

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan RICHARDSON MILLING INC. PENSION PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	01/01/2007
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) RICHARDSON MILLING INC. 2800 ONE LOMBARD PLACE WINNIPEG, MB R3B 0X8 CA	2b Employer Identification Number (EIN)	20-5819380
	2c Sponsor's telephone number	204-934-5593
	2d Business code (see instructions)	311200
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	
5a Total number of participants at the beginning of the plan year	5a	74
b Total number of participants at the end of the plan year	5b	74
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	23
d(2) Total number of active participants at the end of the plan year	5d(2)	20
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	09/02/2025	MEGHAN WRIGHT
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 558735. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1910813	2130064
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1910813	2130064
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	48753	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	255839	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		304592
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	48289	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	28174	
g Other expenses	8g	8878	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		85341
i Net income (loss) (subtract line 8h from line 8c)	8i		219251
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		135000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 _____.

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>RICHARDSON MILLING INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RICHARDSON MILLING INC.</u>	D Employer Identification Number (EIN) <u>20-5819380</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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>1910813</u>
	b Actuarial value	2b	<u>1933933</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>11</u>	<u>626914</u>
	b For terminated vested participants	<u>40</u>	<u>625807</u>
	c For active participants	<u>23</u>	<u>617950</u>
	d Total	<u>74</u>	<u>1870671</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>5.34 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>56653</u>
	b Expected plan-related expenses	6b	<u>35000</u>
	c Target normal cost	6c	<u>91653</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>08/12/2025</u>
	<u>TRICIA MEYSENBURG, FSA</u>	Date
	Type or print name of actuary	<u>23-07325</u>
	<u>CBIZ</u>	Most recent enrollment number
	Firm name	<u>913-345-0500</u>
	<u>6900 COLLEGE BLVD., SUITE 300</u>	Telephone number (including area code)
	<u>OVERLAND PARK, KS 66211</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	140397
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	140397
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>16.95</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		94517
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>5.45</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		16021
c	Total available at beginning of current plan year to add to prefunding balance		110538
d	Portion of (c) to be added to prefunding balance		99566
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	99566

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.80 %
15	Adjusted funding target attainment percentage	15	101.00 %
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	92.13 %
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		
04/11/2025	24892	0					
07/14/2025	24892	0					
			Totals ▶	18(b)	49784	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	46282

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
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: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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	91653
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	80264	7913
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	99566
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	99148	99148

36 Additional cash requirement (line 34 minus line 35)..... **36** 418

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 46282

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

a Total (excess, if any, of line 37 over line 36)	38a	45864
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	45864

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

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

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

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

2024 Schedule SB. Line 26a - Schedule of Active Participant Data

Plan: Richardson Milling Inc. Pension Plan

EIN/PN: 20-5819380/001

Years of credited service:

	<u>Under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>40 & up</u>	<u>Total</u>
Attained											
<u>Age</u>	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	1	2	0	0	0	0	0	0	0	3
30 to 34	0	0	2	0	0	0	0	0	0	0	2
35 to 39	0	0	1	0	0	0	0	0	0	0	1
40 to 44	0	0	1	0	0	0	0	0	0	0	1
45 to 49	0	0	2	1	0	0	0	0	0	0	3
50 to 54	0	1	1	2	2	0	0	0	0	0	6
55 to 59	0	1	2	1	1	0	0	0	0	0	5
60 to 64	0	0	1	0	0	0	0	0	0	0	1
65 to 69	0	0	0	0	1	0	0	0	0	0	1
70 & up	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total	0	3	12	4	4	0	0	0	0	0	23

Actuarial Assumptions and Methods

ACTUARIAL ASSUMPTIONS

a. Economic Assumptions

- | | | |
|-------|---------------------------|---|
| (i) | Funding Interest Rates | November 2023 Segment Rates (4.02%, 4.73%, 4.75%), but for minimum funding purposes not less than ARPA Segment Rates for 2024 (based on 95% of 25-year averages = 4.75%, 4.87%, 5.59%), effective rate of 5.34% for 2024. |
| (ii) | Salary Increases | Not applicable. |
| (iii) | Expenses | \$35,000 added to the normal cost. |
| (iv) | Expected Return on Assets | 6.50% per year for 2024 and 2023. |

b. Demographic Assumptions

- | | | |
|------|---------------------------|--|
| (i) | Mortality | §430(h) Generational Separate Annuitant / Non-Annuitant Mortality Tables for 2024. |
| (ii) | Termination of Employment | 200% of the Small Plan Age Table from the 2003 SOA Pension Plan Turnover Study. Sample rates as follows: |

Age	Termination Rates
30	31.00%
35	24.20%
40	18.80%
45	14.60%
50	11.20%
55	8.40%

- | | | |
|-------|------------|--|
| (iii) | Disability | 50% of the male UAW Disability Table. Sample rates as follows: |
|-------|------------|--|

Age	Disability Rates
30	0.020%
35	0.025%
40	0.035%
45	0.050%
50	0.090%
55	0.180%

Actuarial Assumptions and Methods

ACTUARIAL ASSUMPTIONS (CONTINUED)

(iv) Retirement

For current active participants assuming to retire:

Age	Retirement Rates
55 – 61	0%
62 – 63	15%
64 – 69	50%
70+	100%

Terminated vested participants are assumed to commence payments at age 65.

