

<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: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ 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; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

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>CONTINENTAL CEMENT COMPANY, LLC PENSION PLAN B FOR UNION EMPLOYEES</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>006</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>CONTINENTAL CEMENT COMPANY, LLC</u></p> <p><u>16401 SWINGLEY RIDGE RD</u> <u>STE 610</u> <u>CHESTERFIELD, MO 63017-0740</u></p>	<p>1c Effective date of plan <u>09/01/1980</u></p> <p>2b Employer Identification Number (EIN) <u>43-1744040</u></p> <p>2c Plan Sponsor's telephone number <u>636-590-6784</u></p> <p>2d Business code (see instructions) <u>327300</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.	06/16/2025	DEREK AUER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	207
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)	73
	6a(2)	69
	6b	83
	6c	26
	6d	178
	6e	22
	6f	200
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1I 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**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

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

A Name of plan <u>CONTINENTAL CEMENT COMPANY, LLC PENSION PLAN B FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CONTINENTAL CEMENT COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>43-1744040</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>09</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a		<u>11212322</u>
b Actuarial value	2b		<u>11743169</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>107</u>	<u>9118990</u>	<u>9118990</u>
b For terminated vested participants	<u>27</u>	<u>698621</u>	<u>698621</u>
c For active participants	<u>73</u>	<u>2731948</u>	<u>2886367</u>
d Total	<u>207</u>	<u>12549559</u>	<u>12703978</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.19 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>30244</u>
c Target normal cost	6c		<u>30244</u>

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

SIGN HERE			
	Signature of actuary	<u>06/09/2025</u>	Date
	<u>TIMOTHY J. GEDDES</u>	<u>23-06181</u>	Most recent enrollment number
	<u>DELOITTE CONSULTING LLP</u>	<u>313-396-3954</u>	Telephone number (including area code)
	<u>1001 WOODWARD, SUITE 700 DETROIT, MI 48226</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	158342
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	44399
9	Amount remaining (line 7 minus line 8)	0	113943
10	Interest on line 9 using prior year's actual return of <u>4.93</u> %	0	5617
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	119560

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.49 %
15	Adjusted funding target attainment percentage	15	91.49 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
05/14/2025	226000	0					
			Totals ▶	18(b)	226000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 207285
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code).....	21b	4	
22	Weighted average retirement age	22	62	
23	Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c).....	31a	30244	
b	Excess assets, if applicable, but not greater than line 31a	31b	0	
32	Amortization installments:	Outstanding Balance		Installment
a	Net shortfall amortization installment	1080369	102363	
b	Waiver amortization installment	0	0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	132607	
		Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	60494	60494
36	Additional cash requirement (line 34 minus line 35).....	36	72113	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	207285	
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)	38a	135172	
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	60494	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years	40	0	

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

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.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan CONTINENTAL CEMENT COMPANY, LLC PENSION PLAN B FOR UNION EMPLOYEES	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL CEMENT COMPANY, LLC	D Employer Identification Number (EIN) 43-1744040	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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)

WELLS FARGO ADVISORS LLC

48-1305000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	11423	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	7651	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A Name of plan <u>CONTINENTAL CEMENT COMPANY, LLC PENSION PLAN B FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN)	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL CEMENT COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>43-1744040</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:	<u>CONTINENTAL CEMENT M/T</u>		
b Name of sponsor of entity listed in (a):	<u>US BANK</u>		
c EIN-PN	<u>25-0851535-002</u>	d Entity code	<u>M</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>11517921</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN		d Entity code	
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan CONTINENTAL CEMENT COMPANY, LLC PENSION PLAN B FOR UNION EMPLOYEES	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL CEMENT COMPANY, LLC	D Employer Identification Number (EIN) 43-1744040

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	226000
(2) Participant contributions	1b(2)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	11212322	11517921
(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)		
(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	11212322	11743921
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	11212322	11743921

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)	226000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		226000
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		1200895
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1426895

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	872548	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		872548
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	15097	
(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)	7651	
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		22748
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		895296

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		531599
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: RUBINBROWN LLP

(2) EIN: 43-0765316

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 539356.

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.
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A Name of plan <u>CONTINENTAL CEMENT COMPANY, LLC PENSION PLAN B FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL CEMENT COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>43-1744040</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	<u>0</u>
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): <u>41-0417860</u>		
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	<u>0</u>

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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES
FINANCIAL STATEMENTS
AUGUST 31, 2024



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Independent Auditors' Report

Pension Committee
Continental Cement Company, L.L.C.
Pension Plan B For Union Employees
Chesterfield, Missouri

Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Continental Cement Company, L.L.C. Pension Plan B For Union Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (on modified cash basis) and accumulated plan benefits as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (on modified cash basis) and accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 August 31, 2024 and 2023, stating that the certified investment information, as described in Notes 3 and 4 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 Auditors' 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 the modified cash basis of accounting described in Note 2.
- 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis Of Matter - Basis Of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities Of Management For The Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances, 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 for one year after the date that the financial statements are available to be issued.

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

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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.
- 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.
- 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.
- 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 certifications, 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 the modified cash basis of accounting as described in Note 2.

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 the modified cash basis of accounting as described in Note 2.

