

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID EMPLOYEES
1b Three-digit plan number (PN): 006
1c Effective date of plan: 05/13/1983
2a Plan sponsor's name (employer, if for a single-employer plan): TREEHOUSE FOODS, INC.
2b Employer Identification Number (EIN): 20-2311383
2c Plan Sponsor's telephone number: 708-938-1783
2d Business code (see instructions): 311400

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

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

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

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

Form 5500 (2024) v. 240311

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	159
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)	97
	6a(2)	91
	6b	6
	6c	52
	6d	149
	6e	9
	6f	158
	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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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> 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>NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID 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>TREEHOUSE FOODS, INC.</u>	D Employer Identification Number (EIN) <u>20-2311383</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 type="checkbox"/> 101-500 <input checked="" 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>2310579</u>
	b Actuarial value	2b	<u>2541636</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>3</u>	<u>186392</u>
	b For terminated vested participants	<u>59</u>	<u>869002</u>
	c For active participants	<u>97</u>	<u>1783632</u>
	d Total	<u>159</u>	<u>2839026</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>5.16 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>219000</u>
	c Target normal cost	6c	<u>219000</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		<u>09/26/2025</u>
	Signature of actuary	Date
	<u>RON SOLUM</u>	<u>23-06762</u>
	Type or print name of actuary	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>847-295-5000</u>
	Firm name	Telephone number (including area code)
	<u>MSC# 17755 PO BOX 551343 ATLANTA, GA 30355</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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>7.10</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)		643
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>5.06</u> %		33
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		676
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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.42 %
15	Adjusted funding target attainment percentage	15	88.42 %
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	92.09 %
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		
04/11/2024	54000	0	09/02/2025	65000	0		
07/10/2024	54000	0					
10/11/2024	54000	0					
01/15/2025	54000	0					
04/15/2025	112000	0					
07/15/2025	65000	0					
Totals ▶			18(b)	458000	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	433965

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: %	2nd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 65
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 219000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	332561	32370	
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 251370
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 251370
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 433965
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 182595
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

A Name of plan NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID EMPLOYEES	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 TREEHOUSE FOODS, INC.	D Employer Identification Number (EIN) 20-2311383	

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)

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

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

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

(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:	RICK POPP	b EIN:	22-2232264
c Position:	ENROLLED ACTUARY		
d Address:	MSC#17755, AON, PO BOX 551343 ATLANTA, GA 30355	e Telephone:	847-295-5000

Explanation: AS A RESULT OF THE RETIREMENT OF THE PRIOR PROVIDER, AN INTERNAL CHANGE IN ASSIGNMENTS OCCURRED AT AON AND THE ENROLLED ACTUARY HAS CHANGED.

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/> 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

A Name of plan <u>NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID 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>TREEHOUSE FOODS, INC.</u>	D Employer Identification Number (EIN) <u>20-2311383</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREEHOUSE FOODS MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>TREEHOUSE FOODS, INC.</u>		
c EIN-PN <u>20-7026355-001</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>2317678</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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 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	
A Name of plan NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID EMPLOYEES	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 TREEHOUSE FOODS, INC.	D Employer Identification Number (EIN) 20-2311383

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	231000	296000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	53373	1207
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)	2038704	2317678
(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	2323077	2614885
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	15581	10168
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	15581	10168
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2307496	2604717

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)	458000	
(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)		458000
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)		-145486
(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		312514

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15293	
(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)		15293
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)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15293

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		297221
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: **PLANTE & MORAN, PLLC**

(2) EIN: **38-1357951**

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		5000000
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.)			
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 548606.

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> 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

A Name of plan <u>NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID 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>TREEHOUSE FOODS, INC.</u>	D Employer Identification Number (EIN) <u>20-2311383</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 36-3046063

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		0
---	--	---

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 _____.

TreeHouse Foods, Inc. Defined Benefit Plans

TreeHouse Pension Plan
Ralcorp Holdings, Inc. Retirement Plan
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees

Financial Report
December 31, 2024

TreeHouse Foods, Inc. Defined Benefit Plans

Contents

Independent Auditor's Report	1-3
Statements of Net Assets Available for Benefits	4-5
Statements of Changes in Net Assets Available for Benefits	6-7
Statements of Accumulated Plan Benefits	8
Statements of Changes in Accumulated Plan Benefits	9
Notes to Financial Statements	10-15

Independent Auditor's Report

To the Plan Administrator
TreeHouse Foods, Inc. Defined Benefit Plans

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

We have performed audits of the financial statements of TreeHouse Pension Plan; Ralcorp Holdings, Inc. Retirement Plan; and National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees (collectively, the "Plans"), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits for the years then ended and the statements of accumulated plan benefits as of December 31, 2023 and the related statements of changes in accumulated plan benefits for the year 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 Plans' 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 (DOL) 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 Plans (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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section of our report. We are required to be independent of the Plans 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.