(v) Marital Status

For valuing death benefits, 75% of participants are assumed to be married with males 4 years older than their female spouses.

(vi) Form of Payment

40% of retirements elect a life annuity and 60% of retirements elect a joint and 75% survivor annuity.

Actuarial Assumptions and Methods

ACTUARIAL METHODS

a. Funding Method

The actuarial cost method used to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for each participant. The individual accrued liability for a participant is the present value of the accrued benefit as of the valuation date taking into account service and/or pay as of the valuation date. The individual normal cost for a participant is the present value of the benefit expected to accrue in the plan year being valued.

b. Asset Valuation Method

For funding purposes, the actuarial value of assets is defined as the smoothed market value of assets. The smoothed market value will be the market value of assets adjusted by the applicable percentage of the gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted for interest to the valuation date. The applicable percentage is 66-2/3% for the year preceding the valuation date and 33-1/3% for the second year preceding of the valuation date. The actuarial value of assets will be adjusted to be no greater than 110% and no less than 90% of the current (market) value of assets. Accrued contributions are included in the market value.

c. Valuation Procedures

No actuarial liability is accrued for non-vested terminated employees, even if a break in service had not occurred as of the actuarial valuation date. An actuarial liability is accrued for all other terminated employees, even if a claim for benefits has not been made.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <small>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).</small> ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 RICHARDSON MILLING INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
---	---	-----

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Richardson Milling Inc.	D Employer Identification Number (EIN) 20-5819380
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E Type of plan: Single Multiple-A Multiple-B Other

F Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:		
a Market value	2a	1,910,813
b Actuarial value	2b	1,933,933

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	11	626,914	626,914
b For terminated vested participants	40	625,807	625,807
c For active participants	23	617,950	661,910
d Total	74	1,870,671	1,914,631

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

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** 5.34%

6 Target normal cost		
a Present value of current plan year accruals	6a	56,653
b Expected plan-related expenses	6b	35,000
c Target normal cost	6c	91,653

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>8/12/2025</u> Date
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TRICIA MEYSENBURG, FSA
Type or print name of actuary

CBIZ
Firm name

2307325
Most recent enrollment number

913-345-0500
Telephone number (including area code)

6900 COLLEGE BLVD., SUITE 300
OVERLAND PARK KS 66211
Address of the firm

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 2
22 Weighted average retirement age				22 64
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 checked="" type="checkbox"/> Yes <input 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	91,653	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	80,264	7,913	
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	99,566	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	99,148	99,148
36 Additional cash requirement (line 34 minus line 35).....	36	418	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	46,282	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	45,864	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	45,864	
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
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2024 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Name of Plan: Richardson Milling Inc. Pension Plan
 EIN / PN: 20-5819380/001

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

<u>Age</u>	<u>Retirement Rate</u>	<u>Weight</u>	<u>Age x Weight</u>
55	0%	0.00%	0.0000
56	0%	0.00%	0.0000
57	0%	0.00%	0.0000
58	0%	0.00%	0.0000
59	0%	0.00%	0.0000
60	0%	0.00%	0.0000
61	0%	0.00%	0.0000
62	15%	15.00%	9.3000
63	15%	12.75%	8.0325
64	50%	36.13%	23.1200
65	50%	18.06%	11.7406
66	50%	9.03%	5.9606
67	50%	4.52%	3.0255
68	50%	2.26%	1.5353
69	50%	1.13%	0.7789
70	100%	1.13%	0.7902
			<hr/>
Weighted Average Retirement Age			64.2837
Rounded to Nearest Integer			64.0000

Attachment to 2024 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Plan Name : Richardson Milling Inc. Pension Plan
EIN / PN: 20-5819380 / 001

For the 2024 Plan Year, an election was made to use the Plan's prefunding balance to offset the amount of required quarterly installments, but the election was made after the due date of the April 15, 2024 and July 15, 2024 installments. Therefore, the amount of credit balance used to offset the funding requirement on line 35 of the 2024 Schedule SB is reduced to reflect a late interest penalty of \$418. The total credit balance used as of January 1, 2024 was \$99,566. The cash contributions that were made for the 2024 plan year were not late and were discounted as follows:

<u>Date</u>	<u>Amount</u>	<u>Plan Year</u>	<u>Rate</u>	<u>Period</u>	<u>Discounted Contribution at 1/1/2024</u>
04/11/2025	24,892	2024	5.34%	01/01/2024 - 04/11/2025	\$23,296
07/14/2025	24,892	2024	5.34%	01/01/2024 - 07/14/2025	\$22,986
					\$46,282

Summary of Plan Provisions

The following is a summary of what we understand to be the most relevant plan provisions for purposes of actuarial valuations. This summary should not be used for purposes of determining plan benefits under the Plan.

