertently failed to deposit \$41,641 of participant elective deferral contributions including loan repayments for the year ended July 31, 2024 within the required time frame as stated by the United States Department of Labor (DOL) regulations. This represents contributions for six pay periods during fiscal year 2024. The Plan Sponsor corrected \$3,855 of the errors involving delinquent contributions by calculating and contributing the amount of lost earnings to the Plan during the year ended July 31, 2024. The Plan Sponsor will correct the remaining \$37,786 of the delinquent contributions by calculating and contributing the amount of lost earnings to the Plan during the year ended July 31, 2025.

The Plan Sponsor inadvertently failed to deposit \$42,294 of participant elective deferral contributions including loan repayments for the year ended July 31, 2023, within the required time frame as stated by the United States Department of Labor (DOL) regulations. This represents elective deferral contributions for two pay periods during fiscal year 2023. The Plan Sponsor will correct the amount of delinquent contributions by calculating and contributing the amount of lost earnings to the Plan during the year ended July 31, 2025.

STEUBEN FOODS, INC. SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
July 31, 2024
EIN # 22-2407431
Plan #: 002

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of Investment | (d) Current Value |
|---|---|---|-------------------|
| Shares of registered investment companies: | | | |
| | MainStay Investments | MainStay Large Cap Growth R1 | \$ 4,130,557 |
| | MFS | MFS International Divarication Fund Class R3 | 3,536,717 |
| | Oakmark | Oakmark Equity & Income II | 2,460,611 |
| | T. Rowe | T. Rowe Price Small Cap Stock - Adv | 2,387,330 |
| | AIM | Invesco Real Estate Fund- R5 | 2,078,590 |
| | MFS | MFS Value R3 | 1,976,971 |
| | Pimco | Pimco Real Return/Institutional - AT | 1,677,603 |
| | Northern Funds | Northern Global Real Estate Index - TR | 1,584,525 |
| | Acadian Funds | Acadian Emerging Markets - AT | 1,424,482 |
| | American Funds | American Funds Europacific GR R6 TR | 1,335,632 |
| | American Funds | American Funds US Govt Sec R6 Fd | 1,019,888 |
| | Pimco | Pimco Total Return A | 563,311 |
| | Pimco | Pimco High Yield I - AT | 451,081 |
| | | Total shares of registered investment companies | 24,627,298 |
| Common/collective trusts: | | | |
| * | Principal Financial Group | Prin/BR S&P 500 Index CIT N | 10,739,710 |
| * | Principal Financial Group | Galliard Stable Return PN | 9,580,150 |
| * | Principal Financial Group | Prin/BR S&P 500 Index CIT TR | 5,821,939 |
| * | Principal Financial Group | Prin/BR Intl Eq Indx CIT TR | 4,262,086 |
| * | Principal Financial Group | Prin/BR S&P Mid Index CIT N | 3,955,859 |
| * | Principal Financial Group | Allspring Core Bd CIT TR | 2,270,643 |
| * | Principal Financial Group | Prin/BR Agg Bd Index CIT TR | 1,989,862 |
| * | Principal Financial Group | Prin/BR S&P Mid Index CIT TR | 1,792,746 |
| * | Principal Financial Group | Prin/BR Russ 2000 I CIT TR | 1,209,244 |
| * | Principal Financial Group | Prin/MFS Value CIT TR | 1,130,696 |
| * | Principal Financial Group | Prin/T.Rowe I LgC Gr CIT TR | 1,073,494 |
| * | Principal Financial Group | Prin/Multi Sm Cap CIT TR | 857,636 |
| * | Principal Financial Group | Prin/BR Agg Bd Index CIT N | 591,715 |
| * | Principal Financial Group | Galliard Stable Return PNTR | 37,820 |
| | | Total common/collective trusts | 45,313,600 |
| * | Steuben Foods, Inc. Savings Plan | Participant Loans (interest rates ranging from 3.25% - 9.50%) | 2,346,824 |
| | Total assets held for investment | | \$ 72,287,722 |

* The above named is a party-in-interest

The above information has been certified as complete and accurate by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company.

STEBEN FOODS, INC. SAVINGS PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Plan ID: #002 EIN: 22-2407431

For the Year Ended July 31, 2024

| Year | Participant Contributions Transferred Late to Plan | Includes Late Participant Loan Repayments | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) |
|-------------|---|--|------------------------------------|---|---|--|
| 2024 | Yes | Yes | \$37,786 | \$0 | \$0 | \$0 |
| 2024 | Yes | Yes | \$0 | \$3,855 | \$0 | \$0 |
| 2023 | Yes | Yes | \$42,294 | \$0 | \$0 | \$0 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S F, I. S P
 EIN 22 2407431
 PLAN NUMBER 002
 PLAN YEAR 08/01/2023 TO 07/31/2024