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

RubinBrown LLP

June 16, 2025

**CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES**

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)**

	<u>August 31,</u>	
	<u>2024</u>	<u>2023</u>
Assets		
Investments, At Fair Value		
Plan interest in Continental Cement Company, L.L.C.		
Pension Plans Master Trust	\$ 11,517,921	\$ 11,212,322

**CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)**

	For The Years Ended August 31,	
	2024	2023
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	\$ 872,549	\$ 879,366
Administrative expenses	22,748	30,244
Total Deductions	895,297	909,610
Investment Income		
Plan interest in Continental Cement Company, L.L.C. Pension Plans Master Trust investment income	1,200,896	545,969
Net Increase (Decrease)	305,599	(363,641)
Net Assets Available For Benefits - Beginning Of Year	11,212,322	11,575,963
Net Assets Available For Benefits - End Of Year	\$ 11,517,921	\$ 11,212,322

**CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES**

STATEMENT OF ACCUMULATED PLAN BENEFITS

	August 31,	
	2024	2023
Actuarial Present Value Of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	\$ 8,375,455	\$ 8,785,360
Other participants	2,996,771	3,526,279
	11,372,226	12,311,639
Nonvested benefits	150,255	155,239
Total Actuarial Present Value Of Accumulated Plan Benefits	\$ 11,522,481	\$ 12,466,878

**CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	For The Years Ended August 31,	
	2024	2023
Actuarial Present Value Of Accumulated Plan Benefits Beginning Of Year	\$ 12,466,878	\$ 12,713,501
Increase (Decrease) During The Year Attributable To:		
Interest	599,508	525,372
Plan experience (gains) losses	(671,356)	107,371
Benefits paid	(872,549)	(879,366)
Net Decrease	(944,397)	(246,623)
Actuarial Present Value Of Accumulated Plan Benefits - End Of Year	\$ 11,522,481	\$ 12,466,878

CONTINENTAL CEMENT COMPANY, L.L.C. PENSION PLAN B FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

August 31, 2024 And 2023

1. Description Of The Plan

The following description of the Continental Cement Company, L.L.C. Pension Plan B for Union Employees (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

The Plan is a noncontributory defined benefit pension plan, sponsored by Continental Cement Company, LLC (the Company or Plan Administrator). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is administered by the Company's pension committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan's Trustee and Custodian is U.S. Bank, N.A.

Participation

The Plan covers hourly compensated employees at the Hannibal, Missouri location hired before May 1, 2003, hourly compensated employees at the St. Louis, Missouri location hired before July 1, 1999, and former hourly compensated employees at the Bettendorf, Iowa location hired before April 1, 1999. All hourly employees are covered by a collective bargaining agreement, except at the Bettendorf location. The Plan also includes employees covered by the collective bargaining agreement between the Company and the United Steel Workers, AFL-CIO, CLC.

The Plan also covers employees who are members of the Cement, Lime, Gypsum and Allied Workers Division, International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths Forgers and Helpers, Lodge D-6, Buffalo, Iowa (Davenport Employees).

The collective bargaining agreement for the Davenport Employees was renewed effective November 1, 2017. As a result, Davenport Employees hired after November 1, 2017 are no longer eligible to participate in the Plan.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company's contributions for 2024 and 2023 met the minimum funding requirements of ERISA.

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES

Notes To Financial Statements (*Continued*)

Pension Benefits

Normal retirement is age 65 or, if later, the fifth anniversary of Plan participation. Employee participants with at least 10 years of credited service but less than 30 years of credited service may elect early retirement between the ages of 55 and 65. In addition, employee participants may elect to receive benefits upon completion of 30 years of credited service regardless of age. Any employee with at least five years of credited service whose employment with the Company is terminated shall be entitled to a vested deferred retirement pension. Furthermore, an employee who becomes totally and permanently disabled shall be eligible for a disability pension, provided the employee has completed at least 10 years of credited service at the time such disability occurs. The benefit formula under the Plan is based on a monthly amount per year of credited service. Benefits under the early retirement election are reduced by three tenths of one percent (0.3%) for each month by which the actual retirement date precedes the normal retirement date. Benefits under the Plan are payable as life annuities.

The collective bargaining agreement for the Davenport Employees was renewed effective November 1, 2017. As a result, eligible Davenport Employees will no longer accrue benefits as of December 31, 2017.

Effective December 31, 2013, the accrual of benefits for service performed by an employee at the Hannibal, Missouri location on or after January 1, 2014, were frozen. Employees will only accrue service credits on or after January 1, 2014, for the purpose of determining eligibility to receive early retirement benefits.

Death Benefit

In the event of a participant's death after becoming eligible for early retirement, the surviving spouse shall receive a benefit calculated as if the participant had retired on the day before death and begun receiving benefits in the form of a joint and 66-2/3% survivor annuity.

In the event of a participant's death prior to early retirement age, the surviving spouse shall receive a benefit payable at the participant's early retirement age, calculated as if the participant separated from service on the date of death, survived to early retirement age, began receiving benefits in the form of a joint and 66-2/3% survivor annuity and died on the following day.

Vesting

Vesting is based on years of service. Participants fully vest in their accrued benefits after five years of credited service.

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES

Notes To Financial Statements (*Continued*)

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The accompanying statement of net assets available for benefits and related statement of changes in net assets available for benefits have been prepared on a modified cash basis of accounting whereby all activity is recorded on a cash basis except for changes in fair value of investments and accrued income recorded by Continental Cement Company, L.L.C. Pension Plans Master Trust (the Master Trust). Accordingly, the accompanying financial statements are not intended to present net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America. The accompanying statements of accumulated plan benefits and related statement of changes in accumulated plan benefits have been prepared using the accrual basis of accounting.

Estimates And Assumptions

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Valuation Of Investments And Income Recognition

Investments in the Master Trust are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements. The Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and Custodian.

Purchases and sales of securities are recorded on a trade-date basis. Interest income on investments is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. The net change in investment value includes gains and losses on investments bought and sold as well as held during the year.

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES

Notes To Financial Statements (*Continued*)

Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments which, under the provisions of the Plan, are attributable to service rendered by employees. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement), between the valuation date and expected date of payment. The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The significant assumptions underlying the actuarial computations as of August 31, 2024 and 2023 are as follows:

Mortality basis:	PRI-2012 Blue Collar Mortality, amount weighted, sex distinct, with separate tables for Non-annuitants and Healthy annuitants and fully generational mortality improvement projected under Scale MP-2021 for 2024 and 2023
Expected rate of return:	5% for 2024 and 2023

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

Benefit Payments

Benefit payments are recorded when paid.