EFFECTIVE DATE

The Plan was established on January 1, 2007, to provide benefits to bargaining unit employees acquired as a result of the purchase of the South Sioux City, Nebraska location. The provisions summarized below are based on the Plan Document restated as of January 1, 2015 and most recently amended effective January 1, 2020.

STATUS OF PLAN

The Plan has ongoing benefit accruals. Plan participation was closed to new hires after January 1, 2020.

ELIGIBILITY

Any employee of the Company in the South Sioux City, Nebraska location on or after the effective date of the Plan who is covered by the collective bargaining agreement with the Union. Eligibility was frozen for any Employees hired on or after January 1, 2020.

VESTING SERVICE

For vesting purposes, each participant is granted a year of service for each calendar year with 1,000 hours. Participants receive credit for vesting service for past service with the ConAgra Company.

BENEFIT SERVICE

Benefit Service is used for benefit accrual purposes and equals one year for each calendar year after 2006 in which the Participant receives pay for 1,500 or more hours. If any Plan Year has less than 1,500 hours, a fractional year of Benefit Service will be given as follows:

<u>Hours of Service</u>	<u>Benefit Service</u>
1,500 or more	1 year
1,125 to 1,499	$\frac{3}{4}$ year
750 to 1,124	$\frac{1}{2}$ year
350 to 749	$\frac{1}{4}$ year
Less than 350	None

ACCRUED BENEFIT

The Monthly Pension Benefit is equal to \$41.50 multiplied by years of Benefit Service for terminations of employment occurring on or after July 1, 2020. Lower rates applied in the past if termination of employment was before July 1, 2020, depending on when termination occurred.

NORMAL RETIREMENT

The normal retirement date is the first of the month coinciding with or next following the attainment of age 65. The accrued benefit payable starting on the Normal Retirement Date.

Summary of Plan Provisions

EARLY RETIREMENT

A Participant may retire early on or after attaining age 55 and completing 10 years of Service. The Monthly Pension Benefit determined as of the early retirement date is reduced as follows: (1) by 1/6% for each month prior to age 62 down to age 61; (2) by an additional 1/3% for each month between age 61 to age 55. For participants that terminate employment prior to age 55, the benefit will be reduced by 1/3% for each month between age 65 and the month benefits commence.

POSTPONED RETIREMENT

A participant may postpone retirement beyond his normal retirement date. The plan provides Suspension of Benefits Notices, so upon the postponed retirement date, the benefit is equal to the accrued benefit calculated at the date of retirement. However, if a participant works past age 70-1/2, their benefit will be actuarially increased after age 70-1/2.

DISABILITY RETIREMENT

A Participant who becomes disabled after 9 years of Service is eligible for an immediate Monthly Pension Benefit based on the Participant's accrued benefit at disability.

VESTED TERMINATION RETIREMENT

A Participant who terminates employment for any reason other than retirement, death, or disability, and after completing five years of vesting service, is entitled to a Monthly Pension Benefit deferred to Normal Retirement Date and determined as of the date of termination. A participant that had at least 10 years of service at termination is also eligible for an Early Retirement benefit as described above.

PRE-RETIREMENT DEATH BENEFIT

The spouse of a vested participant who was not yet eligible to retire is entitled to a monthly benefit commencing at the earliest date the participant could have retired. The amount of the spouse's benefit is one-half of the 50% joint-and-survivor benefit that the Participant would have been entitled to on such retirement date.

FORMS OF PAYMENT

The normal annuity form of payment is a single life annuity. If the participant has a spouse at retirement, the normal form will be an actuarially reduced joint and 50% survivor annuity. Other actuarially equivalent options include a joint and 75% or 100% survivor annuity, or a 10-year certain and life annuity. The actuarial equivalence basis for optional forms other than lump sums is determined based on an interest rate of 7% and the mortality table prescribed in Revenue Ruling 2001-62.

MAXIMUM ON BENEFITS

All benefits for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

CHANGES SINCE PRIOR YEAR

There have been no changes in provisions since the valuation as of January 1, 2024.

ATTACHMENT TO 2024 SCHEDULE SB (FORM 5500) - LINE 32
Schedule of Amortization Bases

Plan: Richardson Milling Inc. Pension Plan Valuation Date 1/1/2024
 EIN / PN: 20-5819380 / 001

<u>Type of Base</u>	<u>Initial Information</u>			Remaining Period	Outstanding Balance	Annual Payment This Year
	Plan Year Established	Amount to Amortize	Amortization Period			
Shortfall	1/1/2024	(56,488)	15	15	(56,488)	(5,139)
Shortfall	1/1/2023	142,518	15	14	136,752	13,052
Total					80,264	7,913

Change in Actuarial Assumptions

The administrative expense assumption included in the Plan's normal cost was updated from \$60,000 to \$35,000 to better reflect expectations for the current plan year.

Retirement rates for active employees, termination rates, percent married and form of payment election assumptions were updated based on a 2024 experience study to better reflect future expectations.