To the Plan Administrator
TreeHouse Foods, Inc. Defined Benefit Plans

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits 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 Plans' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' 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 GAAP.

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

To the Plan Administrator
TreeHouse Foods, Inc. Defined Benefit Plans

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

Plante & Moran, PLLC

Schaumburg, Illinois
September 30, 2025

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2024

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees	Total (Unaudited - Memorandum Only)
Assets				
Investments at fair value - Plan's interest in the TreeHouse Foods, Inc. Master Retirement Trust: (Note 4)				
Mutual funds	\$ 5,804,792	\$ 57,720,755	\$ 805,404	\$ 64,330,951
Common/collective trust funds	10,899,416	108,379,892	1,512,274	120,791,582
Total investments	16,704,208	166,100,647	2,317,678	185,122,533
Employer contributions receivable	961,000	-	296,000	1,257,000
Accrued income	8,698	86,493	1,207	96,398
Total assets	17,673,906	166,187,140	2,614,885	186,475,931
Liabilities - Accrued expenses	39,452	188,702	10,168	238,322
Net Assets Available for Benefits	\$ 17,634,454	\$ 165,998,438	\$ 2,604,717	\$ 186,237,609

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2023

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees	Total (Unaudited - Memorandum Only)
Assets				
Investments at fair value - Plan's interest in the TreeHouse Foods, Inc. Master Retirement Trust: (Note 4)				
Mutual funds	\$ 5,504,080	\$ 60,608,080	\$ 691,417	\$ 66,803,577
Common/collective trust funds	10,714,474	117,982,330	1,345,941	130,042,745
Total investments	16,218,554	178,590,410	2,037,358	196,846,322
Employer contributions receivable	1,155,000	-	231,000	1,386,000
Accrued income	10,715	117,990	1,346	130,051
Annuity contract refund receivable (Note 2)	134,709	501,347	53,373	689,429
Total assets	17,518,978	179,209,747	2,323,077	199,051,802
Liabilities - Accrued expenses	29,844	103,397	15,581	148,822
Net Assets Available for Benefits	\$ 17,489,134	\$ 179,106,350	\$ 2,307,496	\$ 198,902,980

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees	Total (Unaudited - Memorandum Only)
Additions				
Employer contributions	\$ 1,597,000	\$ -	\$ 458,000	\$ 2,055,000
Plan's interest in the investment gain of the TreeHouse Foods, Inc. Master Retirement Trust (Note 4)	138,631	2,042,553	15,113	2,196,297
Total additions	1,735,631	2,042,553	473,113	4,251,297
Deductions				
Benefits paid directly to participants or beneficiaries	1,140,044	13,991,380	15,293	15,146,717
Administrative expenses	450,267	1,159,085	160,599	1,769,951
Total deductions	1,590,311	15,150,465	175,892	16,916,668
Net Increase (Decrease)	145,320	(13,107,912)	297,221	(12,665,371)
Net Assets Available for Benefits				
Beginning of year	17,489,134	179,106,350	2,307,496	198,902,980
End of year	<u>\$ 17,634,454</u>	<u>\$ 165,998,438</u>	<u>\$ 2,604,717</u>	<u>\$ 186,237,609</u>

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees	Total (Unaudited - Memorandum Only)
Additions				
Employer contributions	\$ 1,155,000	\$ -	\$ 231,000	\$ 1,386,000
Plan's interest in the investment gain of the TreeHouse Foods, Inc. Master Retirement Trust (Note 4)	1,870,517	20,563,311	233,094	22,666,922
Total additions	3,025,517	20,563,311	464,094	24,052,922
Deductions				
Benefits paid directly to participants or beneficiaries	1,591,548	17,263,595	231,810	19,086,953
Purchase of annuity contracts (Note 2)	3,852,634	26,761,763	2,192,286	32,806,683
Administrative expenses	594,427	2,143,084	235,792	2,973,303
Total deductions	6,038,609	46,168,442	2,659,888	54,866,939
Net Decrease	(3,013,092)	(25,605,131)	(2,195,794)	(30,814,017)
Net Assets Available for Benefits				
Beginning of year	20,502,226	204,711,481	4,503,290	229,716,997
End of year	<u>\$ 17,489,134</u>	<u>\$ 179,106,350</u>	<u>\$ 2,307,496</u>	<u>\$ 198,902,980</u>