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES

Notes To Financial Statements (*Continued*)

Administrative Expenses

For the years ended August 31, 2024 and 2023, all administrative expenses, except accounting and actuarial fees, were paid by the Plan.

Subsequent Events

Management evaluates subsequent events through the date the financial statements are available for issue, which is the date of the Independent Auditors' Report.

3. Priorities Upon Plan Termination

The Company reserves the right to amend or terminate the provisions of the Plan in connection with the renegotiation of the respective collective bargaining agreements. Upon termination or partial termination of the Plan, the rights of each affected participant to benefits accrued to the date of such termination shall be nonforfeitable, but a participant's recourse toward satisfaction of his nonforfeitable benefits shall be limited to Plan assets and/or the Pension Benefit Guarantee Corporation (PBGC).

In the event that the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA, in the following order:

- a. The benefits of those employees or beneficiaries, which were in, pay status as of the beginning of the three-year period ending on the termination of the Plan.
- b. The benefits of those employees or beneficiaries which would have been in pay status as of the beginning of such a three-year period if the employee had retired prior to the three-year period.
- c. All other benefits of employees or beneficiaries guaranteed under Title IV of ERISA.
- d. All other vested benefits under the Plan.
- e. All other benefits under the Plan.

The benefits shall be based on the provisions of the Plan (as in effect during the five-year period ending on the Plan termination) under which the benefits would result in the least amount payable under those respective provisions.

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES

Notes To Financial Statements (*Continued*)

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

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

4. Certified Investment Information

The Plan's investment information as of August 31, 2024 and 2023, and for the years then ended, included throughout the financial statements, that was prepared by or derived from information certified by the Custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule related to the following assets as of August 31:

	<u>2024</u>	<u>2023</u>
Plan interest in Continental Cement Company, L.L.C. Pension Plans Master Trust	\$ 11,517,921	\$ 11,212,322

The Custodian also certified to the completeness and accuracy related the following investment income for the years ended August 31:

	<u>2024</u>	<u>2023</u>
Plan interest in Continental Cement Company, L.L.C. Pension Plans Master Trust investment income	\$ 1,200,896	\$ 545,969

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES

Notes To Financial Statements (*Continued*)

5. Interest In Master Trust (Certified Investment Information)

The Plan's investments at August 31, 2024 and 2023 were in the Master Trust. The Master Trust was established for the investment of assets of the Plan and other Company-sponsored pension plans. Each participating pension plan has an undivided interest in the Master Trust. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment earnings less actual distributions and allocated administrative expenses. Investment income (loss) and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the amount of time the plan's assets were invested in the Master Trust.

The following is a summary of the Master Trust's asset information as of August 31, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements, that was prepared by or derived from information certified by the Custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements related to the following Master Trust assets as follows:

	<u>August 31,</u>	
	<u>2024</u>	<u>2023</u>
Investments		
Fixed income securities:		
Corporate debt instruments	\$ 1,491,030	\$ 2,386,122
Foreign debt instruments	1,143,161	1,152,753
U.S. government securities	5,414,983	5,663,895
Total Fixed Income Securities	<u>8,049,174</u>	<u>9,202,770</u>
Mutual funds	<u>9,107,948</u>	<u>7,691,148</u>
Master Trust Net Assets Available For Benefits	<u>\$ 17,157,122</u>	<u>\$ 16,893,918</u>

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES

Notes To Financial Statements (*Continued*)

The Custodian also certified to the completeness and accuracy related the following investment income for the years ended August 31:

	<u>2024</u>	<u>2023</u>
Investment Income		
Net change of fair value of investments	\$ 1,357,073	\$ 328,699
Interest and dividends	438,396	497,264

The following table represents the Master Trust's balances and the Plan's interest in the Master Trust balances as of August 31, 2024:

	<u>Master Trust Balances</u>	<u>Plan's Interest In Master Trust Balances</u>
Investments		
Fixed income securities:		
Corporate debt instruments	\$ 1,491,030	\$ 1,000,958
Foreign debt instruments	1,143,161	767,427
U.S. government securities	5,414,983	3,635,187
Total Fixed Income Securities	8,049,174	5,403,572
Mutual funds	9,107,948	6,114,349
Master Trust Net Assets Available For Benefits	<u>\$ 17,157,122</u>	<u>\$ 11,517,921</u>

The following table represents the Master Trust's balances and the Plan's interest in the Master Trust balances as of August 31, 2023:

	<u>Master Trust Balances</u>	<u>Plan's Interest In Master Trust Balances</u>
Investments		
Fixed income securities:		
Corporate debt instruments	\$ 2,386,122	\$ 1,583,645
Foreign debt instruments	1,152,753	765,070
U.S. government securities	5,663,895	3,759,070
Total Fixed Income Securities	9,202,770	6,107,785
Mutual funds	7,691,148	5,104,537
Master Trust Net Assets Available For Benefits	<u>\$ 16,893,918</u>	<u>\$ 11,212,322</u>

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES

Notes To Financial Statements (*Continued*)

The changes in net assets for the Master Trust for the years ended August 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Investment Income		
Net change of fair value of investments	\$ 1,357,073	\$ 328,699
Interest and dividends	438,396	497,264
Net Investment Income	1,795,469	825,963
Net Transfers	(1,532,265)	(1,597,869)
Net Increase (Decrease)	263,204	(771,906)
Net Assets Available For Benefits - Beginning Of Year	16,893,918	17,665,824
Net Assets Available For Benefits - End Of Year	\$ 17,157,122	\$ 16,893,918

6. Fair Value Measurements

The Plan and Master Trust follow accounting rules that establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. 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 below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.
- 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;

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES

Notes To Financial Statements (*Continued*)

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Fixed Income And U.S. Government Securities