| (A) Identity of issuer, borrower, lessor or similar party. | (B) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (C) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (D) Cost | (E) Current Value |
|---|--|--|-------------|----------------------|
| Acadian Funds | Registered Investment Company Acadian Emerging Markets I | Registered Investment Company Acadian Emerging Markets I | \$ 0.00 | \$ 1,424,482.49 |
| SEI TRUST COMPANY | Common/Collective Trust Allspring Core Bd CIT TR | Common/Collective Trust Allspring Core Bd CIT TR | \$ 0.00 | \$ 2,270,643.41 |
| The American Funds | Registered Investment Company American Fds US Govt Sec R6 Fd | Registered Investment Company American Fds US Govt Sec R6 Fd | \$ 0.00 | \$ 1,019,887.79 |
| American Funds Service Company | Registered Investment Company American Funds EuroPacific Gr | Registered Investment Company American Funds EuroPacific Gr | \$ 0.00 | \$ 1,335,632.15 |
| SEI TRUST COMPANY | Common/Collective Trust Galliard Stable Return PN | Common/Collective Trust Galliard Stable Return PN | \$ 0.00 | \$ 9,143,947.00 |
| SEI TRUST COMPANY | Common/Collective Trust Galliard Stable Return PNTR | Common/Collective Trust Galliard Stable Return PNTR | \$ 0.00 | \$ 36,101.00 |
| Invesco Funds Group, Inc. | Registered Investment Company Invesco Real Estate R5 Fund | Registered Investment Company Invesco Real Estate R5 Fund | \$ 0.00 | \$ 2,078,589.85 |
| MainStay Funds | Registered Investment Company MainStay Winslow IgCap Gr R1 | Registered Investment Company MainStay Winslow IgCap Gr R1 | \$ 0.00 | \$ 4,130,556.19 |
| MFS Investment Management | Registered Investment Company MFS Intl Diversification R3 Fd | Registered Investment Company MFS Intl Diversification R3 Fd | \$ 0.00 | \$ 3,536,717.45 |
| MFS Investment Management | Registered Investment Company MFS Value R3 Fund | Registered Investment Company MFS Value R3 Fund | \$ 0.00 | \$ 1,976,971.13 |
| Northern Funds | Registered Investment Company Northern Global Real Estate Ix | Registered Investment Company Northern Global Real Estate Ix | \$ 0.00 | \$ 1,584,525.20 |
| Oakmark | Registered Investment Company Oakmark Eq & Inc Fund Investor | Registered Investment Company Oakmark Eq & Inc Fund Investor | \$ 0.00 | \$ 2,460,610.59 |
| SEI TRUST COMPANY | Common/Collective Trust Prin/BR Agg Bd Index CIT N | Common/Collective Trust Prin/BR Agg Bd Index CIT N | \$ 0.00 | \$ 591,714.63 |
| SEI TRUST COMPANY | Common/Collective Trust Prin/BR Agg Bd Index CIT TR | Common/Collective Trust Prin/BR Agg Bd Index CIT TR | \$ 0.00 | \$ 1,989,862.16 |
| SEI TRUST COMPANY | Common/Collective Trust Prin/BR Intl Eq Indx CIT TR | Common/Collective Trust Prin/BR Intl Eq Indx CIT TR | \$ 0.00 | \$ 4,262,085.93 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S F, I. S P
 EIN 22 2407431
 PLAN NUMBER 002
 PLAN YEAR 08/01/2023 TO 07/31/2024

| (A) | (B) Identity of issuer, borrower, lessor or similar party. | (C) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (D) Cost | (E) Current Value |
|-----|---|--|-------------|----------------------|
| | SEI TRUST COMPANY | Common/Collective Trust Prin/BR Russ 2000 I CIT TR | \$ 0.00 | \$ 1,209,243.91 |
| | SEI TRUST COMPANY | Common/Collective Trust Prin/BR S&P Mid Index CIT N | \$ 0.00 | \$ 3,955,858.93 |
| | SEI TRUST COMPANY | Common/Collective Trust Prin/BR S&P Mid Index CIT TR | \$ 0.00 | \$ 1,792,746.24 |
| | SEI TRUST COMPANY | Common/Collective Trust Prin/BR S&P 500 Index CIT N | \$ 0.00 | \$ 10,739,709.75 |
| | SEI TRUST COMPANY | Common/Collective Trust Prin/BR S&P 500 Index CIT TR | \$ 0.00 | \$ 5,821,938.99 |
| | SEI TRUST COMPANY | Common/Collective Trust Prin/Multi Sm Cap CIT TR | \$ 0.00 | \$ 857,635.53 |
| | SEI TRUST COMPANY | Common/Collective Trust Prin/MFS Value CIT TR | \$ 0.00 | \$ 1,130,695.52 |
| | SEI TRUST COMPANY | Common/Collective Trust Prin/T.Rowe I IgC Gr CIT TR | \$ 0.00 | \$ 1,073,493.64 |
| | PIMCO Funds | Registered Investment Company PIMCO High Yield I - TR | \$ 0.00 | \$ 451,080.65 |
| | PIMCO Funds | Registered Investment Company PIMCO Real Return/Inst | \$ 0.00 | \$ 1,677,602.97 |
| | PIMCO Funds | Registered Investment Company PIMCO Total Return A Fund | \$ 0.00 | \$ 563,310.67 |
| | T. Rowe Price Funds | Registered Investment Company T Rowe Price SmCb Stock Adv Fd | \$ 0.00 | \$ 2,387,330.48 |
| * | Participant Loans | Range of Interest Rates Rates Range From 3.25% To 9.50% | \$ 0.00 | \$ 2,346,824.00 |
| | | | | |
| | | | | |