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Accumulated Plan Benefits

December 31, 2023

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
Actuarial Present Value of Accumulated Plan Benefits			
Vested benefits:			
Participants currently receiving benefit payments	\$ 8,779,384	\$ 134,677,517	\$ 163,804
Vested benefits for other participants	10,472,410	39,238,841	2,457,276
Total vested benefits	19,251,794	173,916,358	2,621,080
Nonvested benefits	-	169,190	32,152
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 19,251,794	\$ 174,085,548	\$ 2,653,232

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
Actuarial Present Value of Accumulated Plan Benefits -			
Beginning of year	\$ 22,390,205	\$ 199,737,935	\$ 4,681,546
Increase (decrease) during the year attributable to:			
Interest due to the increase in the discount rate	1,231,835	11,128,679	217,992
Benefits paid	(1,591,548)	(17,263,595)	(231,810)
Purchase of annuity contracts (Note 2)	(3,852,634)	(26,761,763)	(2,192,286)
Changes in actuarial assumptions (Note 2)	945,912	6,946,904	166,397
Benefits accumulated and other	128,024	297,388	11,393
Net decrease	(3,138,411)	(25,652,387)	(2,028,314)
Actuarial Present Value of Accumulated Plan Benefits -			
End of year	\$ 19,251,794	\$ 174,085,548	\$ 2,653,232

December 31, 2024 and 2023

Note 1 - Plan Description

The following description of TreeHouse Pension Plan (the "TreeHouse Plan"); Ralcorp Holdings, Inc. Retirement Plan (the "Ralcorp Plan"); and National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees (the "National Pretzel Plan") (collectively, the "Plans") provides only general information. Participants should refer to the respective plan agreements for a more complete description of each plan's provisions.

General

The plan sponsor for the Plans is TreeHouse Foods, Inc. (the "Company"). All plans are noncontributory defined benefit plans and are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The TreeHouse Plan provides defined benefits to nonunion and union employees at certain locations, as defined in the plan document. For nonunion employees, the TreeHouse Plan is closed to new participants, and accrued benefits were frozen effective December 31, 2002. The TreeHouse Plan was amended, effective December 31, 2017, to freeze entry into the plan for union employees at the Plymouth, Indiana location who are hired or rehired after January 1, 2018 and freeze all benefit accruals for participants at this location after December 31, 2017.

The Ralcorp Plan provides defined benefits to employees who are classified as a sales, administrative, or clerical (SAC) employee and certain production employees. In general, substantially all employees who were employed by the previous employer are eligible to participate in the Ralcorp Plan, as defined in the applicable supplements within the plan document. These employees became eligible after the earlier of one year of credited service or after attaining age 45. All future participation in the Ralcorp Plan has been frozen. The Ralcorp Plan benefits were frozen for participants classified as SAC employees and certain production employees effective December 31, 2003 and for other production employees at various dates. Certain production employees are still accruing benefits.

The National Pretzel Plan provides defined benefits to certain hourly compensated employees who are members of Local 771 of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America, as defined in the plan document. Effective September 30, 2017, the National Pretzel Plan was frozen to new participants, and no participant shall accrue any additional benefits on and after October 1, 2017.

Eligibility and Vesting

Eligibility and vesting differs between the Plans and various supplements. Participants should refer to the respective plan agreements for the specific eligibility and vesting requirements.

Pension Benefits

The normal monthly retirement benefit is calculated as set forth in the applicable supplements to the Plans. The normal benefit is adjusted for early or late retirement, disability, or upon the participant's death, as defined in the respective plan documents.

Payment of Benefits

Distributions are payable upon retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested value of the participant's accumulated plan benefits if less than \$5,000 or in various installment annuities.