Fixed income securities consist of corporate and foreign debt instruments. Corporate and foreign debt instruments and U.S. government securities are valued based on yields currently available on comparable securities and debt instruments of issuers with similar credit ratings. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual Funds

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

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

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES

Notes To Financial Statements (*Continued*)

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of:

	August 31, 2024			
	Level 1	Level 2	Level 3	Total
Fixed income securities	\$ —	\$ 8,049,174	\$ —	\$ 8,049,174
Mutual funds	9,107,948	—	—	9,107,948
Total assets at fair value	\$ 9,107,948	\$ 8,049,174	\$ —	\$ 17,157,122

	August 31, 2023			
	Level 1	Level 2	Level 3	Total
Fixed income securities	\$ —	\$ 9,202,770	\$ —	\$ 9,202,770
Mutual funds	7,691,148	—	—	7,691,148
Total assets at fair value	\$ 7,691,148	\$ 9,202,770	\$ —	\$ 16,893,918

There have been no changes in the valuation methodologies used at August 31, 2024 or 2023.

7. Income Tax Status

The Plan obtained its latest determination letter dated April 15, 2011, in which the Internal Revenue Service (IRS) stated that the Plan was in compliance with applicable requirements of the Internal Revenue Code (the Code). The Plan Administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization 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. The Plan Administrator believes it is no longer subject to income tax examinations for Plan years prior to 2021.

CONTINENTAL CEMENT COMPANY, L.L.C.
PENSION PLAN B FOR UNION EMPLOYEES

Notes To Financial Statements (*Continued*)

8. Transactions With Parties In Interest

The Trustee manages investments in the Master Trust. Professional, contract administrator, and advisory investment fees paid by the Plan to the Trustee amounted to \$22,748 and \$30,244 in 2024 and 2023, respectively. These are allowable party-in-interest transactions under ERISA.

9. 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 those changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

10. Reconciliation Of Financial Statements To Form 5500

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

	August 31,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 11,517,921	\$ 11,212,322
Contributions receivable	226,000	—
Net assets available for benefits per Form 5500	\$ 11,743,921	\$ 11,212,322

The following is a reconciliation of the net increase per the financial statements to Form 5500 for the year ended August 31, 2024:

Net increase per the financial statements	\$ 305,599
Change in contributions receivable	<u>226,000</u>
Net income per Form 5500	<u>\$ 531,599</u>

Schedule SB, Line 26a – Schedule of Active Participants**EIN/PN 43-1744040/006****Continental Cement Company, LLC - Pension Plan B for Union Employees**

Service Group											
Age Group	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
0 - 24											0
24 - 29			3								3
30 - 34			5	1							6
35 - 39			3	2	1						6
40 - 44			5	3	2	1					11
45 - 49			3			3	2				8
50 - 54					3	1	4	3			11
55 - 59					4		5	9			18
60 - 64							2	3		1	6
65 - 69					1					3	4
70+											0
Total	0	0	19	6	11	5	13	15	0	4	73

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

Attachment to 2023 Form 5500 Schedule SB

EIN/PN 43-1744040/006

Continental Cement Company, LLC - Pension Plan B for Union Employees

Actuarial Methods for Funding and Present Value of Accrued Benefits

Liability Valuation Method

Funding Target and Target Normal Cost as Defined in PPA

The Funding Target is defined to be the present value of the benefits accrued or earned at the valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the Funding Target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the Target Normal Cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the Funding Target and Target Normal Cost of a Plan for a plan year is not permitted to take into account any limitations or anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The Target Normal Cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from Actuarial Value of Assets for a plan year are not reflected in the determination of a plan's Funding Target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan's Target Normal Cost.

Generally if insurance contracts are held by the Plan, they are included in Actuarial Value of Assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a Plan's Funding Target and Target Normal Cost for a plan year is based on Plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a Plan amendment is treated as having been adopted on the first day of the plan year (including a Plan amendment adopted within two and one half months after the close of the plan year) (1.430(d)-1(d)).

For maximum deductible purposes, the cushion amount is equal to the sum of 50 percent of the Funding Target for the plan year and the amount the Funding Target for the plan year would increase if the Plan were to take into account increases in compensation which are expected to occur in succeeding plan years. If the Plan does not base benefits for service to date on compensation, increases in benefits which are expected to occur in succeeding plan years (determined on the basis of the average annual increase in benefits over the six preceding plan years) are taken into account in lieu of expected increases in compensation. For plans that have less than 100 participants, increases in benefits for highly compensated employees as a result of Plan amendments within the last two years are excluded from the calculation of the cushion amount.

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

Attachment to 2023 Form 5500 Schedule SB

EIN/PN 43-1744040/006

Continental Cement Company, LLC - Pension Plan B for Union Employees

Actuarial Methods for Funding and Present Value of Accrued Benefits

Asset Valuation Method

Actuarial Value of Assets are determined using the two-year averaging method as set forth in Notice 2009-22. Under this method, the Actuarial Value of Assets is the average of the fair market value of the assets on the valuation date and the adjusted fair Market Value of Assets determined as of the two prior determination dates. The adjusted fair Market Value of Assets as of a determination date is the Market Value of Assets on that date, increased by contributions that were not included in the plan's asset balance on the determination date and decreased by benefits and administrative expenses between that determination date and the valuation date plus an adjustment for expected earnings as the sum of the expected earnings separately determined for each period between the determination date and the valuation date. The calculated value is then further constrained to be no more than 110% of the Market Value of Assets plus discounted receivable contributions and no less than 90% of the Market Value of Assets plus discounted contributions.

Procedures

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the employer. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The employer provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

For active participants, the accrued pension benefits as of the valuation date and payable from the assumed retirement age were determined based on actual plan compensation history for each participant. For inactive participants, accrued benefits were either supplied by the Company or estimated. The Actuarial Present Value of Accumulated Plan Benefits was determined by multiplying the accrued pension benefits by single premium cost factors based on the applicable actuarial assumptions for accrued benefits.

Model Use

Actuarial Standard of Practice No. 56 – Modeling requires disclosure of certain information regarding the actuary's use of models when issuing actuarial reports for work performed on or after October 1, 2020. For this valuation, the liability calculations were determined using industry-leading defined benefit valuation software developed and maintained by a third-party vendor. The model was designed specifically for the measurement of defined benefit pension liabilities and the actuary has updated the applicable parameters for the specific plan provisions and assumptions selected for this valuation.

An Excel-based model that calculates a supportable long-term rate of return on assets with inputs of a target asset allocation and publicly available capital market assumptions by asset class was used to assess the reasonableness of the long-term rate of return assumption.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Attachment to 2023 Form 5500 Schedule SB****EIN/PN 43-1744040/006****Continental Cement Company, LLC - Pension Plan B for Union Employees****Actuarial Assumptions**

Interest Rates	Pre-MAP-21 Segment	25-Year Segment	ARP/IIJA	
			2023 Corridor (95%-105%)	2023 Corridor Segment Rates ²
Lookback Month	May	N/A	N/A	N/A
First Segment Rate	2.85%	5.00% ³	4.75% - 5.25%	4.75%
Second Segment Rate	4.02%	5.26%	5.00% - 5.52%	5.00%
Third Segment Rate	4.19%	6.04%	5.74% - 6.34%	5.74%
Effective Rate	3.99%	N/A	N/A	5.19%

¹ Used for Maximum Deductible, PBGC Method for Variable-Rate Premium, ERISA §4010 reporting \$15M underfunded and 80% threshold, and excess assets for \$420 transfers.

² Used for minimum funding and benefit restrictions

³ Actual rate of 3.48% was limited to a floor of 5.00% per the provisions of ARP.

Expected asset return for Actuarial Value of Assets Determination: 5.00% (limited to the third segment rate for the applicable plan year per IRS regulation)

ASC 960: 5.00% per annum

Mortality	Funding Target: As defined in §1.430(h)(3)-1(a)(3). This table is based on the annuitant and non-annuitant static mortality rates for 2023 for males and females from IRS §1.430(h)(3)-1(e). ASC 960: Mortality based upon the Pri-2012 (BC) blue-collar mortality tables issued by the Society of Actuaries in October 2019. Separate tables were utilized for males and females. In valuing Joint & Survivor annuities, contingent survivor rates were applied to the secondary annuitant both before and after the assumed or actual death of the primary annuitant. Mortality improvement utilized the MP-2021 projection scale on a generational basis.
Salary Growth	N/A. The plan is frozen and not based on salary.
Social Security Wage	N/A

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

Attachment to 2023 Form 5500 Schedule SB

EIN/PN 43-1744040/006

Continental Cement Company, LLC - Pension Plan B for Union Employees

Actuarial Assumptions

Withdrawal	Rates of withdrawal for included employees are shown in the table below for sample ages.						
	<u>Davenport Group</u>						
	Attained Age	<u><1</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5+</u>
	20	30.00%	27.00%	25.00%	20.00%	18.00%	15.00%
	25	30.00%	27.00%	25.00%	20.00%	18.00%	14.10%
	30	30.00%	27.00%	25.00%	20.00%	18.00%	13.20%
	35	30.00%	27.00%	25.00%	20.00%	18.00%	12.05%
	40	30.00%	27.00%	25.00%	20.00%	18.00%	10.90%
	45	30.00%	27.00%	25.00%	20.00%	18.00%	9.95%
	50	30.00%	27.00%	25.00%	20.00%	18.00%	9.00%
	55	30.00%	27.00%	25.00%	20.00%	18.00%	1.80%
	<u>Hannibal Group</u>						
	Attained Age						
	20	5.00%					
	30	4.00%					
	35	2.00%					
	40+	0.00%					
	Retirement Age	Rates of retirement for eligible employees are shown in the table below for sample ages.					
		<u>Davenport Group</u>					
				<u>Years of Service</u>			
<u>Attained Age</u>		<u><30</u>	<u>30</u>	<u>31+</u>			
45 - 54		0.00%	25.00%	3.00%			
55		3.00%	25.00%	15.00%			
56 - 60		5.00%	25.00%	15.00%			
61		15.00%	25.00%	15.00%			
62 - 64		15.00%	25.00%	25.00%			
65 and older		100.00%	100.00%	100.00%			
<u>Hannibal Group</u>							
Participants are assumed to retire at the earlier of (i) age 62 and 30 years of service or (ii) age 65.							

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Attachment to 2023 Form 5500 Schedule SB
EIN/PN 43-1744040/006
Continental Cement Company, LLC - Pension Plan B for Union Employees