Funding

Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

December 31, 2024 and 2023

Note 1 - Plan Description (Continued)

Party-in-interest Transactions

Certain plan assets are in investment funds managed by The Northern Trust Company or its affiliates. The Northern Trust Company is the trustee of the Plans; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The Plans prepare their financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Memorandum-only Totals

The memorandum-only total column in the statements of net assets available for benefits and the statements of changes in net assets available for benefits represents solely totals of the individual plans. The columns are unaudited and are provided for information only.

Investment in Master Trust

The Plans' investments are held in the TreeHouse Foods, Inc. Master Retirement Trust (the "Master Trust"), which was established for the investment of assets for plans sponsored by the Company. During the years ended December 31, 2024 and 2023, assets in the Master Trust were held by The Northern Trust Company (the "Trustee"). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

The fair value of each plan's interest in the Master Trust is based on the beginning of the year value of the plan's interest plus actual contributions and allocated investment income, less actual distributions and administrative expenses, as well as certain allocated administrative expenses. See Note 4 for additional information.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plans' provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2023 and 2022 are summarized as follows:

Actuarial cost method	Projected unit credit
Assumed rate of return	5.75 percent per annum - 2023 6.25 percent per annum - 2022
Mortality basis	Pri-2012 mortality study projected generationally from 2012 using scale MP-2021 - 2023 and 2022
Retirement age	Rates graded by age, ranging from 55 to 68+ - 2023 and 2022

The decrease of accumulated plan benefits primarily resulted from assumption changes related to a change in the assumed rate of return.

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

Benefit Payments

Benefits are recorded when paid.

Annuity Contract

Effective October 3, 2023, the Plans were amended to reflect the purchase of a group annuity contract from Securian Life Insurance Company (Securian). Under the agreement, Securian assumed the obligation to pay future pension benefits starting on January 1, 2024 for 1,318 participants receiving annuity payments prior to July 1, 2023. The purchase price of the annuity contract, paid on October 3, 2023, was \$33,496,112 and is reported in the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2023. During July 2024, the Plans received a \$689,429 premium refund as an adjustment after a completed data and death audit on the group annuity contract from Securian, which resulted in a decrease of 26 participants. This premium refund was included as a receivable in the statement of net assets available for benefits as of December 31, 2023 and as a reduction of the purchase price of the annuity contract in the statement of changes in net assets available for benefits for the year ended December 31, 2023 as it related to facts that existed prior to December 31, 2023. The impact of the annuity purchase has been included with benefits paid within the statement of changes in accumulated plan benefits for the year ended December 31, 2023.

The following table summarizes the impact of the annuity contract per plan:

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees	Total
Purchase price of annuity contract	\$ 3,852,634	\$ 26,761,763	\$ 2,192,286	\$ 32,806,683
Annuity contract refund	(134,709)	(501,347)	(53,373)	(689,429)
Retirees currently receiving annuity payments	198	1,000	94	1,292

Administrative Expenses

Various administrative costs are paid by the Master Trust and the Company.

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plans and the Plans' accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 30, 2025, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

The Northern Trust Company holds the Master Trust's investments and executes all investment transactions. The investment balances and related investment results included in the accompanying financial statements, including master trust information included in Note 4, are based solely on information certified by The Northern Trust Company.

Note 4 - Fair Value Measurements and Interest in Master Trust

The Plans' investments are in the Master Trust. Each participating benefit plan has an undivided interest in the Master Trust. The fair value of the Plans' interest in the Master Trust represents each plan's allocated portion. Investment income and loss and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

At December 31, 2024 and 2023, the Plans' respective interests in the Master Trust were as follows:

	2024	2023
The Ralcorp Plan	89.7 %	90.7 %
The TreeHouse Plan	9.0	8.3
The National Pretzel Plan	1.3	1.0

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Master Trust has the ability to access.

December 31, 2024 and 2023

Note 4 - Fair Value Measurements and Interest in Master Trust (Continued)

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Master Trust's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following valuation methodologies have been used to value the Master Trust's investments:

Mutual Funds

The mutual funds are valued at quoted prices reported in active markets.

Common/Collective Trust Funds

The common/collective trust funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets. There are no redemption restrictions or unfunded commitments on these investments.