Actuarial Assumptions

Disability	<p>Rates of disability for included employees are shown in the table below for sample ages.</p> <table border="1"> <thead> <tr> <th><u>Attained Age</u></th> <th><u>Male</u></th> <th><u>Female</u></th> </tr> </thead> <tbody> <tr><td>20</td><td>0.064%</td><td>0.055%</td></tr> <tr><td>25</td><td>0.093%</td><td>0.096%</td></tr> <tr><td>30</td><td>0.134%</td><td>0.165%</td></tr> <tr><td>35</td><td>0.199%</td><td>0.252%</td></tr> <tr><td>40</td><td>0.314%</td><td>0.357%</td></tr> <tr><td>45</td><td>0.505%</td><td>0.522%</td></tr> <tr><td>50</td><td>0.830%</td><td>0.854%</td></tr> <tr><td>55</td><td>1.502%</td><td>1.490%</td></tr> <tr><td>60</td><td>2.266%</td><td>1.793%</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3"><u>Hannibal Group</u></th> </tr> <tr> <th><u>Age</u></th> <th><u>Male</u></th> <th><u>Female</u></th> </tr> </thead> <tbody> <tr><td>25</td><td>0.030%</td><td>0.050%</td></tr> <tr><td>35</td><td>0.050%</td><td>0.080%</td></tr> <tr><td>40</td><td>0.070%</td><td>0.100%</td></tr> <tr><td>45</td><td>0.100%</td><td>0.150%</td></tr> <tr><td>55</td><td>0.360%</td><td>0.490%</td></tr> <tr><td>65</td><td>0.000%</td><td>0.000%</td></tr> </tbody> </table>	<u>Attained Age</u>	<u>Male</u>	<u>Female</u>	20	0.064%	0.055%	25	0.093%	0.096%	30	0.134%	0.165%	35	0.199%	0.252%	40	0.314%	0.357%	45	0.505%	0.522%	50	0.830%	0.854%	55	1.502%	1.490%	60	2.266%	1.793%	<u>Hannibal Group</u>			<u>Age</u>	<u>Male</u>	<u>Female</u>	25	0.030%	0.050%	35	0.050%	0.080%	40	0.070%	0.100%	45	0.100%	0.150%	55	0.360%	0.490%	65	0.000%	0.000%
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55	0.360%	0.490%																																																					
65	0.000%	0.000%																																																					
Expenses	Assumed to be equal to prior year's actual administrative expenses.																																																						
Payment Form	All participants are assumed to elect a life annuity, except for retirees where actual election is used.																																																						
Percentage of Married	Male: 80% Married Females: 50% Married Husbands are assumed 3 years older than their wives.																																																						
Data	The valuation results are based upon participant census and financial data provided by the plan sponsor and trustee. The data was tested for reasonableness and consistency with the prior valuation.																																																						
Assumption Changes	Funding: The interest rates and mortality assumptions were updated per IRS requirements. ASC 960: None.																																																						

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024


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

A Name of plan CONTINENTAL CEMENT COMPANY, LLC PENSION PLAN B FOR UNION EMPLOYEES	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONTINENTAL CEMENT COMPANY, LLC	D Employer Identification Number (EIN) 43-1744040	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>9</u> Day <u>1</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	11,212,322
	b Actuarial value	2b	11,743,169
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	107	9,118,990
	b For terminated vested participants	27	698,621
	c For active participants	73	2,731,948
	d Total	207	12,549,559
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.19 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	30,244
	c Target normal cost	6c	30,244

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

SIGN HERE	 Signature of actuary	<u>06/09/2025</u> Date
	<u>Timothy J. Geddes</u> Type or print name of actuary	<u>23-06181</u> Most recent enrollment number
	<u>Deloitte Consulting LLP</u> Firm name	<u>(313) 396-3954</u> Telephone number (including area code)
	<u>1001 Woodward, Suite 700</u> <u>Detroit</u> <u>MI 48226</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	158,342
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	44,399
9 Amount remaining (line 7 minus line 8)	0	113,943
10 Interest on line 9 using prior year's actual return of <u>4.93</u> %	0	5,617
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	119,560

Part III	Funding Percentages	
14 Funding target attainment percentage	14	91.49%
15 Adjusted funding target attainment percentage	15	91.49%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.30%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/14/2025	226,000				
Totals ▶			18(b)	226,000	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 207,285
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th
0	0
0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 30,244
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1,080,369		102,363	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 132,607
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	60,494	60,494	
36 Additional cash requirement (line 34 minus line 35)				36 72,113
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 207,285
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 135,172
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 60,494
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Attachment to 2023 Form 5500 Schedule SB

EIN/PN 43-1744040/006

Continental Cement Company, LLC - Pension Plan B for Union Employees

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
51	14.2477	0.0037	0.053	2.7023
52	17.1176	0.0009	0.0148	0.7678
53	17.0235	0.0167	0.2843	15.0681
54	18.7825	0.0064	0.1204	6.5011
55	19.6239	0.021	0.4118	22.6479
56	21.8835	0.0491	1.0736	60.1217
57	26.5619	0.0436	1.1578	65.9918
58	29.081	0.0473	1.3743	79.7097
59	29.3297	0.0461	1.3525	79.7974
60	29.5868	0.0394	1.1653	69.9189
61	28.8892	0.0691	1.9952	121.7097
62	29.3323	0.6843	20.0723	1244.485
63	10.9807	0.3341	3.6685	231.1184
64	7.0864	0.192	1.3605	87.0735
65	6.5438	1	6.5438	425.3445
66	1	1	1	66
67	1	1	1	67
68	1	1	1	68
Total			43.6481	2713.9578
Average				62.18

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Attachment to 2023 Form 5500 Schedule SB****EIN/PN 43-1744040/006****Continental Cement Company, LLC - Pension Plan B for Union Employees****Plan Provisions Summary (Hannibal)**

Plan Effective Date	September 1, 1980; last amended September 1, 2009.
Plan Year	September 1 to August 30.
Eligibility for Participation	All hourly-compensated employees of the Company who are carried on the seniority list after the plan effective date of the applicable location are participants. The applicable location is Hannibal, Missouri. No new entrants are permitted after May 1, 2003.
Years of Vesting Service	A Year of Vesting Service is provided for each twelve-month period from anniversary of employment during which at least 1,000 hours of service is completed.
Normal Retirement Date	The later of (a) the fifth anniversary of participation or (b) age 65.
Normal Retirement Benefit	<p>The monthly normal retirement benefit is payable for life commencing at the Normal Retirement Date. The amount shall not exceed the amount determined as of December 31, 2013 based on credited service and applicable multiplier in effect as of such date. No benefit shall accrue on service performed by an employee on or after January 1, 2014.</p> <ul style="list-style-type: none"> • \$28 multiplied by years of credited service for terminations prior to December 12, 2000 but after April 30, 1997. • \$30 multiplied by years of credited service for terminations prior to May 1, 2001 but after December 11, 2000. • \$32 multiplied by years of credited service for terminations prior to May 1, 2002 but after April 30, 2001. • \$33 multiplied by years of credited service for terminations prior to December 17, 2003 but after April 30, 2002. • \$34 multiplied by years of credited service for terminations prior to May 1, 2004 but after December 16, 2003. • \$35 multiplied by years of credited service for terminations prior to May 1, 2005 but after April 30, 2004. • \$36 multiplied by years of credited service for terminations prior to May 1, 2006 but after April 30, 2005. • \$37 multiplied by years of credited service for terminations prior to May 1, 2007 but after August 16, 2006. • \$38 multiplied by years of credited service for terminations prior to May 1, 2009 but after April 30, 2007. • \$39.50 multiplied by years of credited service for terminations after April 30, 2009.
Early Retirement Date	A participant may retire under the early retirement provisions of the Plan on the first day of any month providing they have attained age 55 and completed at least 10 years of service, or after 30 years of service (regardless of age).