The following tables present information about the net assets of the Master Trust and the Plans' interest in master trust balances at December 31, 2024 and 2023:

	<u>Master Trust Net Assets at December 31, 2024</u>	
	<u>Balances</u>	<u>Level 1</u>
Investments at fair value - Mutual funds	\$ 64,330,951	\$ 64,330,951
Investments measured at NAV - Common/collective trust funds	<u>120,791,582</u>	
Total master trust net assets	<u>\$ 185,122,533</u>	
	<u>Master Trust Net Assets at December 31, 2023</u>	
	<u>Balances</u>	<u>Level 1</u>
Investments at fair value - Mutual funds	\$ 66,803,577	\$ 66,803,577
Investments measured at NAV - Common/collective trust funds	<u>130,042,745</u>	
Total master trust net assets	<u>\$ 196,846,322</u>	

The investment income and loss for the Master Trust for the years ended December 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Net realized and unrealized (losses) gains on investments	\$ (3,843,164)	\$ 21,456,382
Interest and dividends	<u>6,039,461</u>	<u>1,210,540</u>
Total	<u>\$ 2,196,297</u>	<u>\$ 22,666,922</u>

December 31, 2024 and 2023

Note 5 - Tax Status

The Plans have each received a determination letter from the Internal Revenue Service indicating that the plans, as designed, are qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plans have been amended since receiving a determination letter, management believes that the Plans are designed and are currently being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Note 6 - Plan Termination

Although it has expressed no interest to do so, the Company has the right under each plan to terminate any of the Plans subject to the provisions set forth in ERISA. Should any of the Plans terminate at some future time, the respective plan's net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Schedule SB, line 26a – Schedule of Active Participant Data
as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	1		1	1						
40-44	2	1	1	1						
45-49		2	3	3	2					
50-54			6	9	1	8	1			
55-59	2	1		6	2	7	2	2		
60-64	2	1	3	1	1	2	4	5	1	
65-69		2		3	1	1	2			
70+					1			1	1	

N-97

Schedule SB Attachment (Form 5500) —2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

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

Interest Rates

Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows:

Duration 0.5–5.46%
Duration 5.5–4.81%
Duration 10.5–5.13%
Duration 15.5–5.24%
Duration 20.5–5.22%
Duration 25.5–5.18%
Duration 30.5–5.17%

Payment Form Election

50% elect life annuity.
50% elect joint and 75% survivor annuity.

Retirement Age

Active Participants

See Table 1.

Terminated Vested Participants

Age 65.

Mortality Rates

Healthy and Disabled

2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).

Withdrawal Rates

See Table 2.

Disability Rates

See Table 3.

Decrement Timing

Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Surviving Spouse Benefit

It is assumed that 60% of males and 60% of females have an eligible spouse, male spouses are one year older and female spouses are three years younger than the participant.

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	4.85%
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	5.75%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

Based on prior year administrative expenses rounded to the nearest \$1,000. \$219,000 for 2024.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2024.

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Table 1

Retirement Rates

Age	Rate
60	5%
61	5%
62	17%
63	15%
64	15%
65	25%
66	30%
67	20%
68+	100%

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Table 2

Withdrawal Rates

Age	Years of Service				
	1	2	3	4	5+
20	40.00%	14.00%	9.00%	8.00%	10.91%
21	40.00%	14.00%	9.00%	8.00%	10.91%
22	40.00%	14.00%	9.00%	8.00%	10.91%
23	40.00%	14.00%	9.00%	8.00%	10.91%
24	40.00%	14.00%	9.00%	8.00%	10.10%
25	40.00%	14.00%	9.00%	8.00%	9.63%
26	40.00%	14.00%	9.00%	8.00%	9.17%
27	40.00%	14.00%	9.00%	8.00%	8.70%
28	40.00%	14.00%	9.00%	8.00%	8.21%
29	40.00%	14.00%	9.00%	8.00%	7.81%
30	40.00%	14.00%	9.00%	8.00%	7.56%
31	40.00%	14.00%	9.00%	8.00%	7.32%
32	40.00%	14.00%	9.00%	8.00%	7.06%
33	40.00%	14.00%	9.00%	8.00%	6.74%
34	40.00%	14.00%	9.00%	8.00%	6.48%
35	40.00%	14.00%	9.00%	8.00%	6.15%
36	40.00%	14.00%	9.00%	8.00%	5.86%
37	40.00%	14.00%	9.00%	8.00%	5.60%
38	40.00%	14.00%	9.00%	8.00%	5.31%
39	40.00%	14.00%	9.00%	8.00%	5.06%
40	40.00%	14.00%	9.00%	8.00%	4.90%
41	40.00%	14.00%	9.00%	8.00%	4.70%
42	40.00%	14.00%	9.00%	8.00%	4.58%
43	40.00%	14.00%	9.00%	8.00%	4.50%
44	40.00%	14.00%	9.00%	8.00%	4.43%