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Attachment to 2023 Form 5500 Schedule SB****EIN/PN 43-1744040/006****Continental Cement Company, LLC - Pension Plan B for Union Employees****Plan Provisions Summary (Hannibal)**

Early Retirement Benefit	The monthly amount of the early retirement benefit shall equal the accrued benefit payable at Normal Retirement Date, reduced by 1/12 or 3% per month by which the payment date precedes the Normal Retirement Date. A participant may elect to retire at any time after achieving 30 years of service, without any reduction for an Early Retirement commencement.
Retirement After Normal Retirement Date	A participant may elect to retire on a date that is after his/her Normal Retirement Date. If this option is selected, the participant will receive an actuarial adjustment to his/her accrued benefit.
Eligibility for Vesting	Participants will be 100% vested in their Accrued Benefits after attaining 5 Years of Service.
Vested Terminated Benefit	The accrued benefit is equal to the benefit developed under the normal retirement formula and is applicable to the Early Retirement adjustments.
Eligibility For Disability	A participant who terminates due to a disability according to the plan's definition with at least 10 years of service.
Disability Benefit	The accrued benefit is equal to the benefit developed under the normal retirement formula without Early Retirement adjustments.
Eligibility for Pre-Retirement Death	A vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a pre-retirement death benefit.
Pre-Retirement Death Benefit	Upon the death of a married participant who is eligible for early retirement, the benefit will be 66 2/3% of the participant's accrued benefit reduced for early retirement and a 66 2/3% joint and survivor annuity. The spouse of any married vested participant who is not yet eligible for early retirement will receive the monthly pension payable at the participant's earliest retirement date. It will be based on the benefit had the participant terminated employment on his date of death, survived, retired, at his earliest retirement age, selected a joint 66 2/3% survivor annuity and then died.
Normal Form of Benefit	Life Annuity. Pension benefits are automatically payable as a Qualified 66 2/3% Joint and Survivor Annuity to married participants with actuarial reduction. Automatic lump sum for values less than \$5,000.
Optional Forms	Optional forms of payment available to plan participants which are the actuarial equivalent of the Normal Form are as follows: <ul style="list-style-type: none"> • Life Annuity (for married participants) • Joint and 66-2/3% Survivor • Joint and 75% Survivor • Joint and 100% Survivor
Changes from Prior Year	None.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Attachment to 2023 Form 5500 Schedule SB****EIN/PN 43-1744040/006****Continental Cement Company, LLC - Pension Plan B for Union Employees****Plan Provisions Summary (Davenport)**

Plan Effective Date	July 18, 2015
Plan Year	September 1 to August 30.
Eligibility for Participation	No new entrants permitted after December 31, 2017. Prior to December 31, 2017, an employee shall be eligible to begin to participate in the Plan on the first day such Employee is employed in Covered Employment. Covered employment is all service performed for an Employer for which an Employee is compensated on the basis of a particular amount of money for each Hour of Service while classified by the Employer as an employee (without regard to any retroactive reclassification) and who are members of the Cement, Lime, Gypsum and Allied Workers Division, International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths Forgers and Helpers, Lodge D-6, Buffalo, Iowa at the Davenport, Iowa plant covered by a collective bargaining agreement that provides for participation in the Plan.
Years of Vesting Service	A Year of Vesting Service on or after the Effective Date is provided for any calendar year during which an Employee completes at least one thousand (1,000) Hours of Service. An Employee shall receive no service credit for any calendar year during which he completes less than one thousand (1,000) Hours of Service.
Years of Credited Service	No benefit shall accrue on service performed by an employee on or after December 31, 2017. Prior to 2018, a Year of Benefit Service on or after the Effective Date will be earned for each calendar year during which a Participant completes at least twelve hundred (1,200) straight time Hours of Service while in Covered Employment. A Participant who completes fewer than 1,200 straight time Hours of Service while in Covered Employment in a calendar year shall be credited with a fractional year of service equal to the number of hours worked divided by 1,200.
Normal Retirement Date	The normal retirement date is the first of the month next following the attainment of age 65.
Normal Retirement Benefit	The Accrued Benefit determined at Normal Retirement Date.
Early Retirement Date	A participant may retire early upon attaining age 55 and completing at least 10 years of Vesting Service or after completing 30 years of Benefit Service regardless of age.
Early Retirement Benefit	<ul style="list-style-type: none"> • The benefit payable upon early retirement is the participant's Accrued Benefit payable at Normal Retirement Date, reduced 0.3% for each month by which the payment date precedes the Normal Retirement Date. • A participant may at any time elect to retire after 30 years of Benefit Service, without any reduction for early commencement.
Late Retirement Benefit	A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the greater of (a) a benefit calculated as of his delayed retirement date based on service to such date or (b) the Actuarial Equivalent of the monthly retirement income the participant would have received if his monthly retirement income had begun on his Normal Retirement Date.