Schedule SB Attachment (Form 5500) —2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Table 2 (continued)

Withdrawal Rates

Age	Years of Service				
	1	2	3	4	5+
45	40.00%	14.00%	9.00%	8.00%	4.35%
46	40.00%	14.00%	9.00%	8.00%	4.27%
47	40.00%	14.00%	9.00%	8.00%	4.19%
48	40.00%	14.00%	9.00%	8.00%	4.14%
49	40.00%	14.00%	9.00%	8.00%	4.10%
50	40.00%	14.00%	9.00%	8.00%	5.35%
51	40.00%	14.00%	9.00%	8.00%	5.21%
52	40.00%	14.00%	9.00%	8.00%	5.08%
53	40.00%	14.00%	9.00%	8.00%	4.85%
54	40.00%	14.00%	9.00%	8.00%	4.10%
55	40.00%	14.00%	9.00%	8.00%	5.84%
56	40.00%	14.00%	9.00%	8.00%	5.63%
57	40.00%	14.00%	9.00%	8.00%	5.15%
58	40.00%	14.00%	9.00%	8.00%	5.30%
59	40.00%	14.00%	9.00%	8.00%	5.68%
60	40.00%	14.00%	9.00%	8.00%	5.50%
61	40.00%	14.00%	9.00%	8.00%	5.83%
62	40.00%	14.00%	9.00%	8.00%	6.40%
63	40.00%	14.00%	9.00%	8.00%	6.25%
64	40.00%	14.00%	9.00%	8.00%	6.55%
65+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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 National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Treehouse Foods, Inc.	D Employer Identification Number (EIN) 20-2311383	
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 type="checkbox"/> 101-500 <input checked="" 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	2,310,579	
b Actuarial value	2b	2,541,636	
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	3	186,392	186,392
b For terminated vested participants	59	869,002	869,002
c For active participants	97	1,783,632	1,818,803
d Total	159	2,839,026	2,874,197
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	5.16%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	219,000	
c Target normal cost	6c	219,000	

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	 RON SOLUM Signature of actuary	<u>09/26/2025</u> Date
	<u>RON SOLUM</u> Type or print name of actuary	<u>2306762</u> Most recent enrollment number
	<u>Aon Consulting, Inc.</u> Firm name	<u>847-295-5000</u> Telephone number (including area code)
	<u>MSC# 17755 PO Box 551343 ATLANTA GA 30355</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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

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

22 Weighted average retirement age **22** 65

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	219,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	332,561	32,370
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	251,370
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	251,370
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	433,965

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

a Total (excess, if any, of line 37 over line 36)	38a	182,595
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.16%	Interest Adjusted Contribution
April 11, 2024	\$ 54,000	101	\$ 53,255
July 10, 2024	54,000	191	52,601
October 11, 2024	54,000	284	51,932
January 15, 2025	54,000	380	51,251
April 15, 2025	112,000	470	104,989
July 15, 2025	65,000	561	60,171
September 2, 2025	65,000	610	59,766
Total Contribution	\$ 458,000		\$ 433,965

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	5.00%	1.0000	3.03
61.5	5.00%	0.9500	2.92
62.5	17.00%	0.9025	9.59
63.5	15.00%	0.7491	7.13
64.5	15.00%	0.6367	6.16
65.5	25.00%	0.5412	8.86
66.5	30.00%	0.4059	8.10
67.5	20.00%	0.2841	3.84
68	100.00%	0.2273	15.46
Weighted Average			65.09

Schedule SB Attachment (Form 5500) —2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

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

Interest Rates

Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows:

Duration 0.5–5.46%
Duration 5.5–4.81%
Duration 10.5–5.13%
Duration 15.5–5.24%
Duration 20.5–5.22%
Duration 25.5–5.18%
Duration 30.5–5.17%

Payment Form Election

50% elect life annuity.
50% elect joint and 75% survivor annuity.

Retirement Age

Active Participants

See Table 1.

Terminated Vested Participants

Age 65.

Mortality Rates

Healthy and Disabled

2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).

Withdrawal Rates

See Table 2.

Disability Rates

See Table 3.