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

Attachment to 2023 Form 5500 Schedule SB

EIN/PN 43-1744040/006

Continental Cement Company, LLC - Pension Plan B for Union Employees

Plan Provisions Summary (Davenport)

Accrued Benefit	<p>The accrued benefit payable as a single life annuity for any Participant who retires on or after his Normal Retirement Date during the periods specified below will be a monthly amount equal to the amount determined by multiplying his years of Benefit Service by the Retirement Income Factor ("Factor") in effect as of the date of Termination of Employment of the Participant, as follows. Effective December 31, 2017, the plan was amended to stop the accrual of future benefits.</p> <table data-bbox="493 653 1305 779"> <thead> <tr> <th style="text-align: center;"><u>Time Period Factor</u></th> <th style="text-align: center;"><u>Factor</u></th> </tr> </thead> <tbody> <tr> <td>• On or after the Effective Date, and before November 1, 2015</td> <td style="text-align: right;">\$42.00</td> </tr> <tr> <td>• On and after November 1, 2015, and before November 1, 2016</td> <td style="text-align: right;">\$43.50</td> </tr> <tr> <td>• On and after November 1, 2016</td> <td style="text-align: right;">\$45.00</td> </tr> </tbody> </table> <p>The accrued benefit shall be reduced by the monthly amount of any benefit accrued by the Participant under the Prior Lafarge Plan (including a benefit that is being or has been paid), based on Benefit Service earned under the Prior Lafarge Plan to 7/18/2015.</p>	<u>Time Period Factor</u>	<u>Factor</u>	• On or after the Effective Date, and before November 1, 2015	\$42.00	• On and after November 1, 2015, and before November 1, 2016	\$43.50	• On and after November 1, 2016	\$45.00
<u>Time Period Factor</u>	<u>Factor</u>								
• On or after the Effective Date, and before November 1, 2015	\$42.00								
• On and after November 1, 2015, and before November 1, 2016	\$43.50								
• On and after November 1, 2016	\$45.00								
Eligibility for Vesting	<p>A participant who terminates employment after completing five (5) Years of Vesting Service will be 100% vested.</p>								
Vested Terminated Benefit	<p>Upon termination of employment after 5 or more years of service, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. In the event that a participant had met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at his Early Retirement Date or on the first day of any month thereafter, prior to his Normal Retirement Date. Such benefit will be reduced as described under Early Retirement Benefit.</p>								
Eligibility for Pre-Retirement Death	<p>A vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a pre-retirement death benefit.</p>								
Death Benefit	<ul style="list-style-type: none"> • In the event of an active or inactive participant's death after becoming eligible for early retirement, his surviving spouse shall receive a benefit calculated as if the participant had retired on the day before his death and begun receiving benefits in the form of a joint 66 2/3% survivor annuity. However, the minimum surviving spouse's annuity will be \$75 per month until the surviving spouse's 62nd birthday. • In the event of an active or inactive participant's death prior to his early retirement age, his surviving spouse shall receive a benefit payable at the participant's age 55 calculated as if the participant separated from service on his date of death, survived to age 55, began receiving benefits in the form of a joint and 66 2/3% survivor annuity and died on the following day. 								
Disability	<p>A participant who terminates due to Total and Permanent Disability according to the plan's definition before his Normal Retirement Date but with at least 10 years of Benefit Service.</p>								

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

Attachment to 2023 Form 5500 Schedule SB

EIN/PN 43-1744040/006

Continental Cement Company, LLC - Pension Plan B for Union Employees

Plan Provisions Summary (Davenport)

Disability Benefit	<p>The monthly disability benefit, commencing on Disability Retirement Date is equal to the greater of \$550 or the Accrued Benefit determined by multiplying his years of Benefit Service by the disability income factor in effect as of the date of termination as follows:</p> <table border="0" data-bbox="511 562 1242 688"> <thead> <tr> <th style="text-align: center;"><u>Time Period</u></th> <th style="text-align: center;"><u>Factor</u></th> </tr> </thead> <tbody> <tr> <td>• On or after the Effective Date, and before November 1, 2015</td> <td style="text-align: right;">\$43.00</td> </tr> <tr> <td>• On and after November 1, 2015, and before November 1, 2016</td> <td style="text-align: right;">\$44.50</td> </tr> <tr> <td>• On and after November 1, 2016</td> <td style="text-align: right;">\$46.00</td> </tr> </tbody> </table> <p>The benefit as determined above shall be reduced by any benefit earned under the Prior Lafarge Plan. However, such reduction shall not apply until the participant's Normal Retirement Date.</p>	<u>Time Period</u>	<u>Factor</u>	• On or after the Effective Date, and before November 1, 2015	\$43.00	• On and after November 1, 2015, and before November 1, 2016	\$44.50	• On and after November 1, 2016	\$46.00
<u>Time Period</u>	<u>Factor</u>								
• On or after the Effective Date, and before November 1, 2015	\$43.00								
• On and after November 1, 2015, and before November 1, 2016	\$44.50								
• On and after November 1, 2016	\$46.00								
Normal Form of Benefit	<p>The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and survivor annuity unless he elects one of the optional forms of payment.</p>								
Optional Forms	<p>The optional forms of payment are:</p> <ul style="list-style-type: none"> • 66 2/3% joint and survivor annuity • 75% joint and survivor annuity • 100% joint and survivor annuity • 10 year certain and life annuity • Lump sum if the present value of the total benefit does not exceed \$7,500 								
Changes from Prior Year	None.								

Schedule SB, Line 32 Schedule of Amortization Bases

EIN/PN 43-1744040/006

Continental Cement Company, LLC - Pension Plan B for Union Employees

Date Established	Amortization Base Type	Remaining Number of Years	Annual Funding Shortfall Amortization Installment	Present Value of Remaining Amortization Installments as of September 1, 2023
September 1, 2023	Funding Shortfall	15	\$ 57,964	\$ 632,924
September 1, 2022	Funding Shortfall	14	\$ 16,232	\$ 169,044
September 1, 2021 ¹	Funding Shortfall	13	\$ 28,167	\$ 278,401
Total			\$ 102,363	\$ 1,080,369