Decrement Timing

Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Surviving Spouse Benefit

It is assumed that 60% of males and 60% of females have an eligible spouse, male spouses are one year older and female spouses are three years younger than the participant.

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	4.85%
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	5.75%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

Based on prior year administrative expenses rounded to the nearest \$1,000. \$219,000 for 2024.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2024.

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Table 1

Retirement Rates

Age	Rate
60	5%
61	5%
62	17%
63	15%
64	15%
65	25%
66	30%
67	20%
68+	100%

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Table 2

Withdrawal Rates

Age	Years of Service				
	1	2	3	4	5+
20	40.00%	14.00%	9.00%	8.00%	10.91%
21	40.00%	14.00%	9.00%	8.00%	10.91%
22	40.00%	14.00%	9.00%	8.00%	10.91%
23	40.00%	14.00%	9.00%	8.00%	10.91%
24	40.00%	14.00%	9.00%	8.00%	10.10%
25	40.00%	14.00%	9.00%	8.00%	9.63%
26	40.00%	14.00%	9.00%	8.00%	9.17%
27	40.00%	14.00%	9.00%	8.00%	8.70%
28	40.00%	14.00%	9.00%	8.00%	8.21%
29	40.00%	14.00%	9.00%	8.00%	7.81%
30	40.00%	14.00%	9.00%	8.00%	7.56%
31	40.00%	14.00%	9.00%	8.00%	7.32%
32	40.00%	14.00%	9.00%	8.00%	7.06%
33	40.00%	14.00%	9.00%	8.00%	6.74%
34	40.00%	14.00%	9.00%	8.00%	6.48%
35	40.00%	14.00%	9.00%	8.00%	6.15%
36	40.00%	14.00%	9.00%	8.00%	5.86%
37	40.00%	14.00%	9.00%	8.00%	5.60%
38	40.00%	14.00%	9.00%	8.00%	5.31%
39	40.00%	14.00%	9.00%	8.00%	5.06%
40	40.00%	14.00%	9.00%	8.00%	4.90%
41	40.00%	14.00%	9.00%	8.00%	4.70%
42	40.00%	14.00%	9.00%	8.00%	4.58%
43	40.00%	14.00%	9.00%	8.00%	4.50%
44	40.00%	14.00%	9.00%	8.00%	4.43%

Schedule SB Attachment (Form 5500) —2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Table 2 (continued)

Withdrawal Rates

Age	Years of Service				
	1	2	3	4	5+
45	40.00%	14.00%	9.00%	8.00%	4.35%
46	40.00%	14.00%	9.00%	8.00%	4.27%
47	40.00%	14.00%	9.00%	8.00%	4.19%
48	40.00%	14.00%	9.00%	8.00%	4.14%
49	40.00%	14.00%	9.00%	8.00%	4.10%
50	40.00%	14.00%	9.00%	8.00%	5.35%
51	40.00%	14.00%	9.00%	8.00%	5.21%
52	40.00%	14.00%	9.00%	8.00%	5.08%
53	40.00%	14.00%	9.00%	8.00%	4.85%
54	40.00%	14.00%	9.00%	8.00%	4.10%
55	40.00%	14.00%	9.00%	8.00%	5.84%
56	40.00%	14.00%	9.00%	8.00%	5.63%
57	40.00%	14.00%	9.00%	8.00%	5.15%
58	40.00%	14.00%	9.00%	8.00%	5.30%
59	40.00%	14.00%	9.00%	8.00%	5.68%
60	40.00%	14.00%	9.00%	8.00%	5.50%
61	40.00%	14.00%	9.00%	8.00%	5.83%
62	40.00%	14.00%	9.00%	8.00%	6.40%
63	40.00%	14.00%	9.00%	8.00%	6.25%
64	40.00%	14.00%	9.00%	8.00%	6.55%
65+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500) —2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Schedule SB, Part V — Summary of Plan Provisions

Eligibility for Participation

Hourly Pretzel employees covered by Local 771 of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America who have attained age 21 with at least one year of vesting service. Effective September 30, 2017, no new participants are permitted to enter the plan.

Benefit Freeze

Effective September 30, 2017, benefits in the plan were frozen.

Normal Retirement

Eligibility

Age 65.

Benefit

Monthly accrued benefit is the sum of:

- (1) \$11.25 x years of credited service from April 1, 1980 through March 31, 2001; plus
- (2) \$13.00 x years of credited service earned from April 1, 2001 through September 30, 2017.

Credited service is limited to 35 years.

Early Retirement

Eligibility

Age 60 and 15 years of vesting service.

Benefit

Normal retirement benefit reduced by 1/180 per month from age 65 to age 60.

Vested Termination

Eligibility

Five years of vesting service or age 65.

Benefit

Normal retirement benefit payable at age 65 or early retirement age with reductions as for early retirement.

Disability Retirement

Eligibility

Fifteen years of vesting service.

Benefit

\$200 per month, offset by workers' compensation payments. Paid until commencement of the normal retirement benefit or the date the worker is no longer disabled, if earlier.

Schedule SB Attachment (Form 5500) —2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Preretirement Survivor Benefit

Eligibility Five years of vesting service and married.
Benefit 50% of the amount which would have been payable to the employee if the employee had terminated on the date of death, survived to the earliest retirement date, and retired with a 50% joint and survivor annuity.

Normal Form of Annuity

For unmarried participants: Life annuity.
For married participants: 50% joint and survivor annuity.

Optional Forms of Payment

Life annuity.
50% joint and survivor annuity.
75% joint and survivor annuity.
100% joint and survivor annuity.
10-year certain and life annuity.

Vesting Service

Years and months of service with the company. Service prior to April 1, 1980 for Pretzel participants is only counted for vesting purposes under Universal Foods Corporation.

Credited Service

Years and months of service from the date of participation to the benefit freeze date.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed from Rick Popp to Ron Solum.

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
EIN: 20-2311383 PN: 006

Schedule SB, line 26a – Schedule of Active Participant Data
as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	1		1	1						
40-44	2	1	1	1						
45-49		2	3	3	2					
50-54			6	9	1	8	1			
55-59	2	1		6	2	7	2	2		
60-64	2	1	3	1	1	2	4	5	1	
65-69		2		3	1	1	2			
70+				1			1	1		

N-97

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 406,783	January 1, 2023	14	\$ 39,200
Shortfall	\$ (74,222)	January 1, 2024	15	\$ (6,830)

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
Employees
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Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.16%	Interest Adjusted Contribution
April 11, 2024	\$ 54,000	101	\$ 53,255
July 10, 2024	54,000	191	52,601
October 11, 2024	54,000	284	51,932
January 15, 2025	54,000	380	51,251
April 15, 2025	112,000	470	104,989
July 15, 2025	65,000	561	60,171
September 2, 2025	65,000	610	59,766
Total Contribution	\$ 458,000		\$ 433,965

Schedule SB Attachment (Form 5500) –2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
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Schedule SB, line 22 – Description of Weighted Average
Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	5.00%	1.0000	3.03
61.5	5.00%	0.9500	2.92
62.5	17.00%	0.9025	9.59
63.5	15.00%	0.7491	7.13
64.5	15.00%	0.6367	6.16
65.5	25.00%	0.5412	8.86
66.5	30.00%	0.4059	8.10
67.5	20.00%	0.2841	3.84
68	100.00%	0.2273	15.46
Weighted Average			65.09

Schedule SB Attachment (Form 5500) —2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
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Schedule SB, Part V — Summary of Plan Provisions

Eligibility for Participation

Hourly Pretzel employees covered by Local 771 of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America who have attained age 21 with at least one year of vesting service. Effective September 30, 2017, no new participants are permitted to enter the plan.

Benefit Freeze

Effective September 30, 2017, benefits in the plan were frozen.

Normal Retirement

Eligibility

Age 65.

Benefit

Monthly accrued benefit is the sum of:

- (1) \$11.25 x years of credited service from April 1, 1980 through March 31, 2001; plus
- (2) \$13.00 x years of credited service earned from April 1, 2001 through September 30, 2017.

Credited service is limited to 35 years.

Early Retirement

Eligibility

Age 60 and 15 years of vesting service.

Benefit

Normal retirement benefit reduced by 1/180 per month from age 65 to age 60.

Vested Termination

Eligibility

Five years of vesting service or age 65.

Benefit

Normal retirement benefit payable at age 65 or early retirement age with reductions as for early retirement.

Disability Retirement

Eligibility

Fifteen years of vesting service.

Benefit

\$200 per month, offset by workers' compensation payments. Paid until commencement of the normal retirement benefit or the date the worker is no longer disabled, if earlier.

Schedule SB Attachment (Form 5500) —2024 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid
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